Extended to November 15, 2018

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A	FOR TH	e 2017 calendar year, or tax year beginning and	enuing				
В	Check if applicab	C Name of organization		D Employer identific	ation number		
	Addre chang Name	e Council on Aging of West Florida, inc			25000		
<u></u>	lchang	Doing business as		59-1.	373939		
L	initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite				
	Final return	PO Box 17066		(850))432-1475		
	termii ated	Gity or town, state or province, country, and ZIP or foreign postal code	·	G Gross receipts \$	5,591,415.		
Г	IAmer	ded Dongs and a RT 22522		H(a) Is this a group re			
-	returr ∏Appli			for any a group re	? Yes X No		
_	—Itlòh pendi						
		same as C above	· I I	H(b) Are all subordinates in			
\perp	Tax-ex	empt status: 🔀 501(c)(3)	or 527		list. (see instructions)		
		te:▶ www.coawfla.org		H(c) Group exemption			
K	Form o	f organization: X Corporation Trust Association Other	L Year	of formation: 1972 M	State of legal domicile: ${f FL}$		
P	art I	Summary					
	Τ1	Briefly describe the organization's mission or most significant activities: Dedi	catino	g each day to	serve,		
Activíties & Governance	'	support, and advocate for aging adults i	n Esca	ambia and Sar	nta Rosa		
ğ	2	Check this box if the organization discontinued its operations or dispose					
ğ	1				25		
Ĝ	3			3	25		
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			77		
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)					
₹	6	Total number of volunteers (estimate if necessary)			360		
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
1		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
a)	8	Contributions and grants (Part VIII, line 1h)		4,579,254.	4,623,542.		
Revenue	9	Program service revenue (Part VIII, line 2g)		980,710.	860,999.		
ē	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33,670.	26,656.		
æ	10			4,322.	24,783.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,597,956.	5,535,980.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
e co	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,726,546.	1,744,533.		
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.		
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 208, 2	20.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,782,061.	3,888,899.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,508,607.	5,633,432.		
	19	Revenue less expenses. Subtract line 18 from line 12	_	89,349.	-97,452		
<u> </u>		Tievendo tesa experiaca, odubitaci inte 70 from inte 12		eginning of Current Year	End of Year		
Net Assets or	3 00	Total consts (Dout V. line 16)	ا ا	3,129,109.	3,083,419.		
SSS	20	Total assets (Part X, line 16)		1,080,547.	1,073,906.		
t d	21	Total liabilities (Part X, line 26)	·····	2,048,562.	2,009,513.		
		Net assets or fund balances. Subtract line 21 from line 20		2,040,302+	4,009,313.		
	art II	. 1 💆					
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is		
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	er has any knowledge.			
		fles 1		Date 1	1.18		
Sig	yn	Signature of Officer		Date			
He	re 🥒	John B. Clark, President/CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid David Lister, CPA David Lister, CPA 05/24/18 self-employed P0							
Pre	рагег	Firm's name Saltmarsh, Cleaveland & Gund		Firm's EIN ▶	59-2922169		
Us	e Only	Firm's address 900 North 12th Avenue					
	_	Pensacola, FL 32501		Phone no.85	0-435-8300		
M	ıv the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No		
1910	ay HIC	in to dispute this interior with the property offers above tood methodology		<u> </u>			

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Dedicating each day to serve, support and advocate for aging adults in
	Escambia and Santa Rosa Counties.
	DOCUMDIA CITA DATE CONTINUES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 617,390 • including grants of \$) (Revenue \$ 230,947 •)
	Home Delivered Meals - Nutritionally balanced meals delivered to
	homebound individuals Monday through Friday from 10:30 a.m. to 1:30
	<u>p.m.</u>
	· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$ 724,819 · including grants of \$) (Revenue \$ 40,741 ·)
40	(Code:) (Expenses \$ /24,819. including grants of \$) (Revenue \$ 40,741.) Congregate Meals - A neighborhood based program which offers the
	opportunity for active adults to share their noon meal with others
	their age and to participate in recreational activities, nutrition
	education, arts and crafts, and other social activities.
4c	
	In-Home Respite - Provides the primary caregiver relief for a specified time period from the constant, continued care of a functionally impaired
	older person in the home environment.
	order person in one nome cuvironment.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,225,203. Including grants of \$) (Revenue \$ 548,515.)
4e	Total program service expenses ► 5,236,270.
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			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Į		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3.5
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			ŀ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ''''		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ļ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	١		l
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	\vdash	1
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			000	

Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 /f "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 lines 24b through 24d and complete Schedule K. If "No", go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV...... Х **2**8c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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X

Х

35b

36

37

Part V	Sta	atements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1	ŀ	
	any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		ļ
7	Organizations that may receive deductible contributions under section 170(c).	_ ·		7.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		x
	to file Form 8282?	7c		 ^
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>_</u> _		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	\vdash	
h o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 '''		
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	٣		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ľ
b		9b		
10	Section 501(c)(7) organizations. Enter:	۳		1
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1	1
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b		1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand		ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	ո ወወብ	/2017)

Form 990 (2017) Council on Aging of West Florida, Inc. 59-1373939 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year1a 25									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent									
2										
	officer, director, trustee, or key employee?									
3										
	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 governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			,						
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X.							
9	Is there any officer, director, 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	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion 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 (Section 501(c)(3)s only)	availab	le							
	for public inspection, Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	Laura Garrett - (850)432-1475			-						
	875 Royce Street, Pensacola, FL 32503									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• 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.

(A) Name and Title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	tee or director		Officer	irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DeeDee Davis	1.00	x						0.	0.	n
Member (2) Caron Sjoberg	1.00	₽				ļ	 	U .		0.
Immediate Past Chair	1.00	X						0.	0.	0.
(3) Kathleen Logan	1.00	^	ļ		 		├	0,	V •	<u></u>
First Vice Chairperson	1.00	x		x				0.	0.	0.
(4) J. M. Novota	1.00	 ^		^	\vdash		├	•	V •	
Treasurer	1.00	Х		х				0.	0.	0.
(5) P.C. Wu	1.00	12		21	├		┢	0.	0.	
Secretary		\mathbf{x}		x				0.	0.	0.
(6) Lorenzo Aguilar	1.00	ᢡ	\vdash		\vdash		╁	3.7	-	
Member		x						0.	0.	0.
(7) Malcom Ballinger	1.00						Г			
Member		x						0.	0.	0.
(8) Rabbi Joel Fleekop	1.00						 			
Member		X						0.	0.	0.
(9) Tammy Hardy Fauber	1.00	Г								
Member		x						0.	0.	0.
(10) Lumon May	1.00							•		
Member		Х						0.	0.	0.
(11) Larry Mosley	1.00									
Member		Х				<u> </u>		0.	0.	0.
(12) Donna Jacobi, M.D.	1.00									
Member		X			_			0.	0.	0.
(13) Tara Peterson	1.00				1			_		
Member		Х					╙	0.	0.	0.
(14) Diane L. Scott	1.00	ļ	1							_
Member	1.00	X		ļ		_	┞	0.	0.	0.
(15) Leslie Howington, CMC	1.00	۱							_	_
Member	1 00	X	\vdash	 -	ļ	<u> </u>	_	0.	0.	0.
(16) Sue Straughn	1.00	₩						0.	_	
Member	1 00	X	-	-	ļ	<u> </u>	╀	0.	0.	0.
(17) Edgar M. Turner Member	1.00	x						0.	٥.	
Member		Α						<u> </u>	<u> </u>	0.

								JIIUa, IIIC.	/#N	939	Pa	ige o
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	<u>, and</u>	d Hi	ghe	st C					
(A) (B)			(C) Position					(D)	(E)		(F)	
Name and title	Average hours per	(do	not c	heck	more	than -	one	Reportable	Reportable		imate	
	week					is bot r/trus		compensation from	compensation		ount o ther	ΣŤ
	(list any	ia.					Ė	the	from related organizations	comp		tion
	hours for	direc				_ ·		organization	(W-2/1099-MISC)	•	m the	
	related	æ 0.	aaps			nsate		(W-2/1099-MISC)			nizati	
	organizations	trust	at tru		,yee	эдшс		,		and	relate	∍d
	below	Individual trustee or director	Institutional trustee	.e.	Key employee	lest co loyee	Je J			orgar	nizatio	วทร
	line)	ibril	lnsti	Officer	Key	Highest compensated employee	Forr					
(18) Dona Usry	1.00											
Member		X				$ldsymbol{ld}}}}}}$		0.	0.			0.
(19) Marie K. Young	1.00											
Member		Х						0.	0.			0.
(20) Evan Jordan	1.00											
Member		X						0.	0.			0.
(21) Thomas Pace, Jr.	1.00											
Member		Х						0.	0.			0.
(22) Lois B. Lepp	1.00		Г									
Member		Х	1					0.	0.			0.
(23) Sonya Daniel	1.00											
Chairperson		Х		Х				0.	0.			0.
(24) Jan M. Pacenta	1.00											
Member		Х						0.	0.			0.
(25) Rick McClanahan	1.00								·· - ··			
Second Vice Chair		X		X	L			0.	0.			0.
(26) Laura Garrett	40.00											
Executive Vice President				Х				99,441.	0.		5,28	
1b Sub-total							\triangleright	99,441.	0.	15	5,28	88.
c Total from continuation sheets to Part V	II, Section A		 .				\triangleright	126,140.	0.	17	7,50	63.
d Total (add lines 1b and 1c)					····			225,581.	0.	32	2,8	<u>51.</u>
2 Total number of individuals (including but)	not limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportable			
compensation from the organization												<u> </u>
									ı		Yes	No
3 Did the organization list any former officer			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		_X_
4 For any individual listed on line 1a, is the s		le ce	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$15	50,000? <i>If "Yes,</i>	" co	mpl	ete S	Sche	edule	e J i	for such individual		4		_X
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	uch	pers	son .		*******************************	***************************************	5		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
Valley Innovative Foods P.O. Box 5454, Jackson, MS 39208	Meals	881,881.
TLC Caregivers 4400 Bayou Blvd., Pensacola, FL 32503	In-Home Services	606,419
Interim, 1962-B Village Green Way, Tallahassee, FL 32308	In-Home Services	217,985.
HDIS, 9385 Dielman Industrial Dr., Olivette, MO 63132	In-Home Services	144,664

See Part VII, Section A Continuation sheets

\$100,000 of compensation from the organization

Section B. Independent Contractors

Part VII Section A. Officers, Directors, 1	rustees, Key Eı	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours		(C) Position (check all that apply)			ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individua	Institutional trustee	Officer	Кеу етрюуве	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization
27) John Clark EO/President	40.00	$\frac{1}{2}$		x		İ		126,140.	0.	17,56
		╁╌			_			120/1100	<u> </u>	1,750
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		_								
		L								
otal to Part VII, Section A, line 1c								126,140.		17,56

Statement of Revenue

Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or Unrelated Total revenue exempt function business revenue revenue 102,815. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1b 153,081. 1c c Fundraising events _____ d Related organizations 1d 3,925,003. e Government grants (contributions) f All other contributions, gifts, grants, and 442,643 similar amounts not included above 216,892 Noncash contributions included in lines 1a-1f: \$ 623,542 h Total. Add lines 1a-1f. Business Code 2a Contracts 625,885. 900099 625,885. Program Service Revenue 192,075. b Private Pay/Fee for Se 900099 192,075. 900099 39.082. 39,082. c Co-Pay/Assessed Fees/P d 3,957. 900099 3,957. All other program service revenue 860,999. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 38,863. 38,863. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis 12,207 and sales expenses -12,207c Gain or (loss) -12,207. -12,207. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 153,081. of contributions reported on line 1c). See 47,020 Part IV, line 18 _____a 43,228 b Less: direct expenses _____ b 3,792 3,792. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold ______b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Miscellaneous Income 900099 20,991. 20,991. d All other revenue 20,991. e Total. Add lines 11a-11d 535,980. 860,999. 51,439. Total revenue. See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	j			
2	Grants and other assistance to domestic				· · · · · · · · · · · · · · · · · · ·
	individuals. See Part IV, line 22			·	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				water
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,334,848.	790,684.	487,772.	56,392.
8	Pension plan accruals and contributions (include			2	
	section 401(k) and 403(b) employer contributions)	90,345.	51,969.	34,974.	3,402.
9	Other employee benefits	132,871.	76,431.	51,436.	5,004.
10	Payroll taxes	186,469.	107,262.	72,185.	7,022.
11	Fees for services (non-employees):				
а	Management	2 0 0 0		0.404	4.0
b	Legal	3,274.	743.	2,491.	40.
C	Accounting	26,719.	6,063.	20,333.	323.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 271	007	2 222	EΩ
	column (A) amount, list line 11g expenses on Sch O.)	4,371. 3,795.	997. 1,445.	3,322.	52. 508.
12	Advertising and promotion	115,337.	67,731.	1,842.	15,175.
13	Office expenses	1,290.	663.	415.	212.
14	Information technology	1,230+	003.	417+	212
15	Royalties	70,756.	48,080.	19,886.	2,790.
16	Occupancy	43,946.	35,631.	5,860.	2,455
17	Travel	43,740.	33,031.	3,000.	2,400
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		21,611.		21,611.	<u>-</u>
21	Payments to affiliates	22,022			
22	Depreciation, depletion, and amortization	82,868.		82,868.	
23	Insurance	37,718.	24,883.	10,140.	2,695.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Subcontractor Expense	2,618,123.	2,618,123.	· · 	
h	Volunteer Expense	473,571.	473,546.		25.
c	Program Supplies	196,275.	157,382.	26,302.	12,591.
d	Allocation of managemen	0.	678,238.	-754,910.	76,672
e	All other expenses	189,245.	96,399.	69,984.	22,862
25	Total functional expenses. Add lines 1 through 24e	5,633,432.	5,236,270.	188,942.	208,220.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
72201	0 11-28-17			<u> </u>	Form 990 (2017

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,211,999. 943,530. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 496,894. 513,628. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use _____ 1,996. 75. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,719,676. basis. Complete Part VI of Schedule D _____ 10a 867,056. b Less: accumulated depreciation 10b 852,620. 851,962. 10c 11 Investments - publicly traded securities ______ 11 561,210. 754,082. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 5,048. 5,048. 15 15 Other assets. See Part IV, line 11 3,129,109 3,083,419. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 564,234. 574,773. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 7,503. <u>178.</u> 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability, Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 485,277. 474,328. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 23,533. 24,627. Schedule D 1,080,547. 1,073,906. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,048,562. 27 2,009,513. Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,009,513. 2,048,562. 33 Total net assets or fund balances 3,083,419. 3,129,109. Total liabilities and net assets/fund balances 34

	990 (2017) Council on Aging of West Florida, Inc.	59-1373	939	Pag	e 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2 5	,63		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	,04		
5	Net unrealized gains (losses) on investments	5	5	8,4	03.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 2	,00	9,5	<u>13.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			-
	consolidated basis, or both:				:
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			:
	Act and OMB Circular A-133?		3a	X	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization 59-1373939 Council on Aging of West Florida, Inc. 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: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 L 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. \perp Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions). organization Yes Nο above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 Council on Aging of West Florida, Inc. 59-13739 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 59-1373939 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		•					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and	. ,	• ,	• •	• •			
	membership fees received. (Do not							
	include any "unusual grants.")	3,875,768.	5,712,566.	5,394,011.	5,375,652.	5,327,976.	25,685,973.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf			ļ	!			
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3,875,768.	5,712,566	5,394,011.	5,375,652.	5,327,976.	25,685,973.	
							······································	
•	by each person (other than a			•		·		
	governmental unit or publicly			·				
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,				·			
	column (f)							
6	Public support. Subtract line 5 from line 4.						25,685,973.	
	ction B. Total Support						······································	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	3,875,768.	5,712,566.	5,394,011.	5,375,652.	5,327,976.	25,685,973.	
	Gross income from interest,	. ,	, ,	, ,		, ,	· · · · · · · · · · · · · · · · · · ·	
Ū	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	17,530.	42,210.	53,530.	33,670.	38,863.	185,803.	
9	Net income from unrelated business			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
J	activities, whether or not the							
	business is regularly carried on							
40	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	6,320.	988.	3,247.	1,058.	20,991.	32,604.	
11	Total support. Add lines 7 through 10	0,0201		3,22,1	2,0301		25,904,380.	
	Gross receipts from related activities,	etc. (eee inetructi	one)	i		12 1	,097,510.	
	First five years. If the Form 990 is for			d fourth or fifth to			702770201	
10	organization, check this box and stor	=	s mst, second, mil	a, ioa(iii, oi iiiii) te	ax year as a sectio	11 30 1(0)(0)		
Sec	tion C. Computation of Publ		rcentage					
	Public support percentage for 2017 (column (fl)		14	99.16 %	
	Public support percentage from 2016					15	99.35 %	
						nore, check this bo		
	16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2016. If the							
17a	and stop here. The organization qualifies as a publicly supported organization a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances tes							
N	more, and if the organization meets the	~						
	organization meets the "facts-and-cire				•		`	
10	Private foundation. If the organization		_			***************************************		
18	riivate ioungation, ii tile organizatio	ni dia noi Greck a	DOVOLLING 19' 10	a, 100, 178, 01 171	o, otiech tilis dox e	and see monuculon	s	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-				ļ		
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose]		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 e	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						_
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtractline 7c from line 6.)		,				
Se	ction B, Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses				ĺ		
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income, Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here			***************************************			>
	ction C. Computation of Publ					, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 2017 (15	%
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inves					I I	
17	·					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the	_					
	more than 33 1/3%, check this box a			•			
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che		_			-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	3b		
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	10a		-
	10b		
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Part W Supporting Organizations (continued) Yee No	Sche	dule A (Form 990 or 990-EZ) 2017 Council on Aging of West Florida, Inc. 59-13	<u>7393</u>	9 _{Ρε}	ge 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person with directly or infective controls, either ables no trogether with present described in (b) and (c) bolow, the governing body of a supported organization? A Asink internet of a person described in (b) or (b) above? If "Yes" to a, b, or c, provide destail in Part VI. 11c Section B. Type I Supporting Organizations 1 Did the directors, trustees, or memberathy of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization or directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organizations have the power to regularly appoint or elect at least a majority of the organizations or described and organizations and what candidations or resisticions, flar, any applied to such powers during directors and what candidations or resisticions, flar, any applied to such powers during directors and what candidations or resisticions, flar, any applied to such powers during destance organizations and what candidation or resisticions, flar, any applied to such powers during the tax year. 2 Did the organization spents for the benefit carried out the purposes of the supported organization(s) if "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization and the supported organization of the supported organization of the supported organization of each of the organization application organization and the supporting organization and the supported organization organization and the supported organization and the supported organization and the supported organization organization and the organization and the supported organization	Par	t IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organizations b A tamily member of a person described in (s) above? c A 39% controlled entity of a person described in (s) at (s) or (b) above?! A 39% controlled entity of a person described in (s) or (b) above?! A 39% controlled entity of a person described in (s) or (b) above?! Did the directors, trustees, or memberating of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times alluring the tax year? If "No" disable in the 11 No with a supported organization; effectively operated, supervised, or controlled the organizations are thinkes. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization, describe how provinging such benefic cerei and util he purposes of the supported organization? If "Yes," applied to a subported organization? If "Yes," applied to a subported organization of the supported organization of the supported organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of tho directors or trustees of a such of the organization's assumption organization's account of the supported organization's account or trustees of a supported organization's into year and the supported organization's tax year, (if you will be provided organization's tax year, (if you will be provided or				Yes	No
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		32	1	
	h		- Va	+	
	N		3b	1	

Schedule A (Form 990 or 990-EZ) 2017 Council on Aging of West Florida, Inc. 59-1373939 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations . Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) Add lines 1 through 3 4 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035

<u>7</u>

1

2

3

4

5

	emergency temporary reduction (see instructions)	l b	l		
7	Check here if the current year is the organization's first as a non-functionally	y integr	rated	Type III supporting orga	anization (see
	instructions),				

Schedule A (Form 990 or 990-EZ) 2017

Current Year

Recoveries of prior-year distributions

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Sche Par	dule A (Form 990 or 990-EZ) 2017 Council on Ag tV Type III Non-Functionally Integrated 509	ing of West Flo (a)(3) Supporting Orga	orida, Inc. 59 anizations (continued)	9-1373939 Page 7
Secti	on D - Distributions	(-7(-7[-]	Continued	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	·	dina in a constant of the cons
_	(provide details in Part VI). See instructions.	io organization to respections		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	and a different different and a different diff	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			· · · · · · · · · · · · · · · · · · ·
	From 2014			
	From 2015			
	From 2016		with the second	
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
ī	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years	The second second		· · · · · · · · · · · · · · · · · · ·
	Applied to 2017 distributable amount			
_	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if		i	
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017	Application of the second seco		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 9	990-EZ) 20)17 COL	nc11	on	Aging	i ot	West	FIC	rida	a, I	nc.	59-13	73939	Page 8
Part VI	Suppleme Part IV, Secti line 1; Part IV Section D, lin	ental Info ion A, lines /, Section	ormatic s 1, 2, 3b, D, lines 2	>n. Provid 3c, 4b, 4 and 3; Pa	de the c, 5a, art IV, S	explanatio 6, 9a, 9b, 9 Section E, l	ns requ c, 11a, ines 1c	uired by Pa , 11b, and s, 2a, 2b, 3	art II, lin 11c; Pa a, and l	e 10; Part IV, S 3b; Part	art II, lir ection t V, line	ne 17a oi B, lines 1 1; Part \	17b; Part I and 2; Par I, Section E	II, line 12; t IV, Section 3, line 1e; Pa	ı C, ırt V,
-	Section D, lir (See instruct	nes 5, 6, at ions.)	nd 8; and	Part V, Se	ection	E, lines 2,	5, and 6	6. Also con	nplete t	this par	t for an	y additio	nal informa	tion.	
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest Information.

OMB No. 1545-004

2017

Employer identification number

Council on Aging of West Florida, 59-1373939 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Council on Aging of West Florida, Inc.

59-1373939

Part I Contributors (see instructions). Use duplicate copie	s of Part I if additional space is needed.
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	· · · · · · · · · · · · · · · · · · ·		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Corporation for National and Community Service 1201 New York Avenue, NW Washington, DC 20525	\$546,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	washington, be 20323		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201	\$ 1,411,119.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. Department of Housing and Urban Development 451 7th Street S.W. Washington, DC 20410	\$118,498.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Florida Department of Elder Affairs 4040 Esplanade Way Tallahassee, FL 32399	\$ <u>1,753,315</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	11-17	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

Employer identification number

Council on Aging of West Florida, Inc.

59-1373939

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ -		 _	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Pag	е	4
rau	е	-

Name of orga	nlzation		Employer identification number
Counci	l on Aging of West Flo	orida, Inc.	59-1373939
Part III	the year from any one contributor. Complete	columns (a) through (e) and the foll	59-1373939 ped in section 501(c)(7), (8), or (10) that total more than \$1,000 for bllowing line entry. For organizations
	completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000	D or less for the year. (Enter this Info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
		(e) Transfer of g	gift
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		<u> </u>	
		(e) Transfer of g	gift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-	·		
-			
(a) No. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
		(e) Transfer of g	gift
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		*	
		(e) Transfer of o	gift
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
:			
1.			

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nar	ne of organization			Empl	oyer identification number
	Council	on Aging of We	st Florida,	Inc.	59-1373939
Pá	art I-A Complete if the or	on Aging of We ganization is exempt un	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organic Political campaign activity expendic Volunteer hours for political campa	zation's direct and indirect polit tures	ical campaign activities	s in Part IV.	**************************************
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)(3),	"-"
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 472	o for this year?		Yes No
4a	Was a correction made?		***************************************		Yes No
k	off "Yes," describe in Part IV.				
	art I-C Complete if the org				
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ				
_	exempt function activities				
3	Total exempt function expenditures			•	
	line 17b		***************************************	> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
Ð	Enter the names, addresses and en	nployer identification number (E	IN) of all section 527 p	olitical organizations to whic	h the filing organization
	made payments. For each organiza contributions received that were pr	mon listed, einter the amount pa omntly and directly delivered to	ud from the filing organ La separate political or	ization's funds. Also enter th	to contracted fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	ganization, such as a separa † IV.	te segregated fund or a
	(a) Name	(b) Address	(c) EIN		(a) Annual of multipul
	<i>(a)</i> (value	(b) Address	(G) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017	Council	on	Aging	of We	st Florida,	Inc. 59-1	373939 Page 2
Part II-A Complete if the org	ganization	ıs exei	npt unde	r sectio	n 501(c)(3) and fil	led Form 5768 (e	lection under
section 501(h)).					······		
					n Part IV each affiliated	l group member's nam	ie, address, EIN,
expenses, and sha							
B Check if the filing organiza	ition checked	box A ar	nd "limited c	ontrol" pro	visions apply.		
Limi (The term "expend	ts on Lobbyir ditures" mear			incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public d	opinion (grass roots	lobbying)	W. A		
b Total lobbying expenditures to infli							
c Total lobbying expenditures (add I						·	
d Other exempt purpose expenditure							
e Total exempt purpose expenditure	s (add lines 1	c and 1c	l)				
f Lobbying nontaxable amount. Enter							· ······
If the amount on line 1e, column (a) o			bying nonta				
Not over \$500,000			the amount				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15%	of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5					ess over \$1,000,000.		
Over \$1,500,000 but not over \$17					ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0					
	•						
g Grassroots nontaxable amount (er	nter 25% of lin	e 1f)					
h Subtract line 1g from line 1a. If zer					***************************************		
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than ze							·
reporting section 4911 tax for this	_			_		[Yes No
	4-1	ear Ave	raging Per	od Under	section 501(h)		
(Some organizations t					have to complete all	of the five columns t	elow.
					ar Averaging Period		
	Lobbyin	ig Expei	idital es Da	11119 4- 100	n Averaging Period	T	1
Calendar year (or fiscal year beginning in)	(a) 201	4	(b) 20)15	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount							
 b Lobbying ceiling amount 	teleta egy				grand and the		
(150% of line 2a, column(e))		11.4					
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots celling amount			State of the	100			
(150% of line 2d, column (e))		2412 2	177 70		And the second		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Council on Aging of West Florida, Inc. 59-1373939 Page 3

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	а)	(b)
of th	e lobbying activity.	Yes	No	Amount
1	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:			
а	Volunteers?		X	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
C	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
1	Grants to other organizations for lobbying purposes?		X	Y=11.1
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		3 000
	Other activities?	Δ.		3,000. 3,000.
J.	Total. Add lines 1c through 1i		Х	3,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
i)	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or so	ction
- 4	501(c)(6).) ii 00 i (0)	,(O), OI 36	Clion
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	ır? 3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Pari	t III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
	expenses for which the section 527(f) tax was paid).			
a	Current year	<i></i>	2a	
	Carryover from last year			
C				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical		
	expenditure next year?		4	
	Taxable amount of lobbying and political expenditures (see instructions)		.,, 5	
Par	t IV Supplemental Information			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part l	I-A, lines 1 a	and 2 (see
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.			
Pai	ct II-B, Line 1, Lobbying Activities:			
The	e organization contributed to hire a lobbyist throu	gh the	e Flor	ida
Cot	uncil on Aging.			
				, <u>,</u>
				-
	W. L			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number Council on Aging of West Florida, Inc. 59-1373939 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education). ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

		on Aging						59-13	73939) <u>Ρε</u>	age 2
Pa	rt III Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of	the following	that are a	significant (use of its	collection	item	S
	(check all that apply):										
а		c			exchange pro						
b		e	•	Other_							
C	3										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of							_	7	_	1
The second	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization	's collection?			<u></u> L	Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if the	e organiz	ation answer	ed "Yes" o	n Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
та	Is the organization an agent, trustee, custod							_	٦		1
	on Form 990, Part X?				•			└─	Yes	ļ	No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
_	Doginalny belongs						 		Amount		
ď	Beginning balance		••••••		•		1c				
e	J	.,	• • • • • • • • • • • • • • • • • • • •		••••••••	*************	1d				
f	Distributions during the year						1e			—	
	Ending balance	orm 000 Part V line		ODOROW.	or ovetedial a	ooount lieb	1f		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.								⊒ tes		J NO
	rt V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" o	n Form 990 F	Part IV line	10	**********			'
	<u> </u>	(a) Current year		Prior yea			(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	(4) - 5 5	__\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nor you		,	(4)	- Caro Back	(0): 02.	y care	-
b	Contributions										
С	Net investment earnings, gains, and losses	*****					···········	**			
d	Grants or scholarships	***									
е	Other expenditures for facilities				1	(
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	lg, colun	nn (a)) held as	:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are he	eld and admini	istered for	the organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations	***************************************							3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds,							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere			T		990, Part X	(, line 10.				
	Description of property	(a) Cost or o			Cost or other		\ccumulate	d	(d) Book	. value	€
		basis (investr	nent)	ba	usis (other)		preciation	_			
	Land				47,197		COE :			7,19	
	•			1 ,	430,054	•	637,4	59.	792	2,50	65.
	Leasehold improvements				00 000	,	D1 A				
	1 1				82,978		71,80			.,1	
	Other		17		159,447	_•	143,2	33.		7.0	
iota	i. Augulines la Infolion 1e (Column (al Must e	uuai romi 990. Part	X COIUI	mn IRI li	ne TUC l					/ _ {J'	70.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 Council on Aging of West	Florida	, inc.	59-	1373939 _F	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State		Revenue per R	eturr	١.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1	Total revenue, gains, and other support per audited financial statements			1	5,664,2	52.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	· · · · · · · · · · · · · · · · · · ·	2a	58,403.			
b	Donated services and use of facilities	2b	47,834.			
c	Recoveries of prior year grants	2c	00 005			
d	***************************************	2d	22,035.		100 0	
e	Add lines 2a through 2d	***************************************		2e	128,2	172.
3	Subtract line 2e from line 1	***************************************		3	5,535,9	80.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b					
	Other (Describe in Part XIII.)			_		0
	Add lines 4a and 4b	***************************************	•••••	4c	E FOF O	· · ·
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State	amonto With	Evnances nor	5 Dotu	5,535,9	780.
ાલ	Complete if the organization answered "Yes" on Form 990, Part IV, line		Expenses per	Metu	rn.	
1					5,703,3	7.7
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••••••	1	5,105,5	01.
z. a		2a	47,834.			
b	Donated services and use of facilities		47,034.			
c	Prior year adjustments Other losses	2b	****			
ď	Other (Describe in Part XIII.)		22,035.			
e				ا م	69,8	160
3				2e 3	5,633,4	32
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		H	3,033,3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
c				امدا		ß
	Add lines 4a and 4b	********		4c	5 633 4	0.
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	and 2b; Part V, line	5	5 , 633 , 4 X, line 2; Part XI,	32.
Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	Part IV, lines 1b	and 2b; Part V, line	5		32.
Par Provi lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	and 2b; Part V, line	5		32.
Par Provi lines Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; Line 2d — Other Adjustments:	Part IV, lines 1b	and 2b; Part V, line	5	X, line 2; Part XI,	32.
Providence Par Dir	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and the second se	Part IV, lines 1b	and 2b; Part V, line	5	X, line 2; Part XI,	32.
Providence Par Dir	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a et XII, Line 2d — Other Adjustments: rect fundraising expenses et XII, Line 2d — Other Adjustments:	Part IV, lines 1b	and 2b; Part V, line	5	X, line 2; Part XI,	32.
Providence Par Dir	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a et XII, Line 2d — Other Adjustments: rect fundraising expenses et XII, Line 2d — Other Adjustments:	Part IV, lines 1b	and 2b; Part V, line	5	X, line 2; Part XI,	32.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1645-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

Council	on Aging of West	Flo	rid	a,	Inc.	59-1373	939
	Complete if the organization answe					ine 17. Form 990-E2	I filers are not
Indicate whether the organization raise	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover ising o ding o ional f	over nme ever ffice und	nment grants int grants its rs, directors, trus raising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							· · · · · · · · · · · · · · · · · · ·
		. .					
							··
Total			•				
3 List all states in which the organization or licensing.		ontrib	utions	orl	nas been notified	l it is exempt from re	egistration
							

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

Sch Pa	edu i rt l	le G (Form 990 or 990-EZ) 2017 Council Fundraising Events. Complete if the	on Aging of	West Florid	a, Inc. 59-	1373939 Page 2
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	
			Rat Pack	Golf	None	(d) Total events
			Reunion	Tounament		(add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	155,101.	45,000.		200,101.
	2	Less: Contributions	108,081.	45,000.		153,081.
_	3	Gross income (line 1 minus line 2)	47,020.			47,020.
	4	Cash prizes				
es	5	Noncash prizes	,			
xbens	6	Rent/facility costs			·····	
Direct Expenses	7	Food and beverages	22,035.			22,035.
	8	Entertainment	6,000.			6,000.
	9	Other direct expenses	15,193.			15,193.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			43,228.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			3,792.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 1 9, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses		-		
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary, Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	·
_						
a	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to	erminated during the tax	year?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2017 Council on Aging of West Florida, Inc. 59	9-1373939 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
h If "Voc " ontex the emount of arming revenue received by the every institute by the	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of any transmission in the second of the secon	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne
organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I line 2b, columns (iii) and (v); and Part	W. F. S. O. 401 451
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III, lines 9, 9b, 10b, 15b,
100, 10, and 170, as applicable. Also provide any additional information, see instituctions.	
	<u> </u>
	<u>', ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	<u></u>
	

Schedule G	(Form 990 or 990-E	Z)	Council	on	Aging	οf	West	Florida,	Inc.	59-1373939	Page 4
Part IV	Supplemental	Infor	mation (contin	ued)						59-1373939	
<u> </u>											
											
									•	*******	
	·										
											,
****										- Addition	 -

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				w.				7.4		· · · · · · · · · · · · · · · · · · ·	
	1.º //d-		<u>-</u>			•				*	

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SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for Instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2017

Name of the organization	_		_									ident		on nu	mber
(B=	Counci	<u>1 o</u>	n Aging	of	Wes	t Flo	rida,	I	nc.	59	<u>-13</u>	739	39		
Part I Excess Bene															
Complete if the	organization						25a or 25t	o, or	Form 990-EZ, P	art V,	line 40)b	T	_	
1 (a) Name of disqualified p	person	(D) ⊢	Relationship bety person and or			ilitied	(c) De	scription of tran	sactio	n		_	$\overline{}$	cted?
*****				3									Y	98	No
	** .		***			·						··	+	_	
							*****		******				+		

·															
A F															
2 Enter the amount of tax section 4958									-						
3 Enter the amount of tax,	if any on li	ne 2	ahove reimbure	ad by	the or			• • • • •			▶ \$ ▶ \$				
• Enter the amount of tax,	ii diriy, Orrii	110 2.,	above, reimbura	eu by	ti ie oi	gariizatio	''			• • • • • • •	Ф				
Part II Loans to and	d/or Fror	n Int	erested Per	sons						-					
Complete if the	organizatior	n ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, I	ine 38a or F	orn	n 990, Part IV, Iin	e 26;	or if th	ie orga	nizati	on	
reported an amo	unt on For	n 990	, Part X, line 5, 6	6, or 2	2	4						_			
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fron	an to or n the		riginal	(f) Balance due	(g)		(h) Ap by bo comm	oroved ard or	(i) W	ritten
interested person	with organ	Zauon	GIJOAH	-	zation?	bilicibs	al amount			defa	1				ment?
			·	То	From	.,,.				Yes	No	Yes	No	Yes	No
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				<u> </u>								<u> </u>			 -
Total	<u> </u>			<u> </u>		<u></u>	> \$								Щ.
Part III Grants or As	sistance	Ber	nefiting Inter	este	d Pe	rsons.	····· • •					<u> </u>	***************************************		***************************************
Complete if the o	organizatior	ansv	vered "Yes" on f	-orm §	90, Pa	art IV, line	27.								
(a) Name of interested p	person	(b) Relationship				Amount of		(d) Type				Purp		f
			interested pers the organiza		a	as	sistance		assistan	ce			assista	ance	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017 Counce Part IV Business Transactions Invo	il on Agin Ving Interested	ng of West Persons.	Florida, In	59-1373	939 Page 2
Complete if the organization answere	d "Yes" on Form 99	0. Part IV. line 28a. :	28b. or 28c.		
(a) Name of interested person	(b) Relationship	between interested the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
Malcolm Ballinger	Member of	the Board	12.834.	The Organiz	Yes No
	10111001	· CHC DOLL	12,034.	THE OLGUINZ	
	<u> </u>				
		·			
					
Part V Supplemental Information					
Provide additional information for res	ponses to questions	s on Schedule L (see	instructions).		
Sch L, Part IV, Business				od Domaona.	
DOI I, TAIC IV, BASINESS	TLATISACCIC	HE THOUTA	ing inceresc	ed Persons:	
(a) Name of Person: Malco	lm Balling	er		·	
(b) Relationship Between	Interested	l Person ar	ıd Organizat	ion:	
Member of the Board of Di		T OI O OII CI	u Organizace	1011	
Member of the Board of Dr	rectors			-	<u></u>
(d) Description of Transa	ction: The	Organizat	ion uses th	e Board mem	ber's
company to produce the Co	ming of Ag	re magazine	· .		
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Council on Aging of West Florida, Inc.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

59-1373939

Pa	rti Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	noncash co	(d) of determin ntribution a		ts
1	Art - Works of	art	·		- on ood, care vin, into	9			
2		treasures	——————————————————————————————————————		<u></u>				
3		Interests	· · · · · · · · · · · · · · · · · · ·			-			
4		plications		· .	" <u>"</u>				
5		ousehold goods							
6	Care and other	vehicles							
7									
8		nes							
-		perty	X	194	20 020	.Stock exe	abanaa		- H -
9		blicly traded		194	39,049	·Stock ex	change	qu	oce
10	Securities - Cic	sely held stock	-						
11		rtnership, LLC, or							
	trust interests		<u> </u>						
12		scellaneous							
13		ervation contribution -							
	Historic structu	ıres							
14		ervation contribution - Other							
15		esidential							
16		ommercial					-		
17		ther							
18	Collectibles								
19	Food inventory								
20	Drugs and med	dical supplies							
21	Taxidermy								
22	Historical artifa	cts							
23		imens		***					
24	Archeological a	artifacts							
25	Other ► (General)	X	44,603	140,007	·Quoted p	rices		
26	Other 🕨	Physicals)	X	87		·Quoted p			
27		Meals	X	6,066		•Purchase		fr	om
28	Other •	í					T		
29	Number of For	ms 8283 received by the organ	ization durin	the tax vear for c	ontributions				
		rganization completed Form 82							
		5	,, .		1 -0 1			Yes	No
30a	During the year	r, did the organization receive l	ov contributio	n any property rer	onted in Part I lines 1 thr	yuah 28 that it	Г	163	140
		t least three years from the da							ľ
		ses for the entire holding period					200		х
h	If "Yes " descri	be the arrangement in Part II.	41		1	***************************************	30a		
31		nization have a gift acceptance	policy that r	aguiros tha raviou	of any nonatonderd contr	hutiana0	ایما		₩.
							31		X
∪∠d		nization hire or use third parties		-					₩.
l.	contributions?	**************************************			***************************************		32a		X
	If "Yes," descri		1						ĺ
33		ion didn't report an amount in d	column (c) fo	r a type of propert	y tor which column (a) is c	necked,		-	1
	describe in Par	TH.					l		1

Schedule M	(Form 990) 2017	Council	on Aging	of Wes	t Florida,	Inc.	59-1373939	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information, I, column (b), the Iditional informat	 Provide the infe e number of con ion. 	ormation requir tributions, the	red by Part I, lines 30 number of items red	0b, 32b, and 33, eived, or a comb	and whether the organization of both, Also com	ation iplete
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939 Form 990, Part I, Line 1, Description of Organization Mission: Counties. Form 990, Part III, Line 4d, Other Program Services: Senior Companions - A part of Senior Corps, a network of the national service programs that matches volunteers with their homebound peers with special needs. Senior Companions assist with running errands, preparing meals, writing letters, and other daily tasks. Expenses \$ 356,193. including grants of \$ 0. Revenue \$ 0. Adult Day Health Care - Provides respite for caregivers while at the same time preventing premature long-term care facility admission for individuals who cannot be left alone during the day. This program includes therapy (occupational, speech, etc.) and medication monitoring. including grants of \$ 0. Revenue \$ 548,515. Expenses \$ 594,846. Nutrition Education Expenses \$ 24,983. including grants of \$ 0. Revenue \$ 0. Outreach Expenses \$ 12,769. including grants of \$ 0. Revenue \$ 0. Recreation - Provides opportunities for active adults to develop personal, social, and educational interests; to enjoy different types

Name of the organization Council on Aging of West Florida, Inc.	Employer identification number 59-1373939
activities.	·
Expenses \$ 59,807. including grants of \$ 0. Revenue \$	0.
Transportation - Limited transportation of individuals is	provided for
medical appointments and other essential services.	
Expenses \$ 87,212. including grants of \$ 0. Revenue \$	0.
Social Service Programs - An in-depth program which ident	ifies problems
for the elderly and develops solutions to those problems.	Case
management (CM), case aide (CA), and screening/assessment	(SA) are just
a few of the services offered.	
Expenses \$ 451,873. including grants of \$ 0. Revenue	\$ 0.
Home Services Programs	
Expenses \$ 1,089,466. including grants of \$ 0. Revenu	e \$ 0.
Senior Companions - Relief - Provides relief to caregiver	s by offering
short-term, temporary respite care and companionship to h	omebound
individuals.	
Expenses \$ 45,352. including grants of \$ 0. Revenue \$	0.
	· · · · · · · · · · · · · · · · · · ·
Foster Grandparents - A part of Senior Corp, a network of	national
services programs that unite eligible adults with at-risk	children at
sites such as schools, hospitals, detention centers, and	daycare
centers.	
Expenses \$ 502,702. including grants of \$ 0. Revenue	\$ 0.
Form 990, Part VI, Section B, line 11b:	

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939 When completed by the CPA firm, the 990 will be e-mailed to all board members. In addition, the Agency's Audit Committee will receive an in-depth review and present the governing Board of Directors with a summary overview of the 990. Form 990, Part VI, Section B, Line 12c: 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. 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.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Council on Aging of West Florida, Inc.	Employer identification number 59-1373939
Form 990, Part XII, Line 2c:	
The process has not changed in current year.	
	·
	
	-

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

2017

OMB No. 1545-0047

Employer identification number 59-1373939 Open to Public Inspection

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Council on Aging of West Florida, Inc.

Name of the organization

Part

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions, Complete if the organization ans	swered "Yes" on Form 990, Par	rt IV, line 34, becaus	se it had one or more re	elated tax-exempt

Name, address, and EIN Primary activity Legal domiciale (state or feated organization of related organization and relative organization and relative organization and relative organization of relative organization and relative organizati	(a)	(q)	(0)	(p)	(e)	(j.)	6)	
solicit, solicit, solicit, selve and florida florida florida florida formuty) section status (if section and it) formution Aging of West Florida, Inc. Schedule R (if)	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		Section 5.	[2(b)(13)]]ed
solicit, ceive and jifts	of related organization		foreign country)		status (if section		entit	7.
solicit, seive and jifts Florida 501(c)(3) 7 Inc.					501(c)(3))		Yes	Š
of West 501(c)(3) 7 Inc.						council on Aging		}
#ifts Florida 501(c)(3) 7 Inc.	Inc 59-2864564, 875 Royce Street,	promote, receive and				of West Florida,		
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2017	Pensacola, FL 32503		Florida	501(c)(3)	7	Inc.		×
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A PROPERTY OF THE PARTY OF THE								
	or Paperwork Reduction Act Notice, see the Instruction	is for Form 990.				Schedule R (Form 990) 2017

59-1373939

Page 2

Schedule R (Form 990) 2017 Council on Aging of West Florida, Inc.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

tage ship				per	ion (13) siled 37? No				3017
(k) Percent owners				ore relat	Sect 512(b) confree entitie				990) 2
(j) (k) General or Percentage managing ownership				e or m	(h) Percentage ownership				(Form
DE GOOD				had on	Perce owne		 		Schedule R (Form 990) 2017
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				ecanse it	(g) Share of end-of-year assets				Sch
				e 34, b	S Pue				
(h) Disproportionate allocations?				art IV, lin	f total ne				
(g) Share of end-of-year assets				Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(f) Share of total income				
Sha end-c end-c				" on Fon	entity S corp, st)				
) of total me				red "Yes	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income				n answe		<u> ,</u>		•	
rcome ated, x under 514)	 			janizatio	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, sculded from tax unde sections 512-514)				f the org					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				mplete i	(c) Legal domicile (state or foreign country)				
itrolling y				rust. Co					
(d) Direct controlling entity			i	ion or T	activity				
	<u></u>			orporat ax year	(b) Primary activity				
(c) Legal domicile (state or foreign				as a Co	<u>г</u>				
ctivity				Faxable rust dur					
(b) Primary activity				ations I					
<u> </u>	<u> </u>	111		rganiza orporat	ion On				
Z.				alated O	(a) Name, address, and EIN of related organization				
, and El inizatior				n of Re s treate	(a) , addres lated org				
(a) address ed orga				tificatio ization	Name of re				
(a) Name, address, and EIN of related organization									11-17
_				Part IV					732162 09-11-17
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	의
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?	is with one or more re	elated organizations listed	d in Parts II-IV?			1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	^			4	×	M
b Gift, grant, or capital contribution to related organization(s)				유	×	м
c Gift, grant, or capital contribution from related organization(s)				2	×	
d Loans or loan quarantees to or for related organization(s)				7	× 	Ļ
				₹,	 	٠١
e Loans or ioan guaramees by related organization(s)				<u>@</u>	4	اہ
				<u> </u>	. Þ	ь
r Dividends from related organization(s)				=	4	اہ
g Sale of assets to related organization(s)				19	X	M
				4	X	M
				-	M	١
i Lease of facilities, equipment, or other assets to related organization(s)				-	×	L
k Lease of facilities, equipment, or other assets from related organization(s)				눚	<u>×</u>	· M
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			-	×	
	nization(s)		· · · · · · · · · · · · · · · · · · ·	Ę	×	١
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	***************************************		£	×	L
Chains of noise complement intermediation (and complements)						٦
o origining of paid employees with related organization(s)				2	1	۱,
a Dojanki incomment projet to related arranization(a) for numerous				ŧ	<u>×</u>	٨.
					1	, ,
q Reimbursement paid by related organization(s) for expenses				무	* 	اہ
r Other transfer of cash or property to related organization(s)				+	×	M
				<u>. 6</u>	×	L
1	who must complete the	is line, including covered	relationships and transaction thresholds.			
1	T O TIMES CONTINUES	as interior interior in Section Sectio				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	peylon		
· (1)						
(2)						
(3)						
(4)						
(9)						
***						ĺ
(G) 732183 09-11-17			Schedule B (Form 990) 2017	R (Form	990) 20-	15

Schedule R (Form 990) 2017 Council on Aging of West Florida, Inc.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(k) centage	mership																														10) 2017
j) ral or Per aging	partner? OW				-														·				1				$\frac{1}{2}$				orm 96
Gene Gene	Fes part				4				_												 		_				1				BR (F
(i) (j) (k) Code V-UBI General or Percentage amount in box 20 marseins	of Schedule K-1 (Form 1065)																														Schedule R (Form 990) 2017
(h) Dispropor- tionate	allocations?				Ŧ																		_								
<u>S</u>	<u> </u>				╬								H				···						+				+				
(g) Share of	end-or-year assets																														
<i>"</i>	total income																														
Are all partners sec. 501(c)(3)	orgs.?				+																		#				+				
ne Sa	ر ر ج آج				$^{+}$				-				┝										+				╁				
(a) (b) (c) (d) (d) Name, address, and EIN Primary activity Legal domicile Predominant income (ribiated, unrelated, unrelated.	excluded from tax under sections 512-514)																			٠											:
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(c) Legal domicile	(state or fore country)																														
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(b) Primary activity																															
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Schedule R	l (Form 990) 2017	Council	on	Aging	οf	West	Florida,	Inc.	59-1373939	Page 5
Part VII	(Form 990) 2017 Supplemental Info	rmation.					•			· · · · ·
	Provide additional inform	ation for reenance	ae ta i	augetione or	Scho	dulo D. Se	oo inntructions			
	1 Tovide additional inform	ation for respons	63 (0)	questions or	JUIL	dule II. o	ee maductions.			
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Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ,

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing o	of this form, visit www.irs.gov/efile, click on Charities & Non-l	Profits, an	d click on e-file for Charities and No	on-Profits.		
Auto	matic 6-Month Extension of Time. Only subm	iit origin	al (no copies needed).		·	<u> </u>
All cor	porations required to file an income tax return other than Fouse Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnersh	ips, REMIC	s, and trusts	
				Enter file	er's identifying nun	nber
Туре					nployer identification number (EIN) or	
print						
File by the due date f fillng your return. See instruction	Council on Aging of West Florida, Inc.				59-1373939	
	for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)	
	ns. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pensacola, FL 32522					
Enter t	the Return Code for the return that this application is for (file	e a separa	te application for each return)			01
Application			Application			Return
ls For			Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL.		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
• TI	Laura Garrett	~#- 1				
	books are in the care of ► <u>875 Royce Stree</u> ephone No.► (850)43 <u>2–1475</u>	at		3		
	ne organization does not have an office or place of business	ماليماليمان	Fax No.			
o iiu Oo lfth	is is for a Group Return, enter the organization's four digit (Group Eve	mation Number (CEN)	If their in the		
box 🔈	. If it is for part of the group, check this box	and atta	ch a list with the names and FINE of	ii this is toi if all mamb	r the whole group, o	ineck this
	r the organization named above. The extension is for the organization's return for:					
▶ X calendar year 2017 or						
1	tax year beginning, and ending					
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period					
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.				\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
_	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa	-				_
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Cautio instruc	on: If you are going to make an electronic funds withdrawal tions.	(direct de	bit) with this Form 8868, see Form	8453-EO ar	nd Form 8879-EO fo	r payment

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