

Saltmarsh

Saltmarsh, Cleaveland & Gund

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Council on Aging of West Florida, Inc.
P.O. box 17066
Pensacola, FL 32522

Dear Sir:

Enclosed are the original and one copy of the 2007 Exempt Organization return, as follows...

2007 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Yours very truly,

Saltmarsh, Cleaveland & Gund, P.A.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2007

Prepared for	Council on Aging of West Florida, Inc. P.O. box 17066 Pensacola, FL 32522
Prepared by	Saltmarsh, Cleaveland & Gund 900 North 12th Avenue Pensacola, FL 32501
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	August 15, 2008
Special Instructions	<p>The return should be signed and dated.</p> <p>Federal regulations require that an exempt organization make its annual returns for the past three years and its exempt application, along with all supporting documentation, available for public inspection at the organization's principal place of business during normal business hours. In addition, an organization must provide a copy of this information to any person who makes a request for such documents in person or writing. The IRS may impose a penalty for willful failure to allow public inspection or to provide copies. Please contact us if you have any questions regarding disclosure regulations.</p>

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COUNCIL ON AGING OF WEST FLORIDA, INC.		D Employer identification number 59-1373939
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 17066		E Telephone number (850) 432-1475
		City or town, state or country, and ZIP + 4 PENSACOLA, FL 32522		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **WWW.COAWFLA.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **4,078,320.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	229,795.	
	c	Indirect public support (not included on line 1a)	1c	92,728.	
	d	Government contributions (grants) (not included on line 1a)	1d	2,789,167.	
	e	Total (add lines 1a through 1d) (cash \$ 2,998,718. noncash \$ 112,972.)	1e		3,111,690.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		858,411.
	3	Membership dues and assessments	3		10,395.
	4	Interest on savings and temporary cash investments	4		12,225.
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	1,000.	
		(B) Other	8b	6,402.	
			8c	-5,402.	
			8d	STMT 1	-5,402.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	24,035.		
b	Less: direct expenses other than fundraising expenses	9b	12,967.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2	11,068.	
10a	Gross sales of inventory, less returns and allowances	10a			
		b	Less: cost of goods sold	10b	
		c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11		60,564.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		4,058,951.	
Expenses	13	Program services (from line 44, column (B))	13		4,007,340.
	14	Management and general (from line 44, column (C))	14		534,505.
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		4,541,845.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-482,894.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		989,484.
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	2,238.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		508,828.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	93,600.	0.	93,600.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance	24,936.	15,172.	9,764.	
38 Printing and publications				
39 Travel	99,779.	88,907.	10,872.	
40 Conferences, conventions, and meetings				
41 Interest	22,224.		22,224.	
42 Depreciation, depletion, etc. (attach schedule)	66,316.		66,316.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	4,234,990.	3,903,261.	331,729.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,541,845.	4,007,340.	534,505.	0.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a HOME DELIVERED MEALS (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	658,945.
b CONGREGATE MEALS (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	503,704.
c CASE MANAGEMENT (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	421,467.
d FOSTER GRANDPARENT (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	369,522.
e Other program services (attach schedule) SEE STATEMENT 6 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,053,702.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,007,340.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	112,641.	45	109,357.
	46 Savings and temporary cash investments	42,879.	46	49,989.
	47 a Accounts receivable	532,643.		
	b Less: allowance for doubtful accounts		47c	532,643.
	48 a Pledges receivable	54,250.		
	b Less: allowance for doubtful accounts		48c	54,250.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	12,780.	53	10,114.
	54 a Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	250,259.	54a	272,762.
	b Investments - other securities		54b	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	1,249,368.		
b Less: accumulated depreciation	341,132.	57c	908,236.	
58 Other assets, including program-related investments (describe ▶ OTHER ASSETS)	12,472.	58	11,936.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,014,845.	59	1,949,287.	
Liabilities	60 Accounts payable and accrued expenses	512,410.	60	770,983.
	61 Grants payable		61	
	62 Deferred revenue	92,609.	62	81,022.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	403,674.	64b	568,620.
	65 Other liabilities (describe ▶ OTHER LIABILITIES)	16,668.	65	19,834.
66 Total liabilities. Add lines 60 through 65	1,025,361.	66	1,440,459.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	825,316.	67	435,766.
	68 Temporarily restricted	164,168.	68	73,062.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	989,484.	73	508,828.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,014,845.	74	1,949,287.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Total revenue reported as 4,058,951.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Total expenses reported as 4,541,845.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 8, 90,000, 3,600, 0.

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 32			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI	Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 9 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86 b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89a			
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89c			
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89d			
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
90a			
90 b	Number of employees employed in the pay period that includes March 12, 2007	90b	0
91 a	The books are in care of <u>LAURA GARRETT</u> Telephone no. <u>(850) 432-1475</u> Located at <u>875 ROYCE STREET, PENSACOLA, FL</u> ZIP + 4 <u>32503</u>		
91a			
91 b	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
91b			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					157,679.
b					
c					
d					
e					
f Medicare/Medicaid payments					700,732.
g Fees and contracts from government agencies					
94 Membership dues and assessments				10,395.	
95 Interest on savings and temporary cash investments			14	12,225.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-5,402.	
101 Net income or (loss) from special events			01	11,068.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISC. REVENUE		60,564.			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		60,564.		28,286.	858,411.
105 Total (add line 104, columns (B), (D), and (E))					947,261.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	SOCIAL SERVICES, PROGRAMS THAT ENLIST SENIOR CITIZENS TO PROVIDE GUIDANCE FOR TROUBLED YOUTHS, SERVICES TO ASSIST FUNCTIONALLY IMPAIRED ELDERLY
93F	MEDICAID PAYMENTS ASSISTING THE ELDERLY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

Yes	No

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature **DAVID LISTER, CPA** Date **06/30/08** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **SALTMARSH, CLEVELAND & GUND
900 NORTH 12TH AVENUE
PENSACOLA, FL 32501** EIN _____

Preparer's SSN or PTIN (See Gen. Inst. X) _____ Phone no. **(850) 435-8300**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

COUNCIL ON AGING OF WEST FLORIDA, INC.

Employer identification number

59-1373939

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LAURA GARRETT 875 ROYCE STREET, PENSACOLA, FL 32503	EXECUTIVE VP 40.00	61,538.	2,462.	

Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
O' SULLIVAN CREEL LLP S. BAYLEN STREET, PENSACOLA, FL 32502	ACCOUNTING	100,911.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
VALLEY INNOVATIVE FOODS P.O. BOX 5454, JACKSON, MS 39288	MEALS	579,376.
TENDOR LOVING CARE SITTEES 4400 BAYOU BLVD., PENSACOLA, FL 32503	VARIOUS IN-HOME SERVICES	219,689.
PENSACOLA BAY TRANSPORTATION 3100 MCCORMICK STREET, PENSACOLA, FL 32514	TRANSPORTATION	180,579.
HOME INSTEAD SENIOR CARE 4300 BAYOU BLVD., PENSACOLA, FL 32503	VARIOUS IN-HOME SERVICES	169,839.
SUPERIOR IN-HOME CARE 2400 W. MICHIGAN AVE., PENSACOLA, FL 32526	VARIOUS IN-HOME SERVICES	154,008.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ►	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,688,034.	5,823,584.	2,098,206.	2,370,786.	13,980,610.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	884,312.	758,919.	862,182.	782,656.	3,288,069.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,699.	11,793.	7,778.	9,419.	36,689.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		17,429.	SEE STATEMENT 10 67,118.	805.	85,352.
23 Total of lines 15 through 22	4,580,045.	6,611,725.	3,035,284.	3,163,666.	17,390,720.
24 Line 23 minus line 17	3,695,733.	5,852,806.	2,173,102.	2,381,010.	14,102,651.
25 Enter 1% of line 23	45,800.	66,117.	30,353.	31,637.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 282,053.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,102,651.
d Add: Amounts from column (e) for lines: 18 36,689. 19 _____ 22 85,352. 26b _____					26d 122,041.
e Public support (line 26c minus line 26d total)					26e 13,980,610.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1346%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A		
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
			PURCHASED		
LOSS ON SALE OF ASSETS					
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,000.	10,942.	0.	4,540.	-5,402.
TO FM 990, PART I, LN 8	1,000.	10,942.	0.	4,540.	-5,402.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
SENIOR CHILL OUT	19,135.		19,135.	5,805.	13,330.
SANTA FOR SENIORS	1,167.		1,167.	7,104.	-5,937.
CALENDAR	3,733.		3,733.	58.	3,675.
TO FM 990, PART I, LINE 9	24,035.		24,035.	12,967.	11,068.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	2,239.
ROUNDING	-1.
TOTAL TO FORM 990, PART I, LINE 20	2,238.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ALLOCATION OF MANAGEMENT AND GENERAL EXPENSES	0.	378,335.	-378,335.	
LEASED EMPLOYEE SALARY	1,282,514.	976,564.	305,950.	
EMPLOYEE LEASING AND BENEFITS	382,494.	286,439.	96,055.	
EDUCATION & TRAINING	7,498.	4,473.	3,025.	
COMM./POSTAGE	49,969.	32,554.	17,415.	
UTILITIES	30,097.	15,466.	14,631.	
PRINTING/SUPPLIES	40,384.	30,331.	10,053.	
ADVERTISING	16,928.	12,345.	4,583.	
INSURANCE	49,007.	28,106.	20,901.	
BUILDING COSTS	31,150.	19,851.	11,299.	
PURCHASED EQUIPMENT	27,290.	13,788.	13,502.	
PROFESS., LEGAL & ACCOUNTING	115,627.	95.	115,532.	
VOLUNTEER EXPENSES	402,839.	402,764.	75.	
SUB-CONTRACTORS	1,624,438.	1,621,219.	3,219.	
PROGRAM SUPPLIES	67,908.	41,990.	25,918.	
OTHER EXPENSES	106,847.	38,941.	67,906.	
TOTAL TO FM 990, LN 43	4,234,990.	3,903,261.	331,729.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO ASSIST, ENCOURAGE AND PROMOTE THE WELL BEING OF AGING INDIVIDUALS,
REGARDLESS OF RACE, COLOR OR CREED.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 6

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
RETIRED SENIOR VOLUNTEERS	0.	129,440.
SENIOR COMPANIONS	0.	233,359.
SENIOR COMPANIONS - COMPANIONSHIP	0.	4,515.
SENIOR COMPANIONS - RELIEF	0.	26,690.
PRIVATE PAY HOME DELIVERED MEALS	0.	59,729.
PRIVATE PAY ADULT DAY HEALTH CARE	0.	56,299.
NUTRITION EDUCATION	0.	805.
OUTREACH	0.	14,371.
RECREATION	0.	37,989.
TRANSPORTATION	0.	67,865.
ADULT DAYCARE/ADULT DAY HEALTHCARE/FACILITY-BASED RESPIRE	0.	345,652.
CASE AID	0.	75,845.
SCREENING AND ASSESSMENT	0.	88,174.
CHORE	0.	716.
VENDOR-COMPANIONSHIP	0.	162,355.
VENDOR-COUNSELING	0.	409.
VENDOR-EMERGENCY ALERT RESPONSE	0.	21,305.
VENDOR-ESCORT	0.	179.
VENDOR-FROZEN HOME DELIVERED MEALS	0.	13,017.
VENDOR-HOMEMAKER	0.	189,149.
VENDOR-HOUSING IMPROVEMENT	0.	65.
VENDOR-IN-HOME RESPIRE	0.	356,632.
VENDOR-PERSONAL CARE	0.	99,871.

VENDOR-PEST CONTROL	0.	56.
VENDOR-SKILLED NURSING	0.	30.
VENDOR-SPECOALIZED MEDICAL EQUIPMENT	0.	69,185.
TOTAL TO FORM 990, PART III, LINE E		<u>2,053,702.</u>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			272,762.	272,762.
TO FORM 990, LINE 54A, COL B				<u>272,762.</u>	<u>272,762.</u>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN B. CLARK P.O. BOX 17066 PENSACOLA, FL 32522	PRESIDENT 40.00	90,000.	3,600.	0.
SUE STRAUGHN P.O. BOX 17066 PENSACOLA, FL 32522	VICE CHAIR 1.00	0.	0.	0.
DONA USRY P.O. BOX 17066 PENSACOLA, FL 32522	VICE CHAIR 1.00	0.	0.	0.
P. C. WU P.O. BOX 17066 PENSACOLA, FL 32522	SECRETARY 1.00	0.	0.	0.
LARRY MOSLEY P.O. BOX 17066 PENSACOLA, FL 32522	TREASURER 1.00	0.	0.	0.

ROSEMARY BONIFY P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
DEEDEE RITCHIE P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
JOHN BRICK P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
JEFF ROCK P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
ANN BROWN P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
DR. PETRA SCHULER P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
IRV ENGLISH P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
MONICA SHERMAN P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
JACK GRAY P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
IRVIN STALLWORTH P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
MARK HARDEN P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
BETTYE SWANSTON P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
JANET HOLLEY P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.

ETHEL TAMBURELLO P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
DR. DONNA JACOBI P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
HUNTER WALKER P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
BONNIE JONES P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
DENISE WINDHAM P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
DR. THOMAS LAMPONE P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
BRUCE YELVERTON P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
ZOLA LETT P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
MARIE YOUNG P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
JAMES M. NOVOTA P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
MAGARET POPPELL P.O. BOX 17066 PENSACOLA, FL 32522	MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>90,000.</u>	<u>3,600.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 9
 PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ESCAMBIA COUNTY COUNCIL ON AGING FOUNDATION, INC.		X

SCHEDULE A OTHER INCOME STATEMENT 10

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER	0.	17,429.	4,013.	805.
HURRICANE INSURANCE PROCEEDS	0.	0.	63,105.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	17,429.	67,118.	805.

Asset ID	Asset Description	Location	Date Acquired	Depreciable Life	Purchase Price	Additions	Deletions	Ending Balance	Yearly Depr	Funding Source	Accumulated Depreciation 12/31/06	2007 Depreciation	Deletions	Accumulated Depreciation 12/31/07	Net Book Value	Monthly Depr Exp
000114	Computer - Danielle Waters	SOCIAL SERVICES	9/30/2003	5	1,300.00			1,300.00	260.00	Foundation	845.00	260.00		1,050.00	195.00	
000130	Computer - Beth Spears	SOCIAL SERVICES	9/30/2003	5	1,300.00			1,300.00	260.00	Foundation	845.00	260.00		1,050.00	195.00	
000129	Computer - Genevieve Hulstess	SOCIAL SERVICES	9/30/2003	5	1,300.00			1,300.00	260.00	Foundation	845.00	260.00		1,050.00	195.00	
000132	Computer - Beth Morrison	SOCIAL SERVICES	9/30/2003	5	1,300.00			1,300.00	260.00	Foundation	845.00	260.00		1,050.00	195.00	
000133	Computer - Lisa Madinez	SOCIAL SERVICES	9/30/2003	5	1,300.00			1,300.00	260.00	Foundation	845.00	260.00		1,050.00	195.00	
000131	Computer - Gwen Cobb	SOCIAL SERVICES	9/30/2003	5	1,300.00			1,300.00	260.00	Foundation	845.00	260.00		1,050.00	195.00	
000115	Dell Laptop Computer	ACCOUNTING	8/31/2003	5	1,181.43			1,181.43	236.29	General Fund	787.62	236.29		1,023.91	157.52	
000119	Software - SERVTracker	ACCOUNTING	3/31/2003	5	6,699.00			6,699.00	1,339.80	General Fund	5,024.25	1,339.80		6,364.05	334.95	
000118	Computer - Community Services Project Director	COMMUNITY SERVICES	2/28/2003	5	1,300.00			1,300.00	260.00	General Fund	1,256.67	43.33		1,300.00	-	
000136	Computer - Social Services Supervisor	COMMUNITY SERVICES	2/28/2003	5	1,300.00			1,300.00	260.00	General Fund	1,256.67	43.33		1,300.00	-	
000128	Computer - Social Services - Julie Hand	SOCIAL SERVICES	10/31/2002	5	1,510.00			1,510.00	302.00	COA Investments	1,258.33	251.67		1,510.00	-	
000117	HP 4100 Laser Printer	SOCIAL SERVICES	10/31/2002	5	1,510.00			1,510.00	220.00	COA Investments	1,088.32	251.67		1,510.00	-	
000107	Closeout of Computer Roll Out	ADMINISTRATION	7/31/2002	5	1,099.99			1,099.99	211.98	COA Investments	1,068.75	91.67		1,099.99	-	
000113	Great Plains Software	ACCOUNTING	7/31/2002	5	2,000.00			2,000.00	400.00	COA Investments	1,766.67	141.15		2,000.00	-	
000111	HP 1200 Laser Printer - Admin	ADMINISTRATION	5/30/2002	5	6,757.50			6,757.50	1,351.50	COA Investments	5,959.12	788.38		6,757.50	-	
000126	HP 1200 Laser Printer - Admin	ADMINISTRATION	5/30/2002	5	3,070.00			3,070.00	614.00	COA Investments	2,507.17	562.83		3,070.00	-	
000114	HP 4100 Laser Printer - Social Services	ACCOUNTING	5/30/2002	5	399.99			399.99	80.00	COA Investments	366.67	33.32		399.99	0.00	
000127	HP 4100 Laser Printer	SOCIAL SERVICES	5/30/2002	5	399.99			399.99	80.00	COA Investments	366.67	33.32		399.99	0.00	
000140	Computer - RSPV Project Director	RSVP	5/30/2002	5	1,099.99			1,099.99	220.00	COA Investments	1,008.32	91.67		1,099.99	(0.00)	
000108	Admin Computer - Executive Secretary	ADMINISTRATION	5/30/2002	5	1,829.00			1,829.00	365.80	COA Investments	1,707.07	121.93		1,829.00	(0.00)	
000102	Admin Computer - Associate Director	ADMINISTRATION	4/30/2002	5	1,829.00			1,829.00	365.80	COA Investments	1,707.07	121.93		1,829.00	-	
000109	Admin Computer - Receptionist	ADMINISTRATION	4/30/2002	5	1,829.00			1,829.00	365.80	COA Investments	1,707.07	121.93		1,829.00	-	
000103	Admin Computer - Human Resource Specialist	ADMINISTRATION	4/30/2002	5	1,829.00		(1,829.00)	-	365.80	COA Investments	1,707.07	121.93	(1,707.07)	1,829.00	-	
000104	Admin Computer - Controller	ACCOUNTING	4/30/2002	5	1,829.00			1,829.00	365.80	COA Investments	1,707.07	121.93		1,829.00	-	
000106	Admin Computer - Invoicing Accounting Clerk	ACCOUNTING	4/30/2002	5	1,829.00			1,829.00	365.80	COA Investments	1,707.07	121.93		1,829.00	-	
000125	Computer Social Services - Project Director	SOCIAL SERVICES	4/30/2002	5	1,829.00			1,829.00	365.80	COA Investments	1,707.07	121.93		1,829.00	-	
000122	Computer Social Services - CIRTS Computer	SOCIAL SERVICES	4/30/2002	5	1,829.00			1,829.00	365.80	COA Investments	1,707.07	121.93		1,829.00	-	
000120	Windows 2000 Server	STORE ROOM	4/30/2002	5	10,995.00			10,995.00	2,199.00	COA Investments	10,262.00	733.00		10,995.00	-	
000137	FILE SERVER	ADMINISTRATION	8/21/1998	5	5,345.00			5,345.00	1,069.00	COA Investments	5,345.00	-		5,345.00	-	
000116	LASER PRINTER	FGP/SCP	7/1/1998	3	750.00			750.00	150.00	COA Investments	750.00	-		750.00	-	
000158	CPU WORKSTATION	COMMUNITY SERVICES	7/1/1998	3	979.00			979.00	326.33	COA Investments	979.00	-		979.00	-	
000159	COMPUTER	DAY CARE	6/30/1995	3	1,515.00			1,515.00	505.00	COA Investments	1,515.00	-		1,515.00	-	
	TOTAL COMPUTERS				101,234.33	8,662.00	(1,829.00)	106,067.33	80,462.32		16,413.88	(1,707.07)		95,189.13	5,851.17	1,367.82

Total Assets	1,247,994	13,517	(10,942)	1,250,569	279,742	64,280	(4,283)	339,599	903,735
	(513)			(1,201)	2,036			1,533	
	1,247,481			1,249,368	66,316			341,132	
				II, 57a	II, 42			II, 57b	

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

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

Type or print	Name of Exempt Organization COUNCIL ON AGING OF WEST FLORIDA, INC.	Employer identification number 59-1373939
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 17066	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PENSACOLA, FL 32522	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **LAURA GARRETT**
 Telephone No. ▶ **(850) 432-1475** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2007** or
 ▶ tax year beginning _____, and ending _____.

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

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

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



Name: Council on Aging of West
Florida In
FEIN: 59-1373939

IRS Center: OGDEN
Refund: \$0.00

e-Postmark: 5/13/2008 2:30:00 PM
Notification:

Return History			
DCN	DATE	TYPE OF ACTIVITY	UPDATED BY
	05/13/2008	Upload Start	
	05/13/2008	Released for Transmission	System
	05/13/2008	Ready to transmit - Validation Complete	
	05/13/2008	Transmitted to FD	
	05/13/2008	Accepted by FD	