Extended to November 15, 2019

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	e 2018 calendar year, or tax year beginning and	ending			
В	Check if applicabl	C Name of organization		D Employer	identifi	cation number
	Addre chang	Council on Aging of West Florida, Inc.				
	Name chang	373939				
	Initial return		Room/suite			
	Final return			1) <u>432-</u> 1475
	termin ated			G Gross receipts		5,927,254.
	Amend return			H(a) Is this a	group re	
	Application	F Name and address of principal officery Offit. D. Clark				? Yes X No
	pendir	same as C above		I		ncluded? Yes No
Т.	Tax-exe	empt status: 🗶 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🔲 4947(a)(1) c	or 527	7] If "No," a	ittach a	list. (see instructions)
		e: > www.coawfla.org		H(c) Group ex	kemptio	n number 🕨
		organization: X Corporation	L Year	r of formation: $oldsymbol{1}$	972 n	1 State of legal domicile: FL
P	art I	Summary				
ø		Briefly describe the organization's mission or most significant activities: Dedic				
Activities & Governance		support, and advocate for aging adults in				
ern		Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of mor	e than 25% of it	s net as	
õ		Number of voting members of the governing body (Part VI, line 1a)			3	<u>25</u>
જ		Number of independent voting members of the governing body (Part VI, line 1b)				25
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	82
ξį	6	Total number of volunteers (estimate if necessary)			6	285
Ac		Total unrelated business revenue from Part VIII, column (C), line 12				0.
	р	Net unrelated business taxable income from Form 990-T, line 38	·····			0.
	8	Contributions and grants (Part VIII, line 16)	-	Prior Year		Current Year
ρ		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	l l	4,623, 860,		4,921,389.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			656.	867,806.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,		73,419.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,535,		19,835. 5,882,449.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0.	<u> </u>
		Benefits paid to or for members (Part IX, column (A), line 4)		·-··	0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,744,		1,816,104.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ed:		Total fundraising expenses (Part IX, column (D), line 25) 191,09	97.			
ú		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,888,	899.	4,134,559.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,633,		5,950,663.
		Revenue less expenses. Subtract line 18 from line 12		-97,		-68,214.
ces			В	eginning of Curre		End of Year
sets	20	Total assets (Part X, line 16)		3,083,		3,022,935.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,073,		1,200,351.
-		Net assets or fund balances. Subtract line 21 from line 20		2,009,	513.	1,822,584.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules				y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowled	ge.	
۵.		Signature (G) Net 'S COPY		Data	-	
Oign /						
Her	e	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, CF		05/22/19	if L	 '
	arer	Firm's name Saltmarsh, Cleaveland & Gund		Firm's		59-2922169
,	Only	Firm's address 900 North 12th Avenue		111113	-111	J 47441VJ
	,	Pensacola, FL 32501		Phone	no 8 5	0-435-8300
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)				X Yes No
	01 12-3		ns.			Form 990 (2018)

	1990 (2018) Council on Aging of West Florida, Inc. 59-1373939 Page 2
Pa	rt 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.
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
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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 \$ 582,073. including grants of \$) (Revenue \$) (Revenue \$)
	Home Delivered Meals - Nutritionally balanced meals delivered to
	homebound individuals Monday through Friday from 10:30 a.m. to 1:30
	p.m.
	777 554
4b	(Code:) (Expenses \$ 737,551. including grants of \$) (Revenue \$) (Revenue \$)
	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.
4-	720 944
4¢	(Code:)(Expenses \$
	time period from the department continued 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 the nome environment.
Acl	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 3,453,329 \(\) including grants of \$) (Revenue \$ 586,414 \(\) \)

Form **990** (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			İ
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	L
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u	· ·			4,7
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	3.5	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	<u>X</u>	<u> </u>
'	the organization's separate of consolidated financial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			77
129	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
120		40-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Δ.	ļ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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,	1-14		21
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 1? If "Yes," complete Schedule I, Parts I and II	21		х

			Yes	No
22	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
b	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	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	T		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	İ		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		X
С	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	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	_30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	·	Х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ.
, (1)	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contours to contains a reaposite of note to any line in this hart v			ليا.
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ו ו		
'n	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	10	v	

O18) Council on Aging of West Florida, Inc.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2018)
Part V Sta

			Yes	No					
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 82								
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									
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: ▶								
	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_					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		_X_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
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							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		_X_					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f									
g	, , , , , , , , , , , , , , , , , , ,								
h -	, , , ,,,,,								
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a_							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a								
D	Gross income from other sources (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.) 11b		•						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	 	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·								
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?								
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
U	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did it	40-		v					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		X					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140							
excess parachute payment(s) during the year?									
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
_	If "Yes," complete Form 4720, Schedule O.	10							

Form 990 (2018) 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.

It "Yes," did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed None Section 6104 re			X
If there are material differences in voting rights among mombers of the governing body of if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0. 1 b Enfor the number of voting members included in line 1a, above, who are independent. 2 b Old any officer, director, trustee, or key emptoyee have a family relationship or a business relationship with any other officer, director, trustee, or key emptoyee? 3 b Old the organization delegate control over management duties oustomarily performed by or under the direct supervision of officers, directors, or trustees, or key emptoyees to a management company or other persons. 4 b Old the organization make any significant changes to its governing documents since the prior Form 990 was filled? 5 b Old the organization become aware during the year of a significant diversion of the organization's assats? 6 b Old the organization have members or stockholders? 7 b Old the organization have members or stockholders? 8 b Old the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 b Are any governance declaions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 b Id the organization contemporanously document the meetings held or written actions undertaken during the year by the following: 1 the governing body? 9 b Each committee with authority to act on behalf of the governing body? 9 b Each committee with authority to act on behalf of the governing body? 9 b Each committee with authority to act on behalf of the governing body? 10 b Id the organization have local chapters, branches, or affiliates? 10 b If we governed the process of the process, if any, used by the organization to review the Form 990. 10 b If we governed the process of the process, if any, used by the organization is review to its governing body? If "Yes," does his organiza			
If there are material differences in voting rights among mombers of the governing body of if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0. 1 b Enfor the number of voting members included in line 1a, above, who are independent. 2 b Old any officer, director, trustee, or key emptoyee have a family relationship or a business relationship with any other officer, director, trustee, or key emptoyee? 3 b Old the organization delegate control over management duties oustomarily performed by or under the direct supervision of officers, directors, or trustees, or key emptoyees to a management company or other persons. 4 b Old the organization make any significant changes to its governing documents since the prior Form 990 was filled? 5 b Old the organization become aware during the year of a significant diversion of the organization's assats? 6 b Old the organization have members or stockholders? 7 b Old the organization have members or stockholders? 8 b Old the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 b Are any governance declaions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 b Id the organization contemporanously document the meetings held or written actions undertaken during the year by the following: 1 the governing body? 9 b Each committee with authority to act on behalf of the governing body? 9 b Each committee with authority to act on behalf of the governing body? 9 b Each committee with authority to act on behalf of the governing body? 10 b Id the organization have local chapters, branches, or affiliates? 10 b If we governed the process of the process, if any, used by the organization to review the Form 990. 10 b If we governed the process of the process, if any, used by the organization is review to its governing body? If "Yes," does his organiza		Yes	No
If there are material differences in voting rights among mombers of the governing body of if the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0. 1 b Enfor the number of voting members included in line 1a, above, who are independent. 2 b Old any officer, director, trustee, or key emptoyee have a family relationship or a business relationship with any other officer, director, trustee, or key emptoyee? 3 b Old the organization delegate control over management duties oustomarily performed by or under the direct supervision of officers, directors, or trustees, or key emptoyees to a management company or other persons. 4 b Old the organization make any significant changes to its governing documents since the prior Form 990 was filled? 5 b Old the organization become aware during the year of a significant diversion of the organization's assats? 6 b Old the organization have members or stockholders? 7 b Old the organization have members or stockholders? 8 b Old the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 b Are any governance declaions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 b Id the organization contemporanously document the meetings held or written actions undertaken during the year by the following: 1 the governing body? 9 b Each committee with authority to act on behalf of the governing body? 9 b Each committee with authority to act on behalf of the governing body? 9 b Each committee with authority to act on behalf of the governing body? 10 b Id the organization have local chapters, branches, or affiliates? 10 b If we governed the process of the process, if any, used by the organization to review the Form 990. 10 b If we governed the process of the process, if any, used by the organization is review to its governing body? If "Yes," does his organiza			
bey delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in lino 1a, above, who are Independent delegation officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employees have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? 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? 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? Did the organization became members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Beach committee with authority to act on behalf of the governing body? It have any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body of the process of the process and authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach commi			
b Enter the number of voting members included in line 1s, above, who are independent. Did any offlicer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assests? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contropromatices with authority to act on behalf of the governing body? Did the powerning body? If we power the power the power to be a power to b			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 8 Did the organization have members, stockholders? 9 Did the organization ontemporateously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization contemporateously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 9 Is the organization contemporateously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 10 Is a the carry officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If Yes; Jrovide the names and addresses in Schedule O. 8 Decition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Did the organization have local chapters, branches, or affiliates? 10 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 of the such chapters, affiliates, and branches to ensure their operations are consistent with the organization. 10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 10 Did the organization have a written conflict of inter			
officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are arry governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Bid the organization orentegraneously document the meetings held or written actions undertaken during the year by the following: The governing body? Beach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employeo 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) If "Yes," did the organization have boal chapters, branches, or affiliates? If "Yes," did the organization have a 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? It has the organization have a 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? Describe in Schedule O the process, if any, used by the organization to every the form 990. Did the organization have a written policies and procedure governing the activities of such chapters, affiliates, and branches, or insistes, and key employees			
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fusiteses, or key employees to a management company or other person? 4 Did the organization have any significant changes to its governing documents since the prior Form 990 was filled? 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, fusitee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If Yvisc, "rowled the names and addresses in Schedule O. 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10 If Yes," did the organization have written policies and procedures governing the activities of such chaptors, affiliates, and branches to ensure their operations are consistent with the cryanization's exempt purposes? 10a Did the organization have a written conflict of interest policy? If Yok, go to line 13 10b He organization have a written conflict of interest policy? If Yok, go to line 13 10c Did the organization have a written conflict of interest policy? If Yok, go to line 13 10b West effices, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 10c Did the organization have a written work of the process in Schedule O how this was done 10d the organization have a written work of the process in Schedule	2		Х
of officers, directors, or fustless, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A reary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bid the application on the provide the members of the governing body? Is there any officer, director, furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," browkide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Coda.) Did the organization have local chapters, branches, or affiliates? 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? If "Yes," did the organization have a 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? If "Yes," did the organization have a written conflict of interest policy? If "No." go to line 13 Has the organization for a written policies and procedures governing body interests that could give rise to confli			
to bid the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bid the organization activity to act on behalf of the governing body? Bid the organization activity to act on behalf of the governing body? Bid the organization has activity to act on the propertions and proceedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempl purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written ordition of therest policy? If this, 2 to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interest	3		Х
5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 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? 8 Did the organization centemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? lis there any officer, director, trustee, or key employed listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CPG, Executive Director, or top management official b Other officers or key employees of the organization in a joint vonture or similar arrangement with a taxable entity during the year?	4		X
the organization have members or stockholders? The program of the governing body? by the any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? by the any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? by Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? by Each committee with authority to act on behalf of the governing body? sold the organization's mailling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) If "Yes," did the organization have verified policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? It is the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? by Each by Each the organization interes and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written conflict of interest policy? If "No," go to line 13 by Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistbellower policy? The organization have a written document retention and destruction policy? Did the organization have a written policy or procedure requiring the organization to avaluate its participation in joint venture arrangements under applicable federal tax law,	5		X
to bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? #*Pex*, **provide the names and addresses in Schedule O** Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b #*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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? #*No,* go to line 13 b Were officers, directors, or trustless, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 10b the organization have a written whistleblower policy? 10b the organization have a written whistleblower policy? 10c the organization have a written becomes an advance of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the delibera	6		X
more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 3 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? s there any officer, director, trustee, or key employee listed in Part VII, Soction A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Did the organization have a written conditt of interest policy? If "No," go to line 13 b Were offices, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written orditted of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 1 The organization have a written document retention and destruction policy? 1 The organization is of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 1 The organization is CEO, Executive Director, or top management offic			
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's melling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The yes, "did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? be Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written policy or processing persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organiza	7a		Х
persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with authority to act on behalf of the governing body? leach committee with a considerable and activates of such chapters affiliates. leach committee with the programization have a 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? leach the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? leach because the organization to review this Form 990. leach be organization to have a written conflict of interest policy? l' 'No,' go to line 13 leach organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. lide the organization have a written witten document retention and destruction policy? lide the organization have a written document retention and destruction policy? lide the organization have a written document retention and destruction policy? lide the organization have a written document retention and destruction policy? life the orga			
B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailting address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) The policies of the organization have local chapters, branches, or affiliates? 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? It has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? The organization have a written document retention and destruction and decision? The organization in the process in Schedule O (see instructions). The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did t	7b		X
a The governing body? b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or frustess, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written whisteblower policy? 10b the organization have a written whisteblower policy? 11b Did the organization have a written whisteblower policy? 12b Did the organization have a written document retention and destruction policy? 13c Did the organization have a written document retention and destruction policy? 15c Did the organization have a written document retention and destruction policy? 16c Did the organization have a written document of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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? 16b If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 10 Did the organization have a written document retention and destruction policy? 11 Did the organization have a written document retention and destruction policy? 12 Did the organization have a written document retention and destruction policy? 13 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 Did the organization invest in, contribute assets to, or particip	8a	x	
s 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 10b Did the organization have a written whistleblower policy? 10c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 10b Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicabl	8b	X	
organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 16 The organization's CEO, Executive Director, or top management official 17 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18 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? 19 List the states with which a copy of this Form 990 is requ	00	-21	
Did the organization have local chapters, branches, or affiliates? b 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 10 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 12 List the states with which a copy of this Form 990 is required to be filed Policy Applicable), 990, and 990-T (Sectio	9		х
b If "Yes," did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed None None None None None None Non			-41
b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 10a did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Parability and the organization to find the organization to make its Forms 1023 (1024 or 1024-A if		Yes	No
b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 10a did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Parability and the organization to find the organization to make its Forms 1023 (1024 or 1024-A if	10a	103	X
and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to fine 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? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section C. Disclosure A coher federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure A coher federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosu	IVa		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 16 The organization's CEO, Executive Director, or top management official Dother officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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)	10b		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 16 The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Pone Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	11a	Х	
Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	114		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	12a	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	12b	X	
in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ILU		
Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	12c	X	
Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Cother officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	13	X	
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? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	14	X	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	1-4	-23	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	15a	х	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	15b	X	
 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 	ION	-22	
taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	16a		X
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	104		
exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	16b		
List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	TOD		
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. X Own website			
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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	- AnlıA	aveila	blo
X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i orny) i	avalld	มเผ
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	finan-	ial	
ANTHORINA CAMBRORE DE LUE TERRAR, CHARRES DES TAIX	ппапс	ıal	
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			

Form 990 (2018)	Council on	Aging	of	West	Flo

<u>rida, Inc.</u> 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.
- 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.

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

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 week	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Sonya Daniel	1.00								_	_
Chairperson		X		X		ļ	ļ	0.	0.	0.
(2) Kathleen Logan	1.00								_	_
First Vice Chairperson		X		Х		<u> </u>		0.	0.	0.
(3) Rick McClanahan	1.00	ļ						_	_	_
Second Vice Chair		Х		X				0.	0.	0.
(4) J. M. Novota	1.00									
Treasurer		Х		Х	ļ.,			0.	0.	0.
(5) P.C. Wu	1.00	-						_		
Secretary		X		Х			<u> </u>	0.	0.	0.
(6) Lorenzo Aguilar	1.00									
Member		X		<u> </u>		ļ		0.	0.	0.
(7) Malcom Ballinger	1.00	ļ								
Member		Х				<u> </u>		0.	0.	0.
(8) Rabbi Joel Fleekop	1.00									
Member		X	_					0.	0.	0.
(9) Tammy Hardy Fauber	1.00									
Member		X					_	0.	0.	0.
(10) Lumon May	1.00	-								
Member		X				ļ		0.	0.	0.
(11) Larry Mosley	1.00									
Member		X					<u> </u>	0.	0.	0.
(12) Donna Jacobi, M.D.	1.00									
Member		X				ļ	ļ	0.	0.	0.
(13) Tara Peterson	1.00					ļ				
Member		X				ļ	ļ	0.	0.	0.
(14) Diane L. Scott	1.00									
Member		Х				ļ.,		0.	0.	0.
(15) Leslie Howington, CMC	1.00									
Member		Х				<u> </u>	ļ	0.	0.	0.
(16) Sue Straughn	1.00	-								
Member		Х				ļ		0.	0.	0.
(17) Edgar M. Turner	1.00									
Member		Х						0.	0.	0.

Yes Nο Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Valley Innovative Foods		
P.O. Box 5454, Jackson, MS 39208	Meals	820,534.
TLC Caregivers		
4400 Bayou Blvd., Pensacola, FL 32503	In-Home Services	236,791.
Interim, 1962-B Village Green Way,		
Tallahassee, FL 32308	In-Home Services	217,985.
Home Instead, 100 North Spring Street,		
Pensacola, FL 32502	In-Home Services	180,150.
HDIS, 9385 Dielman Industrial Dr.,		
Olivette, MO 63132	In-Home Services	162,197.
2 Total number of independent contractors (including but not limited to those I	isted above) who received more than	
\$100,000 of compensation from the organization > 5		

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Ręvenuè excluded Related or Total revenue Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 109,121. 1 a Federated campaigns b Membership dues db | c Fundraising events 184,685 1c d Related organizations 1d e Government grants (contributions) 1e 4,162,496. f All other contributions, gifts, grants, and similar amounts not included above 1f 465,087. 222,940 g Noncash contributions included in lines 1a-1f; \$ h Total, Add lines 1a-1f <u>9</u>21,389. Business Code Program Service Revenue 2 a Contracts 900099 595,753 595,753. b Co-Pay/Assessed Fees/P 900099 231,693. 231,693. c Private Pay/Fee for Se 38,335. 900099 38,335. f All other program service revenue ______ 900099 2,025 2,025. g Total. Add lines 2a-2f 867,806. Investment income (including dividends, interest, and other similar amounts) 73,419. 73,419. 4 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) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____184,685. of contributions reported on line 1c). See 61,461. Part IV, line 18 _____a b Less: direct expenses _____ b 44,805. c Net income or (loss) from fundraising events 16,656. 16,656. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory ... Miscellaneous Revenue **Business Code** 11 a Miscellaneous Income 900099 3,179. 3,179. d All other revenue e Total. Add lines 11a-11d 3,179. Total revenue. See instructions 867,806. 0. 93,254. Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
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)	4 000 544			
7	Other salaries and wages	1,383,544.	819,550.	505,044.	58,950.
8	Pension plan accruals and contributions (include	00.000	EQ 050	28 222	n
_	section 401(k) and 403(b) employer contributions)	93,868.	53,073.	37,392.	3,403.
9	Other employee benefits	146,145.	82,631.	58,216.	5,298.
10	Payroll taxes	192,547.	108,867.	76,700.	6,980.
11	Fees for services (non-employees):				
a	Management	2 172	1 004	0 100	4 11
b	9	3,173.	1,024.	2,132.	17.
C	Accounting	27,107.	8,748.	18,214.	145.
a	Lobbying Professional fundraising services. See Part IV, line 17				
e			-		
f	Investment management fees				
9	column (A) amount, list line 11g expenses on Sch O.)	18,425.	5 046	10 200	0.0
12	Advertising and promotion	5,856.	5,946. 3,235.	12,380. 463.	99. 2,158.
13	Office expenses	119,943.	62,798.	40,069.	17,076.
14	Information technology	7,709.	5,084.	1,566.	1,059.
15	Royalties	7,705	3,004.	1,300.	1,033.
16	Occupancy	72,693.	49,219.	20,707.	2,767.
17	Travel	40,725.	33,931.	4,298.	2,496.
18	Payments of travel or entertainment expenses	2077230	33,331.	4,450.	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				····
20	Interest	20,442.		20,442.	
21	Payments to affiliates			20,112,	
22	Depreciation, depletion, and amortization	95,282.		95,282.	
23	Insurance	38,520.	18,920.	17,929.	1,671.
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 0.)			,	
а	Subcontractor Expense	2,791,313.	2,791,313.		
b	Volunteer Expense	402,524.	402,375.		149.
С	Program Supplies	217,796.	154,824.	62,972.	0.
d	Allocation of managemen	0.	707,864.	-793,350.	85,486.
е	All other expenses	273,051.	184,395.	85,313.	3,343.
25	Total functional expenses. Add lines 1 through 24e	5,950,663.	5,493,797.	265,769.	191,097.
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)				
922014	12-31-18				Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 943,530. 1 Cash - non-interest-bearing 1 895,065. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 513,628. 4 Accounts receivable, net 553,923. 4 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 Notes and loans receivable, net _____ 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 75. 9 2,262. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 1,786,829. b Less: accumulated depreciation 10b 945,541. 867,056. 841,288. 10c 11 Investments - publicly traded securities 11 754,082. Investments - other securities. See Part IV, line 11 725,349. 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 5,048. 5,048. Other assets. See Part IV, line 11 15 3,083,419. Total assets. Add lines 1 through 15 (must equal line 34) 16 3,022,935. 16 Accounts payable and accrued expenses _____ 574,773. 17 17 652,008. 18 Grants payable 18 178. 15,708. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 474,328. 23 457,260. 23 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 24,627. Schedule D 25 75,375. 1,200,351. 26 Total liabilities. Add lines 17 through 25 1,073,906. 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 Unrestricted net assets 2,009,513. 1,822,584. 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here

> 3,022,935. Form 990 (2018)

1,822,584.

30

31

32

33

34

2,009,513.

3,083,419.

30

31

32

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2018) Council on Aging of West Florida, Inc.	59-137	3939	Pag	ge 12
Pa	rt 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)	1	5,88	2,4	<u>49.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	_ 2	5,9 <u>5</u>	0,6	<u>63.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>14.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_ 4	2,00	9,5	<u>13.</u>
5	Net unrealized gains (losses) on investments	5	-11	8,7	15.
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	1,82	2,5	84.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	1*11*11*11*	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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:				
	X Separate basis Consolidated basis Both consolidated and separate basis		·		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	<u></u>
			Form	990 ((2018)

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.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Council on Aging of West Florida, 59-1373939 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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 section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 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 10 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). 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. 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 functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) <u>above (see instructions))</u> Total

Schedule A (Form 990 or 990-EZ) 2018 Council on Aging of West Florida, Inc. 59-1373939 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received, (Do not								
	include any "unusual grants.")	5 712 566	5,394,011.	5,375,652.	5,327,976.	5,673,780.	27,483,985.		
2	Tax revenues levied for the organ-				, , , , , ,				
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	5,712,566,	5,394,011.	5,375,652.	5,327,976.	5,673,780,	27,483,985.		
5	The portion of total contributions		, , , , , , , , , , , , , , , , , , , ,		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27, 200, 500.		
-	by each person (other than a				4.77				
	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.						27.483.985.		
	ction B. Total Support	<u> </u>	<u></u>		L		27,465,305,		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	5,712,566	5 394 011.	5,375,652.	5,327,976.	5,673,780.	27,483,985.		
	Gross income from interest,				0,027,3101	<u> </u>	27,200,000.		
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	42,210.	53,530.	33,670.	38,863.	73,419.	241,692.		
9	Net income from unrelated business					, , , , , , , ,	211,002.		
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	988.	3,247.	1,058.	20,991.	3,179.	29,463.		
11		300	3,24,1	1,0501	20,331.	J, ± , J •	27,755,140,		
12	Gross receipts from related activities,	etc. (see instruction				12	27,755,140,		
	organization, check this box and stor	_					▶□		
Sec	ction C. Computation of Publ	ic Support Per	rcentage	***************************************					
	Public support percentage for 2018 (olumn (fi)		14	99.02 %		
15	Public support percentage from 2017					15	99.16 %		
	33 1/3% support test - 2018. If the o								
	stop here. The organization qualifies								
h	33 1/3% support test - 2017. If the o								
~	and stop here. The organization qual	-		•					
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"								
h	10% -facts-and-circumstances tes								
U	more, and if the organization meets the	_							
							▶		
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization '								
10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018								
							V. VVV LEIEUIO		

Schedule A (Form 990 or 990 EZ) 2018 Council on Aging of West Florida, Inc. 59-1373939 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Dalled ary rate (or fised year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total and anathership fees received. (Do not include any "untreasal grants", and anathership fees received. (Do not include any "untreasal grants", and anathership fees received. (Do not include any "untreasal grants", and any anathy that is rotated to the organization's trace-exempt purpose of Gress receipis from activities that are not an unrelated trade or business under services that are not an unrelated trade or business under services that are not an unrelated trade or business under services that are not an unrelated trade or business under services and allahor particles and allahor particles and the particles of the services of the servic	Se	ction A. Public Support		,				
1 Giffs, grants, contributions, and membraship free rockeds (0) not include any furuseal grants. 7 Gross mostly from admissions, merchandles acid or services performed, or focilities furnished in any acidity that is rotated to the organization's trace acompt pumpose 3 Gross modelpts from admissions, merchandles acid or services performed, or focilities furnished in any acidity that is rotated to the organization's take acompt pumpose 3 Gross modelpts from admission or development of the part of the organization's take acompt pumpose 3 Gross modelpts from admission or seganded on flat behalf or expended on flat flat flat through 5 Gross account of flat through a growth or flat flat flat flat flat flat flat flat	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
include any 'urusual grants.") 2. Gross enceipts from admissions, manchundies sold or aevides performed, or facilities furnished in any activity that is related to the organization's travewarph purpose 3. Gross receipts from activities that are not an unrelated rade or business under section 513 4. Tax revenues level for the organization's tax-example purpose 3. Gross receipts from activities that are not an unrelated rade or business under section 513 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and olithor paid to or expended on this behalf or expenditure of the part of the part of the organization's benefit and olithor paid to or expended on the behalf of the organization without charge 6. Total, Add lines 1 through 5. 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. 6. Total, Add lines 1 through 5. 7. A mounts included on fines 1, 2, and 3 received from disqualified persons by all and the services of the services	1	Gifts, grants, contributions, and						
2. Gross receipts from adminisions, surprising and adminisions, surprising and adminision of a decidible fundation by the property of the organization's tax-exempl purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 5° 3 4. Tax revenues levied for the organization's terminism of the property of the p		membership fees received. (Do not						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-except purpose 3. Gross receipts from activities that are not an unrelated fracte or bus- iness under section 513 4. Tax revenues levelar for the organ- ization's benefit and other paid to or expended not list bohalf 5. The value of services or facilities furnished by a governmental unit to the organization without change 6. Total. Add lines 1 through 5. 3. received from disqualified persons by Amounts formed to less 2 and received are noted that obtain the serviced that obtain the serviced are noted that obtain the serviced that obtain the serviced are serviced that of the serviced th		include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tux-exempt purpose 3 Gross receipts from activities that are not an unvelated trade or business under section \$13	2							
any activity that is related to the organization's tax example purpose a Gross roccipts from activities that are not an unrelated trade of business under section 513 4 Tax revenues lavied for the organization's benefit and either paid to or expended on its behalf of the organization's benefit and either paid to or expended on its behalf of the organization's benefit and either paid to or expended on its behalf of the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization without charge described by a governmental unit to the organization with the organization without charge described by a governmental unit to the organization with the organization organization without charge described by a governmental unit to the organization organizat								
origanization's tax exempt purpose 3. Cross recotion for an unveilated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or reclibies Aurainated by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total. Add lines 1 through 5 6. Total Add lines 1 through 5 6. Total Add lines 1 through 5 6. Total Add lines 1 through 5 6. Total Support 6. Total Support 6. Total Support 6. Total Support 7. Total Support 8. Total Support Support Support Support 8. Total Support 9. Total Support Support Support Support Support Support Support Support 9. Total Support Support Support Support								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 The value of services or facilities 6 Total. Add lines 1 through 5 8 Total cand income the services of the service								
Interest under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expanded on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge to recommend the companization of the companization without charge to recommend the companization without the recommend of the companization without the recommend of the companization without the recommend of the rec	3	Gross receipts from activities that						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 Description of the services		are not an unrelated trade or bus-						
traition's benefit and either paid to or expended on its behalf to or expended on its behalf to or expended on its behalf to the organization without charge to the organization without charge to the organization without charge to the organization without charge to the organization without charge to the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization organiz		iness under section 513						
or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 raceived from disqualified persons 5 Amounts included on lines 1, 2, and 3 raceived from disqualified persons by Amounts included on lines 2 to 4 to 4 to 4 to 4 to 4 to 4 to 4 to	4	Tax revenues levied for the organ-						
5 The value of sorvices or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 raceived from disqualified persons b Amounts included on lines 2 and 3 received two discussions and the condition of								
furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5		or expended on its behalf						
the organization without charge 6 Total, Add lines 1 through 5	5	The value of services or facilities						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts hocked an innes 2 and 3 received term other than departified persons b Amounts hocked on lines 2 and 3 received term other than departified persons cered the greater of \$0.000 or 1% of the smooth of this feet lawy size. c Add lines 7a and 7b 8 Public support. (spitneling Totale line) 9 Amounts from line 6 10a Gross income from line 6 10a Gross income from line 6 10b directs income from line 6s 10b directs income from similar sources b Unrelated business branche income (less section 511 taxes) from businesses acquited after June 30, 1976 c Add lines 10a and 10b 11 Not income from nurelated business activities not included in line 10b, whether or not the business is regularly, carried on or loss to included pain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support percentages for 2018 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2017 Schedule A, Part III, line 17 10a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support		furnished by a governmental unit to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons but socied from disqualified persons but socied from disqualified persons but socied from general and general		the organization without charge						
3 received from disqualified persons b Amounts included on lines 2 and 3 received two mother than obequalitied persons list exceed the greater of \$0.00 or 1% of the same and the first five two were an advantage from the same of the first five two were an advantage from 2015 (a) 2016 (a) 2017 (b) 2018 (f) Total Support. Bothandise 76 two like 5) Section B. Total Support Callendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 7 (d) 2018 (f) Total 9 Amounts from line 7 (d) 2018 (f) Total 9 Amounts from line 7 (d) 2018 (f) Total 9 Amounts from line 7 (d) 2018 (f) Total 9 Amounts from line 7 (d) 2018 (f) Total 9 (d) 2018 (f) 2	6	Total. Add lines 1 through 5						
b Arounts included on lines 2 and 3 readwell team either than descussified persons this exceeded in a read of the second of the	7 a	Amounts included on lines 1, 2, and						
tom other than disqualified persons that exceed the general of \$0.00 or \$1% of the amount on lite 13 far the year. A doll lines 7 a and 7 b B Public support. (Sehealise 12 feelings 5). Section B. Total Support Callendar year (or fiscal year beginning in)		3 received from disqualified persons						
exceed the greater of \$0.00 or 1% of the smooth of the 15 fac they series. c Add lines 7 a and 7 b. 8 Public support. (whetalita 7 feetilists) Calendar year (or fiscal year beginning in)	k							
a necessary of the year and 7 b 3 Public support. (Selentiting them lies b) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2018 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.) 13 Total support. Asset lines 9, 10c, 11, and 12b 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2017 Schedulo A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedulo A, Part III, line 15 Section D. Computation of Investment Income Percentage 18 Investment income percentage from 2017 Schedulo A, Part III, line 17 19 a 33 1/3% support tests - 2018. If the organization qualifies as a publicly supported organization 19 b 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 10 10 10 10 10 10 10 10 10 10 10 10 10			•					
8 Public support. (@blinklin 7chon line 6) Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquiried after June 30, 1975 c Add lines 10a and 10b 11 Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 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, loc, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, before the busines of the composition of the second of the property of the second of the property of the second of the property of the second of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, before the second of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, before the second of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, before the second of the organization of the organization of the second of the property of the organization of the organization of the organization of the second of the property organization of the second of the property organization of the org								
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Not 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, Aped lines 6, to, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 9/5 19 18 3 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	C	Add lines 7a and 7b						
Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1976 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 0, 10c., 11, and 12c.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2017 Schedule A, Part III, line 15 16 96 18 Public support percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check he box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					· ·	<u> </u>		
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10s, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage from 2017 Schedule A, Part III, line 15 8 Public support percentage from 2017 Schedule A, Part III, line 15 19 a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Se	ction B. Total Support						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxse) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 100 the income from unrelated business is regularly carried on 100 the income. Do not include gain or loss from the sale of capital assets (Explain in Part VI,) 13 Total support, calc lines 9, 10c, 11, and 12.) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 6 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 7 Investment income percentage from 2017 Schedule A, Part III, line 17 8 Investment income percentage from 2017 Schedule A, Part III, line 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 20 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 31 Total support, Aded lines 9, 10c, 11, and 12) 41 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 46 Public support percentage from 2017 Schedule A, Part III, line 15 5 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 3 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							<u> </u>	
securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 6 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 19a, and line 16 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 16 is more than 33 1/	10a							
b Unrelated business taxable income (less section 611 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 19 a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		securities loans, rents, royalties,						
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 94 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
acquired after June 30, 1975 c Add lines 10a and 10b	k							
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1								
11 Net income from unrelated business a ctivities 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 31 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 check this box and stop here. The organization qualifies as a publicly supported organization 11 check the box and stop here. The organization qualifies as a publicly supported organization								
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 column (f) and the first fi								
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 constant in Part VI. Constant VII. Constant VIII. Constant VIII. Constant VIII. Constant VIII.	11							
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1								
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 Section D. Computation (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	40							
assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Investment income percentage from 2017 Schedule A, Part III, line 17 11 Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) 15	12	9						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 3 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 15 9/26 11 17 9/26 12 17 9/26 13 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		assets (Explain in Part VI.)		1				
Check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □			L					
Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 class of the column (f) that is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 11 public support tests - 2018 (line 8, column (f), divided by line 13, column (f)) 12 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 13 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 14 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 15 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 16 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 17 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 18 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 18 public support tests - 2018 (line 10c, column (f), divided by line 13, column (f)) 18 public support tests - 2018 (line 10c,	14	•	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3%, support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Car						······	<u></u>
16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Investment income percentage from 2017 Schedule A, Part III, line 17 18	•	•					T .= [
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17								-
17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization In 17					*************		16	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17					no 12 column (fi)		47	
19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Comparize the comparized that is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Comparized that is not more than 33 1/3%, and Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization Image: Comparized that is not more than 33 1/3%, check this box and stop here. The organization Image: Comparized that is not more than 33 1/3%, and Image: Comparized that is not more than 33 1/3%, and Image: Comparized that is not more than 33 1/3%, and Image: Comparized that is not more than 33 1/3%, and Image: Comparized that is not more than 34 1/3%, and Image: Comparized that is not more than 34 1/3%, and Image: Comparized that is not more than 34 1/3%, and Image: Comparized that is not more than 34 1/3%,								
b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	196	• •	_					
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization >	l-				· · · · · · · · · · · · · · · · · · ·	· ·		
	L							
	20						_	

Schedule A (Form 990 or 990 EZ) 2018 Council on Aging of West Florida, Inc. 59-1373939 Page 4

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. Al.	Supporting	Organizations
---------	--------	------------	---------------

- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "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?
- 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 (as 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).
- 8 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.)

	Yes	No
1		
2		
3a_		
3b		
- 00		
3с		<u> </u>
4a		
		ŀ
_4b		
_		·
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		L

Sche	odule A (Form 990 or 990 EZ) 2018 Council on Aging of West Florida, Inc. 59-	137393	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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 organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u>'</u>		
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations		L	
===	don't or rypo il oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	-	res	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations	1		L
060	tion b. All Type in Supporting Organizations		T.,	<u> </u>
	Did the expeniention provide to each of its supported approximations, but the lead day of the fifth would be a	ı · · · · · ·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	İ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s),	2		⊢
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Sche Pa	edule A (Form 990 or 990 EZ) 2018 Council on Aging of Wes rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			59-1373939 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Port VI \ Can instructions All
•	other Type III non-functionally integrated supporting organizations must co			rait vi.) See instructions. All
Sect	ion A - Adjusted Net Income	SITIPIOTO C	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(op normal)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
_d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting org	anization (see
	instructions).	. =		•

Sche Pa	dule A (Form 990 or 990 EZ) 2018 Council on Act Type III Non-Functionally Integrated 509	ring of West Fl O(a)(3) Supporting Orga	orida, Inc. 5 anizations (continued)	9-1373939 Page 7
Sect	ion D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
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 to	the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			_
2	Underdistributions, if any, for years prior to 2018 (reason-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			:
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2014	Council on	Aging of	West Flori	da, Inc.	59-1373939 Page 8
Part VI	Supplemental Information Part IV. Section A. lines 1	'mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	explanations requ 5, 9a, 9b, 9c, 11a, section E, lines 1c.	ired by Part II, line 10 11b, and 11c; Part I . 2a, 2b, 3a, and 3b;); Part II, line 17a or V, Section B, lines 1 Part V. line 1: Part V	17b; Part III, line 12; and 2; Part IV, Section C, Section B. line 1e: Part V
			·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	<u>-</u> .					
	····				····	
			<u></u>			
						
				·-····································		
			<u> </u>			
					w	
•						

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. 1545-0047

2018

Employer identification number

Council on Aging of West Florida, Inc. 59-1373939 Organization type (check one): Filers of: Section: 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 Form 990-PF 501(c)(3) exempt private foundation 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 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Council on Aging of West Florida, Inc.

<u>59-1373939</u>

Part I	Contributors ((see instructions)	. Use duplicate co	pies of Part Lif a	idditional space is needed.
--------	----------------	--------------------	--------------------	--------------------	-----------------------------

(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	\$ 523,022.	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
2	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201	\$ <u>1,601,783</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
3	U.S. Department of Housing and Urban Development 451 7th Street S.W. Washington, DC 20410	\$ <u>115,519.</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
4	Florida Department of Elder Affairs 4040 Esplanade Way Tallahassee, FL 32399	\$ <u>1,820,554</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 Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Employer identification number

Council on Aging of West Florida, Inc.

59-1373939

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(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
		\$	

Name of organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this Info. once.) > \$_ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2018

OMB No. 1545-0047

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 36c (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 Wes	st Florida,	Inc.	59-1373939
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organia Political campaign activity expendia Volunteer hours for political campa	tures	• • • • • • • • • • • • • • • • • • • •	> \$	
		ganization is exempt un			
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	i5 ▶ \$	
	If the organization incurred a section				
	Was a correction made?	***************************************	••••••••••	•••••••••••••••••••••••••	Yes No
	o If "Yes," describe in Part IV. art I-C Complete if the ord	ganization is exempt un	dor coation 501/a) event coation E01/	a)/2)
L	Enter the amount directly expende		······································	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	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
5	Enter the names, addresses and er made payments. For each organizar contributions received that were propolitical action committee (PAC). If	mployer identification number (E ttion listed, enter the amount pa omptly and directly delivered to	ilN) of all section 527 p id from the filing organ a separate political or	olitical organizations to whic lization's funds. Also enter th ganization, such as a separa	h the filing organization te amount of political
	(a) Name	(b) Address	(c) 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) 2018 C	<u>lounci</u>	<u>ll on</u>	<u>Aging of We</u>	st Florida,	Inc. 59-	1373939 Page 2
Part II-A Complete if the organic section 501(h)).	anızatio	n is exei	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (e	election under
A Check Filing organizati				Part IV each affiliated	group member's nai	ne, address, EIN,
expenses, and share B Check if the filing organizati				viciono analy		
Limits	s on Lobb	ying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expendi	tures" me	eans amou	ınts paid or incurred.)	totals	totalo
1a Total lobbying expenditures to influe	ence publi	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influe						
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditures			• • • • • • • • • • • • • • • • • • • •			
e Total exempt purpose expenditures	(add lines	1c and 1c	d)			1000
f Lobbying nontaxable amount. Enter	the amou	int from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,	000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0	00,000		00 plus 5% of the exce		•	1.2
Over \$17,000,000		\$1,000,				
g Grassroots nontaxable amount (ent-	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	or less, er					
i Subtract line 1f from line 1c. If zero	or less, en					
j If there is an amount other than zero				_		<u> </u>
reporting section 4911 tax for this y	ear? ,		-	******************************		Yes No
(Some organizations tha	at made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns	
	Lobby	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount	-					
(150% of line 2d, column (e))						
1.0070 OF MINO Edy CONDITION (CS)						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018 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 ϵ	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)			
of th	e lobbying activity.	Yes	No	Amour	nt		
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		İ				
	or referendum, through the use of:						
а	Volunteers?		Х				
b			Х				
C	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е			Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
í	Other activities?	Х					
i	Total. Add lines 1c through 1i				0.		
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912			<u>.</u>			
e.	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?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5) or sec	tion			
	501(c)(6).	,,, oo ,(o),	(0), 01 000				
				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						
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or sec	tion			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is		
	answored "Vee"		. (~)	, ,, ,,,,,	0, 10		
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		1				
. ~	expenses for which the section 527(f) tax was paid).	aı					
_							
a	Company from last year						
b	Carryover from last year						
C	Total		2c				
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				
<u>5</u> Par	Taxable amount of lobbying and political expenditures (see instructions)	**********	5	· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·							
	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 II	-A, lines 1 ar	d 2 (see			
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.						
Par	t II-B, Line 1, Lobbying Activities:						
1				_			
LUG	e organization contributed to hire a lobbyist throu	gh the	Flori	da			
a -							
Col	ncil on Aging.						
				· · · · · · · · · · · · · · · · · ·			

SCHEDULE D

(Form 990)

Department of the Treasury ernal 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.

OM8 No. 1545-0047

Inspection

Name of the organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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) 2 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 are the organization's property, subject to the organization's exclusive legal control? 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) 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 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) 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 relating to these items: (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 Assets included in Form 990, Part X

		on Aging						<u> 59-13</u>	<u>73939</u>	Page 2		
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other recor	ds, check	any of the	following tha	t are a sig	ınificant	use of its	collection i	items		
	(check all that apply):											
а	Public exhibition	•	d 🖳 i	_oan or exc	hange progra	ams						
b	Scholarly research		e 🔲 (Other								
c	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit of											
	to be sold to raise funds rather than to be m	aintained as part of	the organ	nization's co	ollection?			[Yes	No_		
Pa	rt IV Escrow and Custodial Arran		lete if the	organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or			
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod								_	_		
	on Form 990, Part X?					• • • • • • • • • • • • • • • • • • • •		L	Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:								
									Amount			
С	Beginning balance						1c					
d	Additions during the year		************				1d					
е	Distributions during the year											
f	Ending balance						1f					
	Did the organization include an amount on F						y?		Yes	No		
	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatio	<u>n has been</u>	provided on	Part XIII	<u></u>					
Pai	tV Endowment Funds. Complete	if the organization a	nswered	"Yes" on Fo								
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	rears back		
1a	Beginning of year balance		<u></u>									
b	Contributions		<u> </u>		·							
¢	Net investment earnings, gains, and losses		·									
	Grants or scholarships		ļ									
e	Other expenditures for facilities											
	and programs		 									
f	Administrative expenses											
g	End of year balance		<u></u>									
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	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	•										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ınd administe	red for the	e organiz	ation	r			
	by;									/es No		
	(i) unrelated organizations											
	(ii) related organizations				****************				3a(ii)			
b	If "Yes" on line 3a(ii), are the related organiza							· · · · · · · · · · · · · · · · · · ·	3b			
Day	Describe in Part XIII the intended uses of the		owment f	unds.				<u> </u>				
rai			0.0									
	Complete if the organization answere											
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value		
		basis (invest	ment)		(other)	aepi	eciation			4.0-		
	Land				7,197.		11 0			<u>,197.</u>		
	Buildings			1,49	7,207.	7	11,9	38.	<u>785</u>	<u>,269.</u>		
	Leasehold improvements				0 000		DC 4					
	Equipment				2,978.		77,1			<u>,820.</u>		
e	Other				9,447.	1	<u>56,4</u>	45.		,002.		
lota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	(Oc.)			▶	841	<u>,288.</u>		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Council on Depart VII Investments - Other Securities.	Aging of West	Florida, Inc.	59-1373939 Page 3
Complete if the organization answered "Yes"	on Form 900 Port IV line 1	Idh Pan Form 000 Dart V I	ing 10
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
2.35 (***)	(b) Book value	(b) Woodloa of Valuation.	. Cost of the of year market value
(O) Olasais hald another internal			
(3) Other			
(A) Mutual Funds	595,349.	End-of-Year	Market Value
(B) CDs	130,000.	Cost	Market varue
(C)	130,000.	COSC	
(C) _(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	725,349.		
Part VIII Investments - Program Related.	, 20, 525 (
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	I1c. See Form 990. Part X. li	ine 13
(a) Description of investment	(b) Book value		: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, I	ìne 15.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.}		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, P	art X, line 25.
1. (a) Description of liability	(1	b) Book value	
(1) Federal income taxes			
(2) Deposits		25,375.	
(3) Due to grantor agency		50,000.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	75,375.	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial	statements that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Check h	nere if the text of the footno	te has been provided in Part XIII
			Schedule D (Form 990) 2018

	rt XI Reconciliation of Revenue per Audited Financial State			oturn	1373939 Page 4
ı dı	Complete if the organization answered "Yes" on Form 990, Part IV, line		nevenue per n	eturn	l .
1	Total revenue, gains, and other support per audited financial statements			1 1	5,831,803.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				J, 031, 003.
a	Net unrealized gains (losses) on investments	2a	-118,715.		
b	Donated services and use of facilities		39,035.		
C	Recoveries of prior year grants		32,033.	-	
d			29,034.	<u>'</u>	
e	Add lines 2a through 2d			2e	-50 646
3	Subtract line 2e from line 1			3	$\frac{-50,646}{5,882,449}$
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	J,004,44J.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			<u> </u>	
b				1 .	0
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	****************		4c	5,882,449.
	rt XII Reconciliation of Expenses per Audited Financial Stat	amonte With	Evnences nor	Botu	<u> </u>
ı u	·		i Expenses per	netu	111.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			ا ہر ا	6 010 720
1	Total expenses and losses per audited financial statements			1	6,018,732.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	30 025		
a	Donated services and use of facilities		39,035.		
þ	Prior year adjustments				
C	Other losses		00 004		
d	Other (Describe in Part XIII.)		29,034.		60.060
е	Add lines 2a through 2d			2e	68,069.
3	Subtract line 2e from line 1			3	5,950,663.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			.	
b	Other (Describe in Part XIII.)			<u>.</u>	
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	***************************************		5	<u>5,950,663.</u>
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			-r, i cais	A, 1110 2, Fait Ai,
					
	rt XI, Line 2d - Other Adjustments:				
	rect fundraising expenses				29,034.
Dir					29,034.
Dir Par	rect fundraising expenses				29,034.
Dir Par	rect fundraising expenses				29,034.
Dir Par	rect fundraising expenses tt XII, Line 2d - Other Adjustments: rect fundraising expenses				29,034.

SCHEDULE G

(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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations c Special fundraising events J In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Dld fundraiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

	edu I rt	le G (Form 990 or 990-EZ) 2018 Council Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	d "Yes" on Form 990, Pai	t IV, line 18, or reported	more than \$15,000				
Φ			(a) Event #1 Rat Pack	(b) Event #2 Golf Tournament (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))				
Revenue	1	Gross receipts	203,646.	42,500.		246,146.				
	2	Less: Contributions	142,185.	42,500.		184,685.				
	3	Gross income (line 1 minus line 2)	61,461.			61,461.				
	4	Cash prizes								
õ	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs	25,082.			25,082.				
Direct E	7	Food and beverages								
	8	Entertainment Other direct expenses				6,000. 13,723.				
	10				>	44,805.				
Da	11	Net income summary. Subtract line 10 from I		- 000 Day W San 40 av		16,656.				
1 6		\$15,000 on Form 990-EZ, line 6a.	answered 168 on Form	1 990, Part 1V, line 19, or	reported more than					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
<u> </u>	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>					
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)		<u> </u>					
b	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:									
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No				

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2018 Council on Aging of West Florida, Inc. 59-1	L373939	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	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:		
	ı The organization's facility	132	%
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ן מטו	/0
1-7	Enter the hand and address of the person who propares the organization s garming/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
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	elf "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	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 or distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
ra		irt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			
			·

Schedule G	i (Form 990 or 990-EZ) Supplemental Infor	Council on	Aging	of	West	Florida,	Inc.	59-1373939	Page 4
raitiv	Supplemental Info	triation (continued)	•				**-		
									
					1811				
									• • •
_									
									_

				<u>-</u> .					
	· · · · ·								
	· 			·					
					•				
				 -					
									 -

SCHEDULE L

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) 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) 2018

Nar	ne of the	organization										Em	ploye	rident	ificati	ion ni	ımber
ъ.	1 1	<u></u>	Counci.	<u>1 c</u>	n Aging	of	Wes	t Fl	<u>.orida,</u>	_ <u>I</u>	nc.	59	<u>-13</u>	<u> 739</u>	39		
Pa	art I	Excess Bene															
_		Complete if the o	organizatior I						ne 2 5a or 25	b, or	Form 990-EZ, F	Part V,	line 40	Эb	 -		
1	(a) Nan	ne of disqualified p	person	(b) F	Relationship bet person and o	ween : maniz:	disqua ation	lified	(-	c) De	escription of trad	nsactio	on		(d) Corrected		
				porcon and o										- - Y	es	No	
					-· <u></u>										+	\dashv	
	-							—									
															-		
												•			+		
															\top		
2	Enter t	he amount of tax i	incurred by	the o	rganization mar	nagers	or disc	qualified	persons du	ring	the year under						
	section	********								, . ,	***************************************		> \$				
3	Enter t	he amount of tax,	if any, on lir	ne 2,	above, reimburs	sed by	the or	ganizati	on		• • • • • • • • • • • • • • • • • • • •		> \$				
Pء	art II	Loans to and	Vor Eron	a Int	orastad Bar	cono							<u>-</u>				
	21 (11									_							
		Complete if the correported an amo						., Part v	, line 38a or	-orn	n 990, Part IV, III	ne 26;	or if th	ne orga	ınizati	on	
	(a)	Name of	(b) Relation		(c) Purpose	T	an to or	(e)	Original	/6) Balance due	10) In	(h) Ap	proved	10 V	/ritten
		sted person	with organiz	ization of loan org		from the organization?		princi	oal amount	'') Dalance due	(g) In default?		(h) Ap by bo comm	ard or	agree	ement?
							To From					Yes	No	Yes	No	Yes	т—
												1.00	1.0		140	103	110
																	1
						<u> </u>	ļ										
						1	ļ									ļ <u>.</u>	<u> </u>
			 			1						ļ	ļ	ļ	<u> </u>	<u> </u>	ļ
													ļ <u></u>			<u>. </u>	
				-											-	 	├
						<u> </u>			-				_			 	
ota	al				<u></u>				> \$			<u> </u>	<u></u>			<u> </u>	<u> </u>
	ert III	Grants or As	sistance	Ber	nefiting Inter	este	d Pei	rsons.	Ψ			<u> </u>		<u> </u>			
		Complete if the o	rganization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, lin	ie 27.								
	(a) Na	me of interested p	person	((b) Relationship	betwe	en		Amount of		(d) Type	of		(e)	(e) Purpose of		
					interested pers the organiza		d	а	ssistance		assistan	ice		í	assista	ance	
				-													
																	
			-	-					-						— –		
											-						
				-									-				
											,						
							Ī										

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

Schedule L (Form 990 or 990-EZ) 2018 Counce Part IV Business Transactions Invol Complete if the organization answere	ving Interested	l Persons.		10. 59-1373	939 Page 2
(a) Name of interested person	(b) Relationship	between interested he organization		(d) Description of transaction	(e) Sharing of organization's revenues?
Malcolm Ballinger	Member of	the Board	11,916.	The Organiz	
Part V Supplemental Information. Provide additional information for response.	ponses to questions	on Schedule L (see	e instructions).		
Sch L, Part IV, Business	<u>Transactio</u>	ns Involvi	ng Interest	ed Persons:	
(a) Name of Person: Malco	lm Balling	er			
			7.0 ' '	,	
(b) Relationship Between	ınterested	. Person ar	id Organizat	:1on:	
Member of the Board of Di	rectors				
(d) Description of Transa	ction: The	Organizat	tion uses th	ne Board mem	ber's
company to produce the Co	ming of Ag	e magazine	e .		
				<u>. </u>	
					 .
					·

·					

SCHEDULE M (Form 990)

Noncash Contributions

| 201

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

Council on Aging of West Florida, Inc.

Employer identification number 59-1373939

Pai	ŢΙ	тур	es	or Property							
					(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash o	(d) od of determir contribution a		s
4	Λrt.	Morke	of a	rt		items contributed	TOTH 390, Part VIII, IIIIe T	<u>'</u>			
1				rt							
2				reasures		-		-			
3				nterests							
4				ications							
5				usehold goods				-			
6				vehicles							
7				es						• • • • • • • • • • • • • • • • • • • •	
8				perty							
9				licly traded		733	25,255	Stock ex	xchange	_qu	<u>ote</u>
10				sely held stock							
11				nership, LLC, or							
12				cellaneous				<u> </u>	***		
13				rvation contribution -				-	••····································		
		oric stru									
14				rvation contribution - Other							
15				sidential							
16				mmercial							
17				ner				 		,	
18								 			
19											
20				ical supplies			······································	 			
21								-			
22				ets							
23				mens				 			
24				tifacts				·· 			
25		er 🕨		General)	X	40,838	160 01/	Quoted	oriaca		·
26		er 🕨		Physicals)	X	98		·Quoted			
20 27		er 🕨		Meals)	X	5,152	12 071	·Purchase	o pagao	£	
28	Othe		(Mears ,		2,134	13,311	• Fulcilas	e brice	T.T.	OIII_
29			orn	ns 8283 received by the organ	ization durin	a the toy year for a	antributions	_l			
29				is 6263 received by the organ ganization completed Form 8:		- •					
	IOI V	VIIICH UIE	3 UI	ganization completed Form of	200, Fait IV, I	Dollee Ackilowieuć	gernent 29				
20-	Duni	na tha w	00r	did the organization receive l	au aantributi	an any proporty var	anded in Dort Llines 1 three	und OO that it	F	Yes	No
sua								-			
				least three years from the da			•				7.7
				es for the entire holding period	ar	••••••••••••••••••••••••			30a		<u>X</u>
		=		e the arrangement in Part II.							
31				zation have a gift acceptance					31		_X_
32a		~	-	zation hire or use third parties							
_		tributions							<u>32</u> a		_X_
				e in Part II.							
33		-		on didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is ch	iecked,			
	desc	cribe in F	art	<u>II</u>							

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
.	

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

Council on Aging of West Florida,

Employer identification number 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 \$ 355,805. 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 meals, activities, supervision by a RN or LPN and assistance
with some activities of daily living.
Expenses \$ 637,230. including grants of \$ 0. Revenue \$ 585,029.
Other Community Service Programs
Expenses \$ 162,301. including grants of \$ 0. Revenue \$ 1,385.
Enpounded of 102/301. Indicating granes of p o. Revenue p 1,303.
Social Service Programs - An in-depth program which identifies 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 \$ 494,828. including grants of \$ 0. Revenue \$ 0.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization <u>Council on Aging of West Florida, Inc.</u>	Employer identification number 59-1373939
Home Services Programs	
Expenses \$ 1,267,557. including grants of \$ 0. Revenue	ıe \$ 0.
Senior Companions - Relief - Provides relief to caregiver	s by offering
short-term, temporary respite care and companionship to h	nomebound
individuals.	
Expenses \$ 53,431. 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 \$ 482,177. including grants of \$ 0. Revenue	\$ 0.
Form 990, Part VI, Section B, line 11b:	. 11 1
When completed by the CPA firm, the 990 will be e-mailed members. In addition, the Agency's Audit Committee will	
in-depth review and present the governing Board of Direct	
overview of the 990.	ors with a summary
OVCIVION OI CHO JOV.	
Form 990, Part VI, Section B, Line 12c:	
All new and returning board members sign a conflict of in	terest form
indicating that they have read and understand the agency	s conflict of
interest policy. The policy is also reviewed with all st	aff 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

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Council on Aging of West Florida, Inc.	Employer identification number 59-1373939
various positions within the agency, including CEO, by co	ntacting similar
agencies within the state and by reviewing state and fede	ral data on
similar positions. Copies of these reviews are available	for review in the
agency's personnel department. Any raise for the CEO is d	etermined by the
agency's Executive Compensation Committee based on job pe	rformance 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.	
Form 990, Part XII, Line 2c:	
The Finance & Audit committee assumes responsibility for	oversight of
the audit. This process has not changed from prior years.	

OMB No. 1545-0047 Open to Public Inspection Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. ▼ Attach to Form 990. Inc. on Aging of West Florida, Council Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2018

Employer identification number 59 - 1373939

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

€

a

Part [

Direct controlling entity Œ End-of-year assets <u>@</u> Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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. Part

, and a second s							
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled	t(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	2
				501(c)(3))		Yes	No
Council on Aging Foundation of West Florida, Encourage, solicit,	Encourage, solicit,				Council on Aging		
Inc 59-2864564, 875 Royce Street,	promote, receive and				of West Florida,		
Pensacola, FL 32503	administer gifts	Florida	501(c)(3)	7	Inc.		×
				•			

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

Schedule R (Form 990) 2018

59-1373939

Page 2

Council on Aging of West Florida, Schedule R (Form 990) 2018

Part III

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.

General or Percentage managing ownership Percentage ₹ Yes 6 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income £ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>a</u> Name, address, and EIN of related organization <u>a</u> Part IV

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.

(E)	512(b)(13) controlled entity?				_				_		
(h)	Percentage ownership o				•		_			••	
	Share of end-of-year assets										
(t)	Share of total income							<u>-</u>		•	
(e)	Type of entity (C corp, S corp, or trust)										
(p)	Legal domicile Direct controlling Type of entity (C corp, S corp, foreign or trust)		•			-				•	
(0)	Legal domicile (state or foreign country)				•	•					
	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2018

Page 3

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	s No
1 During the tax year, did the organization engage in any of the following transactior	is with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Λ			1a	×
b Giff, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				ပ္	×
d Loans or loan guarantees to or for related organization(s)				19	×
				-	×
f Dividends from related organization(s)				7	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				ï	×
_				-	×
k Lease of facilities, equipment, or other assets from related organization(s)				<u></u>	×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			-	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			, <u>E</u>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×
o Sharing of paid employees with related organization(s)	1			ţ.	×
				,	\$
ם הפווומתו פפווופניו (פיוומתו פפווופניו הפיוומתו הפיוומתו מפוומתו הפיוומתו הפיוומתו הפיוומתו הפיוומתו הפיוומתו				2	< }
Reimbursement paid by related organization(s) for expenses				10	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ivolved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
832163 10-02-18			Schedule	Schedule R (Form 990) 2018	0) 2018

Page 4

Schedule R (Form 990) 2018 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 nership				!	0) 2018
lor Per)			 	 FT 99
(j) General or managing partner? Yes No	3	 			 R (Fo
(h) (i) (j) (k) (k) Dispuppor Code V-UBi General or Percentage tionate amount in box 20 managing ownership of Schedule K-1 pariner ownership of Schedule K-1 pariner ownership yes No (Form 1065) yes No					Schedule R (Form 990) 2018
(h) Disproportionate allocations?					
	2				
(g) Share of end-of-year assets	:				
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) er orgs.?		 			
ne pari				 	
micile Predominant income ma (related, unrelated, excluded from tax under try) sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule Part V	R (Form 990) 201 Supplemer	8 stal Inform	Counci	ll on	Aging	ot W	est I	floric	<u>la, Ir</u>	nc. 5	<u> 59-137:</u>	3939	Page 5
	Provide addition	onal informati	on for respo	onses to c	uestions o	n Schedul	e R. See	instruction	ıs,				
													<u>.</u>

		<u></u>				***							
				***			. ,,,						
													•
			 -										
				•									
													
											·		
													_

												 ,	
· · · · · · · · · · · · · · · · · · ·													
													
			- <u></u>										
					· · ·		-	· · · ·					
										 .			
	.												

Form **8868**

(Rev. January 2019)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

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 filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print Council on Aging of West Florida, Inc. 59-1373939 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your PO Box 17066 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Pensacola, FL 32522 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 | Application Return Application Return Is For Code ls For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Laura Garrett • The books are in the care of ▶ 875 Royce Street - Pensacola, FL 32503 Telephone No. ► (850)432-1475 Fax No. • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦲 and attach a list with the names and EINs of all members the extension is for. request an automatic 6-month extension of time until November 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning ______, and ending If the tax year entered in line 1 is for less than 12 months, check reason: ____ Initial return ___ Change in accounting period If 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. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)