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

OMB No. 1545 0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

AI	or the	e 2022 calendar year, or tax year beginning and	ending		
В	Check If appiloabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name	Doing business as	,	59-13739:	39
Ļ	initial return		Room/sulte	E Telephone number	
<u> </u>	Final return termin ated			(850)432	
_	ated   Amen   return			G Gross receipte \$	7,351,411.
F	recum Applic tion	F Name and address of principal officer: JOSH NEWBY		H(a) is this a group re	
<u> </u>	pendli	same as C above		for subordinates <b>H(b)</b> Are all subordinates in	
ī	ľax-ex	empt status: X 501(c)(3) 501(c)( ) (insert oc.) 4947(a)(1) c	or 527		oluded? <b>Yes Mo</b>
	Nebsi		::, <u>   VEI</u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1972 N	A State of legal domicite: FL
P	nt	Summary			
æ	1	Briefly describe the organization's mission or most significant activities: Dedic	cating	each day to	serve,
Activities & Governance		support, and advocate for aging adults in	Escar	nbia and San	ta Rosa
2	2	Check this box If the organization discontinued its operations or dispos	ed of more	1 1	ets.
Ž.	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
9	4	Number of Independent voting members of the governing body (Part VI, fine 1b)		4	20
E.S.	5 6	Total number of Individuals employed in calendar year 2022 (Part V, line 2a)		5	62
ě	70	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			1028
Æ,	, a	Net unrelated business taxable income from Form 990-T, Part I, line 11		<u>7a</u>	0.
		THE STATE OF THE PROPERTY OF T	·····		Current Year
41	8	Contributions and grants (Part VIII, line 1h)		5,196,250.	6,544,580.
활		Program service revenue (Part VIII, line 2g)		385,758.	529,242.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		128,643.	11,160.
DC	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,494.	2,929.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,771,145.	7,087,911.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), Ilne 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,803,627.	1,848,809.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  274,94	· · · · · · · · · · · · · · · · · · ·	0.	0.
នឹ	la la	Total fundralsing expenses (Part IX, column (D), Ilne 25) 274,94	40.		and the last of th
	i ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,193,330.	5,310,203.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,996,957.	7,159,012.
58	19	Revenue less expenses. Subtract line 18 from line 12		-225,812.	-71,101.
Ssets (	20	Total assets (Part X, line 16)		egianing of Current Year 2,501,377.	End of Year
		The Bullium Park VIII.		1,230,844.	2,383,448. 1,306,346.
Net /		Net assets or fund balances. Subtract line 21 from line 20	├─	1,270,533.	1,077,102.
	irt II	Signature Block			
Und	er p <b>en</b> a	ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and bellef. It is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	, , , , , , , , , , , , , , , , , , ,
		Olympian t in			
Sign		Signature of officer		Date	~ · · · · · · · · · · · · · · · · · · ·
Here		JOSH NEWBY, President/CEO / Muly Type or print name and title		<u> </u>	5-23
				h.1-	
Paid	ı	Print/Type preparer's name  Molly Murphy, CPA  Molly Murphy, CPA  Molly Murphy, CPA	1	Date Check	PTIN
	i Arer	Molly Murphy, CPA Molly Murphy, CF Firm's name Saltmarsh, Cleaveland and Gund	A L	)5/30/23 self-employ	
	Only	Firm's address 900 North 12th Avenue		Firm's EIN 5	9-2922169
~~~	~~~;	Pensacola, FL 32501		Dhan DE	N_43E 0200
Mav	the IF	S discuss this return with the preparer shown above? See Instructions	<del></del> .	[ Phone no. 6 5	0-435-8300
	01 12-1	,			X Yes No Form 990 (2022)
	-	" - " - " - L	11674		runn <b>224</b> (2022)

<u>Form</u>	990 (2022) Council on Aging of West Florida, Inc. 59-1373939 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part ill
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?
	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 \$1,312,427. including grants of \$) (Revenue \$)
	In-Home Respite - Provides the primary caregiver relief for a specified
	time period from the constant, continued care of a functionally impaired
	older person in the home environment.
4b	(Code:) (Expenses \$ 861,979. Including grants of \$) (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.
	Sudded to 17, de to the transfer and the transfer to the trans
4c	(Code:) (Expenses \$626,511. Including grants of \$) (Revenue \$\$ 1.52,002.)
	Home Delivered Meals - Nutritionally balanced meals delivered to
	homebound individuals Monday through Friday from 10:30 a.m. to 1:30
	p.m.
	V • M •
	Other program services (Describe on Schedule O.)
+u	2 024 444
<u></u>	C COE 004
<u>4e</u>	
	Form <b>990</b> (2022)

			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? See instructions	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			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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,	Ť		<u> </u>
•	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	<b>-</b>	<del> </del>	
0		8	ĺ	x
9	Schedule D, Part III	-		2.5
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	ff "Yes," complete Schedule D, Part IV	_ <del>a</del> _	<del> </del>	
10	•	4.		x
44	or in quasi endowments? tf "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	-	A
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
а			x	ł
1-	Part VI	11a	<u> </u>	<b> </b>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	<del>                                     </del>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		┰
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, Ilne 25? If "Yes," complete Schedule D, Part X	11e	<del> </del> ^	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	1	<sub>v</sub> -
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<del> </del>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? # "Yes," complete	ــــــــــــــــــــــــــــــــــــــ	<sub>V</sub>	
	Schedule D, Parts XI and XII	12a	X	<del> </del>
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	┼	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	· · · · · · · · · · · · · · · · · · ·	441		x
1E	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	<del> </del>	<del>  ^</del>
15			1	v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	├	X
16				v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	45	1	\ v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	مدر	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			37
<b>0</b> 0=	complete Schedule G, Part III	19	<del>                                     </del>	X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del>                                     </del>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del>                                     </del>	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u></u>	X

Form 990 (2022) Council on Aging of West Florida, Inc.

Part IV Checklist of Required Schedules (continued)

			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		<u>X</u>
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		i	İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
6	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		<del></del>
٠	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dld the organization engage in an excess benefit	2.10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
_	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
20	entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
ч	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del>  ^</del> -
٠.	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
	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		Х
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 on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	l	.,	
Pai	Note: All Form 990 filers are required to complete Schedule O  **Total Com	38	X	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	and the same of th		Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 46		169	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	<u></u>	
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Form 990 (2022) Council on Aging of West Florida, Inc. 59-1373939 Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b If "Yes," has it filled a Form 990-T for this year? If "No" to line 35, provide an explanation on Schedule O 4 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; of "Yes," enter the name of the foreign country See instructions for filling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year?  5b Z X  b Did any taxable party notify the organization file Form 8989-17.  6c 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 cheritable contributions.  6a Z X  b If "Yes," did the organization include with every solicitation an express statument that such contributions or gifts were not tax deductible as cheritable contributions.  6b Toganizations that may receive deductible contributions under section 170(c).  6c Idl the organization solicit any contributions of the value of the goods or services provided?  6d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  d If "Yes," indicate the number of Forms 8282 filed during the year  6 bid the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C?  7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C?  7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C?  7d If				Yes	No
b   flat loads one is reported on line 2a, did the organization file of all required federal employment tax returns?  2b   X   X   X   X   X   X   X   X   X	2a		.,-		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yea,* Near lifed a form 980 17 for this year? If Yea' to lise 3b, provide an explanation on Schedule 0  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4c A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4c A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  5c Was this organization in purply to a prohibited tax shalter transaction at any time during the tax year?  5c Was this organization in purply to a prohibited tax shalter transaction at any time during the tax year?  5c Was this organization have annual gross orospits that ere normally greater than \$100,000, and aid the organization solect any conflibutions that were not tax tox deductibles of earthable contributions?  6c Was the organization related as appending the explanation include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  6c Was the organization that were an explanation include with every solicitation and explanation for the pools of the proparation o			3		
b If "Yes," has it filled a Form 880-T for this year? If "Ne' to time Stp, provide an explanation on Schedule O  4a At any time during the calendary van, 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, socialities, and interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, socialities, and interest in, or a signature or other authority over, a financial account in a foreign country.  See instructions for filing requirements for PricEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization a party to a profibilities of a way to a contribution tax wheter transaction?  5c If "Yee' to line 5a or 5b, did the organization file Form 888617?  5c If "Yee' to line 5a or 5b, did the organization file Form 888617?  5c If "Yee' to line 5a or 5b, did the organization file Form 888617?  5c If "Yee' to line 5a or 5b, did the organization file form 888617?  5d Dess the organization beared way solicitation are explanation file and produced with were not tax deductible?  5d If "Yee', and the organization beared way solicitation are explanation file and produced with were solicitation are present that such contributions or gifts were not tax deductible?  7d Cranizations that may receive deductible contributions under section 170(c).  8d If "Yee's, did the organization receive and beared to the organization sell, exclusive and produced to the value of the organization sell, exclusive and produced with the produce of services provided?  7d If "Yee's, did the organization ording the other organization and produced and produced to the value of the organization sell, exclusive and produced to the organization sell of the organization sell, exclusive and produced to the produced produced to the produced produced to the produced produced to the organization and produced produced produced to the organization file forms 8262 filed during the yea			2b	X	
4a At any time during the calendary 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 pack account, accurities account, or other financial accounts (FBAR).  5b If "visa", either the name of the foreign country (such as a pack account, accounted, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "visa" to lime 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "visa" to lime 5a or 5b, did the organization from 688617  6d Does the organization have enrual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax occlustibles as charilable contributions?  6d If "visa", include with every soliditation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the connor of the value of the goods or services provided?  9d If "Yes," indicate the number of Forms 2822 filed during the year  9d If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and sarvices provided to the payor?  7d If the organization notify the connor of the value of the goods or services provided?  9d If "Yes," indicate the number of Forms 2822 filed during the year  9d If the organization receives any funds, directly to indirectly, to pay premiums on a personal benefit contract?  10 If the organization receives or contribution of organization flowers any funds, directly to indirectly, to pay premiums on a personal benefit contract?  11 If the organization receives any funds, directly to indirectly, to pay premiums on a personal benefit contract?  12 If the organization receives any funds, directly or indirectly, to pay premium and payment to the organiz			За		X
financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  See instructions for filing requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibition tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 88861?  5c If Yee' to fine 5a or 5b, did the organization file Form 88861?  5c Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitatile contributions under section 170(c).  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organization stat may receive deductible contributions under section 170(c).  5c Did the organization receive a payment in access of \$75 made party as a contribution and party for goods and services provided?  5c Did the organization receive a payment in access of \$75 made party as a contribution and party for goods and services provided?  5c Did the organization receive a payment in access of \$75 made party as a contribution and party for goods and services provided to the payor?  5d Did the organization receive a payment in access of \$75 made party as a contribution or payment to the form \$282?  5d If Yes, and the organization received advance, or otherwise dispose of tangible personal property for which it was recuired to file from \$282?  5d If Yes, and the organization and the payment in access of \$75 made party tax and the organization file a form 1098.07 and 11 years of \$75 made party tax and the organization file a form 1098.07 and 11 years of \$75 made party tax and the organization file a form 1098.07 and 11 years of \$75 made party tax and t	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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).  58 Was the organization a party to a prohibited tax shelter transaction at eny time during the tax year?  59 Did any seasable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did any seasable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did any seasable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Did not the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles on schedulate contributions are press statement that such contributions or gifts were not tax deductible to a cheritable contribution and express statement that such contributions or gifts were not tax deductible or tax deductibles or the contribution and partly for goods and services provided to the payor?  70 Organizations that may receive deductible contributions under section 170(o).  81 If "Yes," indicate the number of Forms 8282 filed during the year  82 Did the organization receive a pagematic receive and young file year.  92 Did the organization received a contribution of cars, boats, anniance, or other vehicles, did the organization file a Form 1098 C?  93 Spensoring organizations maintaining donor advised funds. Did a domor advised fund maintained by the sponsoring organizations makes and taxolide intellectual property, did the organization file a Form 1098 C?  94 Spensoring organizations maintaining donor advised funds.  95 Did the sponsoring organizations makes any taxolidies intellectual property of the organization file a Form 1098 C?  96 Spensoring organizations makes any taxolidies distrib	4a				
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If "Yes," complete Form 6069.		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
		If "Yes," complete Form 6069.			

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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 on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1 1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	X	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	_X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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			
<u> </u>	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled None			
18	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	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Laura Garrett - (850)432-1475			
	875 Royce Street, Pensacola, FL 32503			

# Form 990 (2022) Council on Aging of West Florida, Inc. 59-1 [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

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this have if nother the avanisation now any valeted avanisation componented any asymptotic and the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as the star as t

- 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r		orga I	niza			npen	sate			
(A)	(B)		(C) Position			,		(D)	(E)	(F)
Name and title	Average	(do	to not check more than one ox, unless person is both an				one	Reportable	Reportable	Estimated
•	hours per week	offi	, unle: cer an	ss per dad	rson i Irecto	s both er/trus	ı an lee)	compensation	compensation	amount of
	(list any	Ē	<b></b>				Ė	from the	from related organizations	other compensation
	hours for	direc						organization	(W-2/1099-MISC/	from the
	related	P8 G	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	individual trustee or director	institutional trustee		37/86	E.		1099-NEC)	,	and related
	below	idual	tution	<u>₩</u>	кеу етріоуее	est co	펄			organizations
	line)	賣	insti	Officer	Кеу	Highest compensated employee	Former			
(1) Josh Newby	40.00	1		ł						
CEC/President		╙		X				122,874.	0.	13,445.
(2) Laura Garrett	40.00	ļ					İ			
Executive Vice President				X		_		115,336.	0.	14,247.
(3) Malcom Ballinger	1.00	]								
Chairperson		X	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}}}}$	X	L			0.	0.	0.
(4) Sean P. Magerkorth	1.00	]			İ					
First Vice Chairperson		X		X		<u> </u>		0.	0.	0.
(5) Rabbi Joel Fleekop	1.00	ļ								
Second Vice Chairperson		X	_	X				0.	0.	0.
(6) Lois B. Lepp	1.00									
Immediate past chair		X		X				0.	0.	0.
(7) P.C. Wu	1.00									
Secretary		X		X		<u> </u>		0.	0.	0.
(8) Jan M. Pacenta	1.00	1								
Treasurer		X		X				0.	0.	0.
(9) Marcella Beaden	1.00	ļ								
Member		X						0.	0.	0.
(10) Dawn Bond	1.00									
Member		Х						0.	0.	0.
(11) Deborah J. Corbin	1.00									
Member		X						0.	0.	0.
(12) Sonya Daniel	1.00									
Member		X						0.	0.	0.
(13) Pete Doyle	1.00	Γ								
Member		x					1	0.	٥.	0.
(14) Brandi Gomez	1.00					<u> </u>				
Member		x		l				0.	0.	0.
(15) Rodney Guttmann	1.00					Π				
Member		x	L	L	<u> </u>			0.	0.	0.
(16) Mary E, Hoxeng	1.00									
Member		X		L				0.	0.	0.
(17) Dr. Donna Jacobi	1.00								-	
Member		X	L	L_			<u> </u>	0.	0.	0.
000007 40 40 00										E 000 (see

Form 990 (2022) Council	on Aging	ŢC	)Í	We	st	F	10	rida, Inc.	59-1373	939 ₽	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	l Hig	ghes	t Co	empensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(se ar director go xoq op)		Pos Pos heck i ss pei	C) ition more rson i Irecto	i than is both	one nan tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimate amount other compense from the organizate and relate	of ation ne tion ted
(18) Comm. Lumon May	1.00	-	Ë	0	K	Ξ = =	Œ				
Member		x						0.	0.		0.
(19) Charlie Nichols Member	1.00	x						0.	0.		0.
(20) Crystal Scott Member	1.00	x						0.	0.		0.
(21) Caron Sjoberg Member	1.00	x						0.	0.		0.
(22) Sue Straughn Member	1.00	х						0.	0.		0.
W				_							
											<u> </u>
1b Subtotal								238,210.	0.	27,6	92.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 238,210.	0.	27,6	0.
2 Total number of individuals (including but a compensation from the organization	not limited to th	ose	isted	d ab	ove)	) wh	o red	ceived more than \$100,	000 of reportable		2

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

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
TRIO Community Meals		
P.O. Box 742992, Atlanta, GA 30374-2992	Meals	952,020.
Carestaff		3027020.
2160 Creighton Rd., Pensacola, FL 34684	In-Home Services	760,776.
TLC Caregivers, 4400 Bayou Blvd. Suite 9,		1
Pensacola, FL 32503	In-Home Services	649,985.
Phenomenal Love & Care Services LLC		015,503.
6202 N 9th Avenue #3, Pensacola, FL 32504	In-Home Services	354,196.
HDIS, 9385 Dielman Industrial Dr.,		332,2304
Olivette, MO 63132	In-Home Services	241,034.
2 Total number of independent contractors (including but not limited to those list	ted above) who received more than	
\$100,000 of compensation from the organization 5	,	

			Check if Schedule O contains a	a response	or note to any lir	ne in this Part VIII	••••		
					-	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
\$ £	1	а	Federated campaigns	1a	91,613.				
E E			Membership dues		,	1			
ج ق	İ		Fundraising events		55,537.	1			•
£,					33,337.	+		1.1	
in in					750 140				
ns,			Government grants (contributions)		758,148.	1			
er.		f	All other contributions, gifts, grants, and	1 1	500 000				
흕			similar amounts not included above	1f	639,282.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	1g \$	158,305.				
<u>ပဲ ခ</u>		h	Total. Add lines 1a-1f			6,544,580.	<u> </u>		
					Business Code		e Contract to the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of		
ě	2		Contracts		900099	307,198.	307,198.		
ž		b	Private Pay/Fee fo	or Se	900099	187,767.	187,767.		
8 2		C	Co-Pay/Assessed Fe	es/P	900099	34,127.	34,127.		
am		d	Daycare Activities		900099	150.	150.		
Program Service Revenue		e							
ŗ		f	All other program service revenue						
			Total. Add lines 2a-2f			529,242.			-
	3		Investment income (including divide			347,242.			
	ŭ					34,189.			24 100
	4		Income from investment of tax-exer			24,103.			34,189.
	4				roceeas				
	5		Royalties	(i) Real	I (II) Domonal				·
	_		_	(i) neai	(ii) Personal				11.
	6		Gross rents 6a					Colforn to Astron	and the second
			Less: rental expenses 6b						
			Rental income or (loss) 6c		L				
			Net rental income or (loss)		·				
	7	а	***************************************	Securities	(ii) Other				
			assets other than inventory 7a 100	0,983.	81,295.				
		b	Less: cost or other basis						
ě			and sales expenses 76 139	9,097.	66,210.				
[ ]		C	Gain or (loss) 7c - 38	3,114.	15,085.				
ا يُج		d	Net gain or (loss)			-23,029.			-23,029.
Other Revenue	8		Gross income from fundraising events						
ᇂ			including \$55,537.	of				Do Black Store	
			contributions reported on line 1c). S	_					
ļ			Part IV, line 18		34,725.				
i		b	Less: direct expenses						
			Net income or (loss) from fundraisin		<u> </u>	-23,468.		<u> </u>	-23,468.
	9		Gross income from gaming activitie				ALCOHOLOGICAL CONTRACTOR		25, 400.
			Part IV, line 19						
		b	Less: direct expenses						
l			Net income or (loss) from gaming a		<u> </u>				<u> </u>
	10		Gross sales of inventory, less return			garaga da da da da da da da da da da da da da			
			and allowances						
		h	Less: cost of goods sold	10b					
			Net income or (loss) from sales of in					4. 4.	
$\dashv$		<u>.                                    </u>	TVCC INCOME OF (1095) ITOM Sales Of Ir	iveniory	Business Code				
8	44		Miscellaneous Inco	mo	900099	26 207	26 207		
용혈	11	a b		THE	300033	26,397.	26,397.		<u> </u>
is a									
Miscellaneous Bevenue		c d	All other revenue				<u> </u>		
Σ			All other revenue		l	26 207			
	12		Total Add lines 11a-11d			26,397. 7,087,911.	EEE COO		40.000
	14		Total revenue. See instructions			/ , UO / , J L L •	555,639.	0.	-12,308.

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		,	3	опрогива
	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,	000 010	405 504		
_	trustees, and key employees	238,210.	135,781.	88,137.	14,292.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 040 001	607 507	454 545	<u> </u>
7	Other salaries and wages	1,243,231.	697,587.	464,948.	80,696.
8	Pension plan accruals and contributions (include	70 200	20 505	05.554	<u> </u>
^	section 401(k) and 403(b) employer contributions)	70,377.		26,284.	4,496. 4,429.
9	Other employee benefits	69,318. 227,673.	39,001.	25,888.	4,429.
10	Payroll taxes	221,013.	128,099.	85,030.	14,544.
11	Fees for services (nonemployees):				
a		<del> </del>			
b	•	40,248.	1 (00	20 640	
ن ام	Accounting	40,248.	1,608.	38,640.	<del> </del>
	Lobbying Professional fundable of a partition of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat				
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f		·			<u> </u>
g	column (A), amount, list line 11g expenses on Sch 0.)	1 675	,	1 600	
12		1,675.	67.	1,608.	
13	Advertising and promotion Office expenses	126,436.	66 000	26 150	
14	Information technology	1,112.	66,898. 533.	36,158.	23,380.
15		1,114.	333.	349.	<u>2</u> 30.
16	Royalties	68,683.	42,847.	22 702	2 4 2 4
17	Occupancy Travel	28,089.	20,601.	22,702.	3,134.
18	Payments of travel or entertainment expenses	20,005.	20,001.	5,753.	1,735.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			·	
20	Interest	26,254.		26,254.	······································
21	Payments to affiliates	20/204.		40,434.	
22	Depreciation, depletion, and amortization	84,899.		84,899.	····
23	Insurance	52,339.	29,270.	20,297.	9 774
24	Other expenses, Itemize expenses not covered		<u> </u>	40,437.	2,772.
	above. (List miscellaneous expenses on line 24e. If				e .
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				* *
a	Subcontractor Expense	3,977,527.	3,977,527.	<del> </del>	
b	Volunteer Expense	367,451.	367,451.		
C	Other expenses	237,223.	152,487.	42,543.	42,193.
d	Program Supplies	170,051.	133,128.	30,293.	6,630.
е	All other expenses	128,216.	802,849.	-751,042.	76,409.
25	Total functional expenses. Add lines 1 through 24e	7,159,012.	6,635,331.	248,741.	274,940.
26	Joint costs. Complete this line only if the organization	,,	-, 300,004.	220 / TI.	4/4,340.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			f	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 171,287. 152,136. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 785,118. Accounts receivable, net 1,013,881. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use ..... 8 Prepaid expenses and deferred charges 5,491. 9 17,088. 10a Land, buildings, and equipment: cost or other 1,557,163. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 983,578. 680,837. b Less: accumulated depreciation 10b 573,585. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 853,596. 621,710. 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 5,048. Other assets. See Part IV, line 11 5,048. 15 15 2,501,377. 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,383,448. 16 Accounts payable and accrued expenses 643,058. 784,329 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 505,557. 492,284. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 55,258. 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 26,971. of Schedule D 29,733. 1,230,844. 1,306,346. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,270,533. 1,077,102. 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,270,533. 1,077,102. 32 32 Total liabilities and net assets/fund balances 2,501,377. 2,383,448.

Form 990 (2022)

	n990(2022) Council on Aging of West Florida, Inc.	59-13	73939	Pac	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
					,
1	Total revenue (must equal Part VIII, column (A), line 12)		7,087	7,9	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,159		
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,270		
5	Net unrealized gains (losses) on investments	5	-122		
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,077	7.1	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$
				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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	***************	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		11	. [	•
b	Were the organization's financial statements audited by an independent accountant?		2b	x I	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	audit,			
	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 on Sch	edule O.	···	T İ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		i l		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	$\mathbf{x}$	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	"	$\neg$	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	• • • • • • • • • • • • • • • • • • • •	зь	$\mathbf{x}$	
			Form !	990 n	2022)
				Υ.	,

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

OMB No. 1545-0047

Open to Public Inspection

Nan	Name of the organization Employer identification number								
		Coun	cil on Agi	ng of West F	lorida	, Inc	١.	5	9-1373939
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	is part.) S	ee instruction	s.	
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(1	D(A)(i).		
2		A school described in sect				.,.,,	767-		
3		A hospital or a cooperative				(b)(1)(A)(ii	ö.		
4		A medical research organiz						Viii). Enter	the hospital's name
		city, and state:	•	,			• • • • • • • • • • • • • • • • •	Minh Ellen	ano mospitar s marne,
5		An organization operated for	or the benefit of a co	llege or university owner	or operate	ed by a go	vernmental u	nit describe	ad in
		section 170(b)(1)(A)(iv). (0		nego or armorally curred	or operati	od by a go	voimmontai di	in describe	su iri
6		A federal, state, or local go	•	nental unit described in	castion 17	/0/63/43/A3	6-1		
	X	An organization that norma							and the state and the
•		section 170(b)(1)(A)(vi). (C		inder part of its support if	om a gove	ar ii ii ii ii ii ii ii ii ii	unit or ilom ti	ie generai p	oublic described in
8		A community trust describe		(4)(A)(vii) (Complete Dec	L 11 \				
9									
٠	II	An agricultural research org							
		or university or a non-land-g	grant conlege or agric	ulture (see instructions).	Enter the r	iame, city	, and state of	tne college	or
10		university:	Electronic (d)	H 00 4 /00/ - 1 !!					
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Co	•						
11		An organization organized a							
12		An organization organized a							
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section (	509(a)(2).	See section 8	509(a)(3). C	Check the box on
		lines 12a through 12d that							
а		Type I. A supporting orga							
		the supported organization			majority o	f the direc	tors or trustee	es of the su	pporting
	r	organization. <b>You must c</b>							
b	L	Type II. A supporting org							
		control or management o			ame persor	ns that coi	ntrol or manaç	ge the supp	oorted
	-	organization(s). You mus							
C	L	Type III functionally inte						ly integrate	d with,
	_	its supported organization							
d	L	Type III non-functionally							
		that is not functionally int						an attentiv	/eness
	_	requirement (see instructi							
е		Check this box if the orga					Type I, Type I	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiza	ation.			
f		r the number of supported o		***************************************					****
g	Prov	ide the following information				2.1/.			
	()	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governic	mzadon listed 1 <u>á document?</u>	(v) Amount of	,	(vi) Amount of other
		Organization -		above (see instructions))	Yes	Na	support (see in	structions)	support (see instructions)
	<del></del>								
Tota	ı			<u>-</u>					

(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	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(4) T-1-1
	Gifts, grants, contributions, and			(5)	(M) 2021	16/ 2022	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	5673780.	6028972.	6084656.	5370646.	7045111	30203165.
2	Tax revenues levied for the organ-				00,0020	, 0 13 11 1	50205105.
	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	5673780.	6028972.	6084656.	5370646.	7045111.	30203165.
5	The portion of total contributions					*	30203103.
	by each person (other than a						-
	governmental unit or publicly	10 3a 3a ka 3					
	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.						30203165.
Sec	ction B. Total Support						p0205105.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5673780.	6028972.	6084656.	5370646.		30203165.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	73,419.	42,131.	41,703.	96,308.	34,189.	287,750.
9	Net income from unrelated business		· · · · · · · · · · · · · · · · · · ·				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ĺ					
	assets (Explain in Part VI.)	3,179.	17,126.	12,885.	32,778.	26,397.	92,365.
	<b>Total support.</b> Add lines 7 through 10 $$						30583280.
12	Gross receipts from related activities,	etc. (see instruction	ns)	***************************************		12	
13	First 5 years. If the Form 990 is for th	e organization's fire	st, second, third, f	ourth, or fifth tax y	ear as a section 50	1(c)(3)	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stor	here	***************************************	<u></u>		******************	
sec	tion C. Computation of Publi	c Support Perc	centage				
14	Public support percentage for 2022 (II	ne 6, column (f), div	vided by line 11, c	olumn (f))		14	98.76 %
IO.	Fublic support percentage from 2021	Schedule A, Part II	, line 14			15	98.69 %
104	งง 1/3% support test - 2022. If the d	irganization did not	check the box on	line 13, and line 1,	4 is 33 1/3% or mo	re, check this bo	v and
l.	stop here. The organization qualifies a	as a publicly suppo	rted organization		***************************************		X
	oo non support test - zoz i' ii tii6 0	ryanization did not	cneck a box on III	ne 13 or 16a and I	ine 15 ie 33 1/304 /	ar mara abaali th	la la
47	and <b>stop here.</b> The organization quali	fies as a publicly su	ipported organiza	tion			
	10 W INCITA-BILLIA CHILISTATICES 1921	- zuzz, ii trie orga	inization did not ci	16ck a box on line.	13. 16a or 16h ar	nd line 1/1 ie 1/10/4 .	OF PARKS
	and if the organization meets the facts	s-and-circumstance:	s test, check this I	oox and stop her	e. Explain in Part V	'I how the organiz	ation
	meets the lacts-and-circumstances tes	st. The organization	i qualifies as a pub	ollely supported or	ganization		
D	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	nization did not cl	neck a box on line	13, 16a, 16b, or 17	7a, and line 15 is :	10% or
	more, and if the organization meets th	e facts-and-circums	stances test, chec	k this box and sto	p here. Explain in	Part VI how the	
ο.	organization meets the facts-and-circu	mstances test. The	organization qual	lifies as a publicly s	supported organiza	ation	
8	Private foundation. If the organization	aid not check a be	ox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box an	d see instructions	

Schedule A (Form 990) 2022 Council on Aging of West Florida, Inc.
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 falls to

quanty united the tests listed	below, please comp	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						··.
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		i				
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and					· · · · · · · · · · · · · · · · · · ·	
3 received from disqualified persons	3					
b Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			-		-	
8 Public support. (Subtract line 7c from fine 6.)						
Section B. Total Support		<u> </u>	-	<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6			,5,	(G) LOL I	16) 2022	(I) TOTAL
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</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 on line 10b,						
whether or not the business is	,					
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital						
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.)						
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.)	he organization's fir	st, second, third, f	ourth, or fifth tax v	ear as a section f	01(c)(3) organizatio	D.
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 5 years. If the Form 990 is for theck this box and stop here						
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 5 years. If the Form 990 is for theck this box and stop here					01(c)(3) organizatio	
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 5 years. If the Form 990 is for a check this box and stop here  Section C. Computation of Pub	lic Support Per	centage				
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 5 years. If the Form 990 is for the check this box and stop here  Section C. Computation of Pub  15 Public support percentage for 2022.  16 Public support percentage from 202	<b>lic Support Per</b> (line 8, column (f), di 1 Schedule A, Part I	centage vided by line 13, c	olumn (fl)		15	%
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 5 years. If the Form 990 is for a check this box and stop here  Section C. Computation of Pub	<b>lic Support Per</b> (line 8, column (f), di 1 Schedule A, Part I	centage vided by line 13, c				
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 5 years. If the Form 990 is for the check this box and stop here  Section C. Computation of Public support percentage for 2022  16 Public support percentage from 202  Section D. Computation of Inve	lic Support Per (line 8, column (f), di 1 Schedule A, Part I stment Income	centage vided by line 13, c II, line 15 Percentage	olumn (f))		15 16	
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 5 years. If the Form 990 is for the check this box and stop here  Section C. Computation of Pub  15 Public support percentage for 2022.  16 Public support percentage from 202	lic Support Pero (line 8, column (f), di 1 Schedule A, Part I stment Income 022 (line 10c, colum	centage vided by line 13, c II, line 15 Percentage nn (f), divided by lin	olumn (f))		15 16	% %
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 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Public support percentage for 2022.  16 Public support percentage from 202  Section D. Computation of Invel  17 Investment income percentage from 218 Investment income percentage from	lic Support Pero (line 8, column (f), di 1 Schedule A, Part I stment Income 022 (line 10c, colum 2021 Schedule A, F	centage vided by line 13, c II, line 15 Percentage on (f), divided by line	olumn (f)) ne 13, column (f)		15 16	% %
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 5 years. If the Form 990 is for the check this box and stop here  Section C. Computation of Public support percentage for 2022.  16 Public support percentage from 202  Section D. Computation of Inve  17 Investment income percentage from 19a 33 1/3% support tests - 2022. If the	lic Support Pero (line 8, column (f), di 1 Schedule A, Part I stment Income 022 (line 10c, colum 2021 Schedule A, E e organization did no	centage vided by line 13, c II, line 15 Percentage on (f), divided by lineral III, line 17 of check the box o	olumn (f)) ne 13, column (f)) n line 14, and line	15 Is more than 3	15 16 17 18 3 1/3%, and line 17	% %
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 5 years. If the Form 990 is for the check this box and stop here  Section C. Computation of Public support percentage for 2022.  16 Public support percentage from 202 Section D. Computation of Inve  17 Investment income percentage from 19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box at b 33 1/3% support tests - 2021. If the	ic Support Pero (line 8, column (f), di 1 Schedule A, Part I stment Income 022 (line 10c, colum 2021 Schedule A, Be organization did no a organization did no organization did no	centage vided by line 13, c II, line 15 Percentage on (f), divided by line Part III, line 17 ot check the box of organization qualification check a box on	olumn (f)) ne 13, column (f)) n line 14, and line les as a publicly su	15 Is more than 3 apported organiza	15 16 17 18 3 1/3%, and line 17 tion	% % % is not
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 5 years. If the Form 990 is for the check this box and stop here  Section C. Computation of Public support percentage for 2022.  16 Public support percentage from 202  Section D. Computation of Inve  17 Investment income percentage from 19a 33 1/3% support tests - 2022. If the	ic Support Pere (line 8, column (f), di 1 Schedule A, Part I stment Income 022 (line 10c, colum 2021 Schedule A, I e organization did no nd stop here. The de organization did no eck this box and stop	centage vided by line 13, c II, line 15 Percentage in (f), divided by line of the line 17 of check the box of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of the line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line of line	olumn (f)) ne 13, column (f)) n line 14, and line les as a publicly su line 14 or line 19a, nizatlon qualifies as	15 Is more than 3 apported organiza and line 16 is mos a publicly supported as publicly supported the supported that is a publicly supported the supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that is a publicly supported that i	15 16 17 18 3 1/3%, and line 17 tion ore than 33 1/3%, ar	% % is not

### **Supporting Organizations**

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
		† <del></del>
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Sch Pa	edule A (Form 990) 2022 Council on Aging of West Florida, Inc. 59-13 art IV Supporting Organizations (continued)	7393	9 <sub>P</sub>	age <b>5</b>
_				1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?			
Ŀ	A family member of a person described on line 11a above?	11a	<del> </del>	<del>                                     </del>
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	<b>-</b>	├
	detail in Part VI.	١		
Sec	ction B. Type I Supporting Organizations	11c	<u> </u>	<u> </u>
			Tv	Τ
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	$\overline{}$	Yes	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		ľ ·
	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 officers, 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		l
2	Did the organization operate for the benefit of any supported organization other than the supported			_
	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,			
		2		
Sec	tion C. Type II Supporting Organizations	_ ~		·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	1,40
	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)	1		
Sec	tion D. All Type III Supporting Organizations	<del></del>		I
		·	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ŀ
	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		ļ
3	By reason of the relationship described on line 2, above, 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	1.1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard.	3		
	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 year (see instructions)			
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 governmental entity (see in	struction	s)	
2	Activities Test. Answer lines 2a and 2b below.	<u></u>	Yes	No
a	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			
h	that these activities constituted substantially all of its activities.	2a		
Ŋ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	\ \ \	1	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		ļ	
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		Ī	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
IJ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? (\$100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to		ł	
232025	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2022 Council on Aging of Wes	st Flo	orida, Inc. 5	9-1373939 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti		nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ing trust or	n Nov. 20, 1970 ( <i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prìor Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		· · · · · · · · · · · · · · · · · · ·
_2	Recoverles 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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optlonal)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			and the second
_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 0.015 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 0.035,	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 0.85 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	Illy integrat	ted Type III supporting organ	nization /see
	instructional	,	The in eachorning order	nemion lace

Schedule A (Form 990) 2022

	rt V Type III Non-Functionally Integrated 509	ing of West Flancia (a) (3) Supporting Orga			9-1373939 Page 7
Sect	tion D - Distributions	(-)(-)	anizations (continu	iea)	C
_1	Amounts paid to supported organizations to accomplish exc	empt purposes	-	1	Current Year
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpos	s	3		
4	Amounts paid to acquire exempt-use assets	****	4		
_5	Qualified set-aside amounts (prior IRS approval required - p.	rovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.		-	6	
7	Total annual distributions. Add lines 1 through 6.			7	····
8	Distributions to attentive supported organizations to which t	he organization is responsive	)		
	(orovide details in Part VI). See instructions.			_ 8	
9	Distributable amount for 2022 from Section C, line 6	·		9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017			, "	
	From 2018				
	From 2019				
	From 2020			191	
	From 2021				
	Total of lines 3a through 3e			1 1 2	
	Applied to underdistributions of prior years	Harba Digital as Sun			
<u>n</u>	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			- 2	
4	Distributions for 2022 from Section D,				
	Ine 7: \$ Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder, Subtract lines 4a and 4b from line 4.			12.7	<u> </u>
5	Remaining underdistributions for years prior to 2022, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				an de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la La companya de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria de la Caracteria
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				<u> </u>
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3]				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018			-	
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021			- 1	
e	Excess from 2022		r to the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of t		<del></del>

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	Council on	Aging of	West Florida	a, Inc.	<u>59-1373939 Page 8</u>
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Provide the 1, 2, 3b, 3c, 4b, 4c, 5a, b, lines 2 and 3; Part IV, section	e explanations requests 6, 9a, 9b, 9c, 11a Section E, lines 10	uired by Part II, line 10; F , 11b, and 11c; Part IV, S , 2a, 2b, 3a, and 3b; Par	art II, line 17a or 1 Section B, lines 1 a	7b; Part III, line 12; nd 2; Part IV, Section C,
	Section D, lines 5, 6, and (See instructions.)	u o, and Fart V, Section	i E, lines 2, 5, and	o. Also complete this pai	t for any additiona	l information.
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

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

Employer identification number

	ouncil on Aging of West Florida, Inc.	59-1373939			
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	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 Rul	e. See instructions.			
General Rule					
For an organization	on filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	s \$5,000 or more (in money or state)			
Special Rules					
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support it and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If I line 1. Complete Parts I and II.	d that received from any one			
contributor, during literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a given the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e.c.) instead of the contributor name and address), II, and III.	ientific.			
For an organization described in section 501(c)(7), (8), or (10) filling 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization the nswer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2., of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	orm 900) but it must			

## Council on Aging of West Florida, Inc.

59-1373939

Part	١.	Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	Corporation for National and Community Service  1201 New York Avenue, NW Washington, DC 20525	\$500,339.	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	\$ 2,256,228.	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	\$312,155.	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	\$ 2,609,845.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Council on Aging of West Florida, Inc.

Employer identification number

<u>59-13</u>73939

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from 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
		<b>\$</b>	
(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
9453 11-15-22		\$	

Schedule	B	(Form 9	יכמכיו וחם	ɔ١
Constants	$\mathbf{r}$	U OIIII 5	9U 1ZVZ	ر ∠

	(FORT COD) (MOZZ)			Page 4
Name of org	ganization			Employer identification number
Counci	l on Aging of West Flori	da Ind		E0 1252020
Part III	Exclusively religious, charitable, etc., contributions	s to organizations described in se	etion 501(c)(7), (8), or (10) t	59-1373939
	non any one continuator. Complete columns (a) th	rough let and the following line ent	rv. Hor organizations	
	completing Part III, enter the total of exclusively religious, character duplicate copies of Part III if additional spa	ntable, etc., contributions of \$1,000 or I ace is needed.	less for the year. (Enter this info.	once.) D
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
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<del> </del>				
		(e) Transfer of gift	t	
	Transferent many address at	71D 4		
	Transferee's name, address, and	<u> </u>	Relationship of tra	ansferor to transferee
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(a) No. from	(b) Purpose of gift	(0) 11		
Part I	(a) tarpood of gift	(c) Use of gift	(d) Des	cription of how gift is held
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		(e) Transfer of gift	<u> </u>	
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	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
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(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
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		(e) Transfer of gift		
	<b></b>			
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
-		<del></del>		
(a) No. from	(b) Purpose of gift	f=111		
Part I	(b) I dipose oi giit	(c) Use of gift	(d) Desc	cription of how gift is held
-				
		(e) Transfer of gift		
		(e) Transier of gin		
<u></u>	Transferee's name, address, and 2	ZIP + 4	Relationship of tro	nsferor to transferee
_			- Total of the	to dansieree
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#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

Schedule D (Form 990) 2022

Council on Aging of West Florida, 59-1373939 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 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 (for example, 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 a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25,2006, 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? No 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)(l) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sch   Pa	edule D (Form 990) 2022 Council art III   Organizations Maintaining (	on Aging	of W	est 1	lorida,	Inc.		59-13	7393	9 Pa	ge <b>2</b>
3		Jone Cuons of Al	t, HIS	torical	l reasures,	or Othe	r Similar	Asset	s (contir	nued)	
3	Camp the organization's acquisition, access	sion, and other record	ls, ched	k any of t	he following th	at make s	ignificant L	ise of its			
_	collection items (check all that apply):										
a	=	•	d 崖		exchange prog						
b		•	e	Other_							
C	relation to the desired get to detect to										
4	Provide a description of the organization's o	ollections and explai	n how t	hey furthe	r the organizat	ion's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit	or receive donations :	of art. h	istorical t	reasures or oth	or eimila	connete				
<u> </u>	to be sold to raise funds rather than to be m	aintained as part of t	he oraș	nization's	collection?				Yes		No
[Fa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	igements. <sub>Compi</sub>	ete if th	e organiz	ation answered	"Yes" on	Form 990,	, Part IV,	line 9, or		140
1a	ls the organization an agent, trustee, custod	ian or other intermed	liary for	contribut	one or other as	noote not	lm objects at				
	on Form 990, Part X?			Continout	ons of other as	226121101	inciuded	<del></del>	٦		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table:				L	_ Yes		No
		and complete the to	ilowing	table.			· —				
С	Beginning balance						<b>├</b> ─		Amount	<u> </u>	
d	Additions during the year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•••••••	1c				
е	Distributions during the year	••••••••••••••	*********			************	1d				
f	Ending balance	***************************************	*******			••••••••••	. <u>1e</u>				
2a	Did the organization include an amount on F	orm 990 Part V line	21 for				. <u>  1f  </u>				
_ b	If "Yes," explain the arrangement in Part XIII	Check here if the av	rolanatio	estrow or	custodial acco	ount habil	tty?	, L	Yes	Щ	No
Pai	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
		(a) Current year	(b)	Prior year	(c) Two yes			ana haal			
1a	Beginning of year balance		(10)	noi year	(C) 1000 yea	als back	(d) Three ye	ars back	(e) Four	years ba	ICK
b	Contributions							<del></del>	——		
С	Net investment earnings, gains, and losses			-							
		·			<del>-  </del>				<u></u>		
	Other expenditures for facilities				<del></del>						
	and programs										
f	Administrative expenses	-									
g	End of year balance								<u> </u>		
2	Provide the estimated percentage of the curr	opt reas and hale	<b>4</b> 1 • •			l					
	Board designated or quasi-endowment	ent year end balance		g, column	(a)) held as:						
b	Permanent endowment		_%								
C	T	% %									
-	The percentages on lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the pages	nu equal 100%.									
	Are there endowment funds not in the posses organization by:	ssion of the organizat	tion tha	t are held	and administer	red for the	€				
	÷ .								`	Yes N	10
		***************************************			·				3a(i)		
h									3a(ii)		
-		ions usted as tegnite	a on S	chedille H	?	•••••	***********		3b		
Par	CONTROL IN FIGURE AND A CONTROL OF THE	Organization's endow	vment f	unds.	<del></del>						_
			David IV								
	Complete if the organization answered  Description of property					, Part X, I	ine 10,				
	bescription of property	(a) Cost or ot basis (investm			st or other		cumulated		(d) Book	value	
1a	Land		entj		s (other)	dep	reclation				_
b	Bulldings	-			$\frac{42,197}{40,022}$		<del></del>			<u>,197</u>	
C	Leasehold improvements	•		1,3	40,833.	8	57,57	U .	<u>483</u>	,263	
d	Equipment			<del></del> - <u>-</u>	46 005						
- e	Other	· <del>                                    </del>			46,825.		33,060		13	,759	
Total	Add lines 1a through 1e. (Column (d) must eq	<u> </u>		1	27,308.		92,94:	2.	34	<u>,</u> 366	•
. V.uii	, saa iinaa ra unrougir re, (Column (d) must eq	uai Form 990, Part X	. colum	n (B). line	10c.)				573	,585	

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

	dule D (Form 990) 2022 Council on Aging of West	Florida,	Inc.	59-	1373939 Page 4
<u>ra</u>	T XI Reconciliation of Revenue per Audited Financial States  Complete if the organization answered "Yes" on Form 990, Part IV, line		levenue per Re	eturn.	
1	Total revenue going and other compath as a self-total formation	·····		Τ	7 010 044
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	************************		1	7,012,244.
a	Net unrealized gains (losses) on investments	2a	-122,330.		
b	Donated services and use of facilities	2b	46,663.	<del> </del>	
c	Recoveries of prior year grants	2c	40,005.	1	
d	Other (Describe in Part XIII.)			1	
е	Add lines 2a through 2d			<sub>2e</sub>	-75 667
3	Subtract line 2e from line 1		***************************************	3	$\frac{-75,667}{7,087,911}$
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		******************************		7700775111
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		· .	
b	Other (Describe in Part XIII.)	4b	• • • • • • • • • • • • • • • • • • • •	1 .	
c	Add lines 4a and 4b		7	4c	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,087,911.
Pa	TAIL Reconcination of Expenses per Addited Financial State	ments with i	Expenses per F	Retur	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	7,205,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	<u>46,663.</u>		
b	Prior year adjustments	2b		]	
C	Other losses	2c		]	
d	Other (Describe in Part XIII.)	2d		]	
e	Add lines 2a through 2d		***************************************	2e	46,663.
3	Subtract line 2e from line 1		**************	3	7,159,012.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIII.)			]	
	Add lines 4a and 4b			4c	0.
5 Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII Supplemental Information.			5	7,159,012.
ines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	art IV, lines 15 ar	nd 2b; Part V, line 4	; Part X	, line 2; Part XI,
<u>,</u>					
				<u>-</u>	

Schedule D (Form 990) 2022

232054 09-01-22

### SCHEDULE G (Form 990)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Council	on Aging of West	Floi	cida	a. I:	nc.		Employer ide 59-1373	ntification number ৭২০
Part I Fundraising Activities. (required to complete this part.	Complete if the organization answe	red "Y	es" or	Form	990, Part IV,	ine 17	7. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization raised a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or okey employees listed in Form 990, Part I f "Yes," list the 10 highest paid individe compensated at least \$5,000 by the organization have a written or okey employees listed in Form 990, Part I f "Yes," list the 10 highest paid individed the part of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties</li></ul>	e Solicita f Solicita g Special  oral agreement with any individual t VII) or entity in connection with pureuals or entities (fundraisers) pursua	tion of tion of fundra (includ rofessia	non-g gover ising of ing of onal fu	overnm nment o events ficers, o indraisi	ent grants grants firectors, trus ng services?		Yes	□ No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundn have ci or con contribi	Did alser istody trol of itlons?		oss receipts n activity	1	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-			
					· · · · · · · · · · · · · · · · · · ·			
							- <u> </u>	
Total  3 List all states in which the organization is or licensing.	s registered or licensed to solicit c	ontribu	itions	or has I	peen notified	it is e	xempt from reg	yistration
							<u> </u>	

Council on Aging of West Florida, Inc. 59-1373939 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundralsing event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Rat Pack None (add col. (a) through Reunion col. (c)) (event type) (event type) (total number) 90,262. 1 Gross receipts 90,262. 2 Less: Contributions 55,537. 55,537. 3 Gross income (line 1 mlnus line 2) 34,725. 34,725. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 36,907. 36,907. 7 Food and beverages ..... 8 Entertainment 6,300. 6,300. 9 Other direct expenses ..... 14,986. 14,986. 10 Direct expense summary. Add lines 4 through 9 in column (d) 58,193. 11 Net income summary. Subtract line 10 from line 3, column (d) -23,468.Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No Nο 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 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: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain: \_\_\_

Schedule G (Form 990) 2022

Sched	ule G (Form 990) 2022 Council on Aging of West Florida, Inc. 5	9-13730	339	Page 3
<b>11</b> D	oes the organization conduct gaming activities with nonmembers?	<del> </del>	Yes	No
2 15	the organization a grantor, peneticiary or trustee of a trust, or a member of a partnership or other entity formed			
to	administer charitable gaming?		Yes	☐ No
3 In	dicate the percentage of gaming activity conducted in:			
a II	ne organization's facility	13a		%
D A	Toutside racility	13b		%
1 <b>-7 L</b> !	nter the name and address of the person who prepares the organization's gaming/special events books and records:			
N	ame			
A	ddress			
<b>15a</b> Do	pes the organization have a contract with a third party from whom the organization receives gaming revenue?		⁄es	☐ No
b If	"Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	nt		
of	gaming revenue retained by the third party \$			
C II	"Yes," enter name and address of the third party:			
Na	ame			
Ar	Idress			
		·····		
16 Ga	ming manager information:			
Ne	ume			
0				
Ga	ming manager compensation \$			
De	scription of services provided			
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Ĺ	Director/officer Employee Independent contractor			
!7 Ma	undatory distributions;			
	the organization required under state law to make charitable distributions from the gaming proceeds to			
ret		<u> </u>	. 1	<b>—</b>
	ain the state gaming license? ter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	L Y	es	No
orc	panization's own exempt activities during the tax year			
Part I	To supplie the explanations required by Part I, line 2b, columns (iii) and (v): and	d Part III, line	s 9. 9t	o. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			, ,
		-		
				<del></del>
2083 10-	27-22			

Schedule G (Form 990) 2022

Schedule G	(Form 990)	Council	on	Aging	of	West	Florida.	Inc.	59-1373939	Dogo 4
Part IV	(Form 990) Supplemental Info	rmation (continu	ued)							raye 4
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#### **SCHEDULE L**

(Form 990)

## **Transactions With Interested Persons**

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

28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

OMB No. 1545-0047

Open To Public Inspection

Schedule L (Form 990) 2022

Name of the organization												identi		n nui	nber
	Counci.	<u>l o</u> :	n Aging (	of 1	West	F10	orida,	In	ıc.	59	-13	<u>739:</u>	39		
									1501(c)(29) orgai						
	organization I						e 25a or 25b	, or	Form 990-EZ, Pa	art V, li	ne 40	<u>o.</u>	T		
1 (a) Name of disqualified	person	(a)	Relationship bety person and or			itiea	(c	) De	escription of tran	sactio	n				cted?
** ***********************************				<b>9</b>									Ye	98	No
· · · · · · · · · · · · · · · · · · ·													+	$\dashv$	
													$\top$		
			71,											$\Box$	
2 Enter the amount of tax			-	-		-	•	~	•		_				
section 4958  3 Enter the amount of tax											\$				
J Litter the amount of tax	i, ii airy, oir iii	116 2, 4	above, reminuis	au by	u le oi ç	yanızanı			••••••	• • • • • • • • • •	Ф				
Part II Loans to an	d/or Fron	n Inte	erested Pers	ons.											
Complete if the	organization	n ansv	vered "Yes" on F	orm 9	90-EZ,	, Part V,	line 38a or F	orm	990, Part IV, line	e 26; d	or if the	e orgai	nizatio	n	
reported an am	ount on Form	n 990	Part X, line 5, 6							,					
(a) Name of interested person	(b) Relation with organic		(c) Purpose of loan		an to or n the		Original	(f	) Balance due		in 	(h) App by boa	ard or I	1 40, 11	ritten
interested person	With Organi	zauon	Orioan		zation?	princi	pal amount			default?		comm	ittee?		ment?
	<del> </del>			То	From					Yes	No	Yes	No	Yes	No
	<del> </del>											$\vdash$			
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Total					£	l	\$	L			<u> </u>				
	ssistance	Ben	efiting Intere	estec	Per	sons.	Ψ								
Complete if the	organization	ansv	vered "Yes" on F	orm 9	90, Pa	art IV, lin	ө 27.								
(a) Name of interested	person	(	(b) Relationship				Amount of		(d) Type				) Purp		f
			interested pers the organiza		d	*	issistance		assistan	ce		6	assista	ance	
		-	and organiza								<del> </del> -				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Business Transactions Invo			c. 59-1373	939	Page 2
Complete if the organization answer (a) Name of interested person	(b) Relationship between interested person and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of	(e) Shi	aring of zation's
	porcent and the organization	transaction	transaction	rever	nues?
Malcolm Ballinger	Member of the Board	7,760.	The Organiz	Yes	No X
		· · · · · · · · · · · · · · · · · · ·	<del></del>		ļ
		<u> </u>			
Part V Supplemental Information.  Provide additional information for res	sponses to questions on Schedule L (see ir	nstructions).			
Sch L, Part IV, Business	Transactions Involving	g Intereste	d Persons:		
(a) Name of Person: Malco					
(b) Relationship Between	Interested Person and	Organizati	on:		
Member of the Board of Di	rectors	···			
(d) Description of Transa	ction: The Organization	on uses the	Board membe	er's	
company to produce the Co	ming of Age magazine.				
				-	
		·			
				•	

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1645-0047

2022

Open to Public Inspection

Name of the organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939 Types of Property (a) (b) (c) (d) Number of Check if Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional Interests 3 Books and publications ..... 5 Clothing and household goods Cars and other vehicles ..... 6 Boats and planes ..... 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures \_\_\_\_\_ Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies ..... 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts (General 25 Other 6,833 148,023. Quoted prices Other (Meals 26 Х 3,078 10,282. Purchase price from 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2022

Part II	(FOIM 990) 2022	COUNCIL	on Aging	or west	c Floria	a, Inc.	<u>59-1373939</u>	Page 2
Partii	is reporting in Par this part for any a	<b>l information.</b> t I, column (b), the dditional informati	Provide the into number of coron.	formation requir atributions, the r	red by Part I, lin number of items	es 30b, 32b, a received, or a	nd 33, and whether the organia combination of both. Also cor	zation nplete
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### **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Council on Aging of West Florida, Inc.	59-1373939
Form 990, Part I, Line 1, Description of Organization Mis	sion:
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 homeb	ound peers
with special needs. Senior Companions assist with running	errands,
preparing meals, writing letters, and other daily tasks.	
Expenses \$ 317,929. including grants of \$ 0. Revenue	\$ 22,328.
Adult Day Care - Provides respite for caregivers while at	the same time
preventing premature long-term care facility admission for	r individuals
who cannot be left alone during the day. This program in	cludes meals,
activities, supervision by a RN or LPN and assistance witl	n some
activities of daily living.	
Expenses \$ 503,373. including grants of \$ 0. Revenue \$	248,408.
Other Community Service Programs (Nutrition Education, Out	reach,
Recreation, Senior Farmers Market Nutrition, and Transport	cation)
Expenses \$ 148,987. including grants of \$ 0. Revenue \$	5 0.
Social Service Programs - An in-depth program which identi	fies 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 \$ 602,282. including grants of \$ 0. Revenue \$	55,825.

Schedule O (Form 990) 2022	Page 2
Name of the organization  Council on Aging of West Florida, Inc.	Employer identification number 59-1373939
The agency periodically conducts salary and compensation r	eviews for its
various positions within the agency, including CEO, by con	tacting similar
agencies within the state and by reviewing state and feder	al data on
similar positions. Copies of these reviews are available f	or review in the
agency's personnel department. Any raise for the CEO is de	termined by the
agency's Executive Compensation Committee based on job per	formance and the
result of these surveys.	
Form 990, Part VI, Section C, Line 18:	
Items are available in PDF format on the agency's website	at
www.coawfla.org for public review.	
Form 990, Part VI, Section C, Line 19:	
Items are available in PDF format on the agency's website	at
www.coawfla.org for public review.	

Schedule R (Form 990) 2022 (g) Section 512(b)(13) Open to Public Inspection Employer identification number 59-1373939 å OMB No. 1545-0047 2022 × controlled entity? Direct controlling Yes 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. Council on Aging Direct controlling of West Florida, entity End-of-year assets Inc. status (if section 501(c)(3)) <u>e</u> Public charity Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income T Exempt Code Go to www.irs.gov/Form990 for instructions and the latest information. section 501(c)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Legal domicile (state or foreign country) Attach to Form 990. on Aging of West Florida, Inc. lorida. Primary activity promote, receive and Primary activity Encourage, solicit, ê administer gifts For Paperwork Reduction Act Notice, see the Instructions for Form 990. Council on Aging Foundation of West Florida Name, address, and EIN (if applicable) Council Inc. - 59-2864564, 875 Royce Street, Name, address, and EIN of related organization of disregarded entity Pensacola, FL 32503 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part I Part

59-1373939

Page 2

Schedule R (Form 990) 2022 Council on Aging of West Florida, Inc.

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

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Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling /	Predomir (related, excluded fr	income related, tax under	Share of total income	Share of end-of-year assets	Dispropo	Code V-UBI amount in box 20 of Schedule		Pero	(K) sentage nership
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust.	anizations Taxable a	s a Corpor	ation or Trust. Co.	mplete if th	le organization	answered "Yes	" on Form 990,	Part IV, line	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ad one or	more rela	ited
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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 Botte II III at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at 1/2 at					
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Schedule R (Form 990) 2022 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.

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Schedule R (Form 990) 2022

Part VII	Supplemental Info	Council	on Aging	of West	<u>Florida,</u>	Inc.	<u>59-1373939</u>	Page 5
	Provide additional infor	mation for response	s to auestions on	Schedula B. Sc	oo inatwatiana			
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