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Part IIISTatement of Program Service Accomplishments (see instructions.)

1

Briefly describe the organization’s mission

THE COUNCIL ON AGING OF VOLUSIA COUNTY, IN PARTNERSHIP WITH THE COMMUNITY PROMOTES HEALTHY, INDEPENDENT LIVING THROUGH CARING, COMPETENT AND COMPASSIONATE SERVICES PROVIDES GRANT SERVICES TO SENIORS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 4,718,692 including grants of \$) (Revenue \$)

OLDER AMERICANS ACT - UNDER OLDER AMERICANS ACT LEGISLATION, US RESIDENTS OVER 60 YEARS OF AGE ARE ELIGIBLE FOR SERVICES WITH PRIORITY GIVEN TO THE PEOPLE WITH THE MOST ECONOMIC AND SOCIAL NEED THESE SERVICES INCLUDE CONGREGATE AND HOME DELIVERED MEALS, NUTRITION EDUCATION, HOMEMAKER, PERSONAL CARE, MATERIAL AID, TRANSPORTATION, IN-HOME AND IN-FACILITY RESPITE, CARE GIVER TRAINING AND SUPPORT, INFORMATION, REFERRAL, OUTREACH, EDUCATION AND COUNSELING COMMUNITY CARE FOR THE ELDERLY - THE STATE OF FLORIDA GENERAL REVENUE PROGRAM PROVIDES IN-HOME SERVICES FOR CLIENTS 60 AND OVER WHO HAVE BEEN ASSESSED FUNCTIONALLY IMPAIRED BY TRAINED CASE MANAGERS THIS PROGRAM INCLUDES FOLLOW-UP VISITS AND PROVIDES LINKS TO OTHER COMMUNITY SERVICES THE SERVICES INCLUDE CASE MANAGEMENT,HOMEMAKER, PERSONAL CARE, RESPITE, ADULT DAY CARE, MEALS, EMERGENCY ALERT RESPONSE, MEDICAL TRANSPORTATION, MATERIAL AID AND PEST CONTROL MEDICARE WAIVER PROJECT - THIS STATE FUNDED PROGRAM ASSISTS THE MOST FRAIL AND FINANCIALLY CHALLENGED ELDERS OVER THE AGE OF 65 TRANSFERRING APPROPRIATE CLIENTS TO THIS PROGRAM OPENS SLOTS IN THE OTHER GRANTS, MAXIMIZING SERVICES AVAILABLE TO THE ELDERS IN VOLUSIA COUNTY SERVICES INCLUDE CASE MANAGEMENT, HOMEMAKER, PERSONAL CARE, RESPITE, ADULT DAY CARE, MEALS, EMERGENCY ALERT RESPONSE, MATERIAL AID, PEST CONTROL AND MEDICAL TRANSPORTATION ALZHEIMER'S DISEASE INITIATIVE - THE STATE FUNDED PROGRAM PROVIDES RESPITE CARE SERVICES, INCLUDING IN-HOME SERVICES, FOR THE VICTIMS OF ALZHEIMER'S DISEASE AND PROVIDES TRAINING FOR CARE GIVERS OF THESE VICTIMS HOME CARE FOR THE ELDERLY - THE GOAL OF THE HCE PROGRAM IS TO ENCOURAGE THE PROVISION OF CARE FOR ELDERS IN FAMILY-TYPE LIVING ARRANGEMENTS IN PRIVATE HOMES AS AN ALTERNATIVE TO INSTITUTIONAL CARE THE PROGRAM ENCOURAGES CARE GIVERS TO PROVIDE, ON A NOT-FOR-PROFIT BASIS, BASIC SUPPORT AND MAINTENANCE AS WELL AS ASSISTANCE IN ARRANGING SPECIALIZED SERVICES FOR ELDERLY RELATIVES OR NON-RELATIVES CASE MANAGEMENT AND SUBSIDY PAYMENTS ARE AVAILABLE TO QUALIFIED CARE GIVERS AND/OR VENDORS ON BEHALF OF ELIGIBLE CLIENTS COMMUNITY CARE FOR DISABLED ADULTS - THIS STATE OF FLORIDA PROGRAM, ADMINISTERED BY THE DEPARTMENT OF CHILDREN AND FAMILIES, PROVIDES HOME-DELIVERED MEALS AND IN HOME SERVICES TO CLIENTS AGED 18-59 WITH PHYSICAL, MENTAL, OR OTHER DISABILITIES EMERGENCY HOME ENERGY ASSISTANCE PROGRAM - THIS FEDERALLY FUNDED PROGRAM PROVIDES ASSISTANCE FOR LOW INCOME ELDERLY PERSONS WHO ARE IN DANGER OF HAVING THEIR UTILITIES TURNED OFF DUE TO NONPAYMENT FAN PURCHASES AND AIRCONDITIONER REPAIR ARE PART OF THE SUMMER PROGRAM AND BLANKET AND SPACE HEATER PURCHASES ARE PART OF THE WINTER PROGRAM

4b

(Code) (Expenses \$ 114,791 including grants of \$) (Revenue \$)

PUBLIC GUARDIANSHIP PROGRAM - THE COUNCIL ON AGING IS THE PUBLIC GUARDIAN FOR VOLUSIA COUNTY CARING FOR THE MOST INDIGENT INDIVIDUALS AS DETERMINED BY THE COURT TO BE UNABLE TO MANAGE THEIR OWN AFFAIRS GUARDIANSHIP MAY BE FOR THE PERSON, OR THEIR PROPERTY, OR BOTH THE COUNCIL ALSO ACTS AS A PROFESSIONAL GUARDIAN EXPANDING THE PROGRAM TO THOSE THAT DO NOT QUALIFY UNDER THE PUBLIC PROGRAM

4c

(Code) (Expenses \$ 167,500 including grants of \$) (Revenue \$)

THE COUNCIL ALSO ACTS AS A PROFESSIONAL GUARDIAN EXPANDING THE PROGRAM TO THOSE THAT DO NOT QUALIFY UNDER THE PUBLIC GUARDIANSHIP PROGRAM DESCRIBE ABOVE

(Code) (Expenses \$ 17,547 including grants of \$) (Revenue \$)

OTHER COMMUNITY PROGRAMS FOR THE ELDERLY AND NEEDY CAREGIVER RESPITE - IN THE YEAR 2003 THE COUNCIL DEVELOPED A CAREGIVER RESPITE PROGRAM, WITH INITIAL FUNDING PROVIDED BY HOSPICE OF VOLUSIA/FLAGLER THE PROGRAM HAS GROWN TO TEN CENTERS AROUND THE COUNTY, UTILIZING LOCAL CHURCH FACILITIES AND VOLUNTEERS ALONG WITH COUNCIL STAFF EACH CENTER OPERATES ONE DAY PER WEEK, AND PROVIDES ELIGIBLE "CAREES" WITH A SECURE AND STIMULATING ENVIRONMENT WHILE THEIR CAREGIVERS ARE GIVEN TIME FOR WELL DESERVED RELIEF CAREGIVERS ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN VARIOUS EDUCATIONAL AND COUNSELING PROGRAMS TO HELP THEM BETTER COPE WITH THE DEMANDS OF TWENTY-FOUR HOUR SEVEN DAY CARE PRIVATE PAY PROGRAMS - THIS PROGRAM PROVIDES FOR HOME-DELIVERED MEALS AND IN-HOME SERVICES TO CLIENTS THAT DO NOT QUALIFY FOR PROGRAMS ADMINISTERED THROUGH A STATE OR FEDERAL PROGRAM

4d

Other program services (Describe in Schedule O)

(Expenses \$ 17,547 including grants of \$) (Revenue \$)












4e

Total program service expenses

\$ 5,018,530 (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

Part IV Checklist of Required Schedules

		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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where 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	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV **Checklist of Required Schedules** *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a308		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	28
b	Enter the number of voting members that are independent	1b	28
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	Yes
b	Other officers or key employees of the organization?	15b	Yes
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	
	FINANCE DIRECTOR 160 N BEACH STREET DAYTONA BEACH, FL 32115 (386) 253-4700	

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

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

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons
- ☒ Check this box if the organization did not compensate any officer, director, trustee or key employee
- | (A)
Name and Title | (B)
Average hours per week | (C)
Position (check all that apply) | | | | | | (D)
Reportable compensation from the organization (W- 2/1099-MISC) | (E)
Reportable compensation from related organizations (W- 2/1099-MISC) | (F)
Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|-------------------------------|-----------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | <div><input checked="" type="checkbox"/> Individual</div> | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JOSEPH PINELLO
PRESIDENT | 1 | X | | X | | | | 0 | 0 | 0 |
| JAMES O'SHAUGHNESSY
V PRESIDENT | 1 | X | | X | | | | 0 | 0 | 0 |
| RITA QUINTON
SECRETARY | 1 | X | | X | | | | 0 | 0 | 0 |
| KRIS BUSE
TREASURER | 1 | X | | X | | | | 0 | 0 | 0 |
| JANICE ALLEN-KELSEY
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| RONALD BLACKWOOD
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| JOHN CAMPBELL
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| ALVIN CRUMWELL
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| MARCIA GRIFFIN
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| HARRY HEILMAN
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| RENNIE HENRY
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| MIKE HILL
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| GAIL HINTON
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| ROBERT HOLLAND
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| PATRICIA LAGONI
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| PETER GAMBLE
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| FRANK MERCER
B MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
- Form 990 (2008)

Part VII

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Institutional Trustee	<input type="checkbox"/> Officer	<input type="checkbox"/> Key employee	<input type="checkbox"/> Highest compensated employee	<input type="checkbox"/> Former				
STEVE MESSINGER B MEMBER	1	X						0	0	0	
BUD J MURPHY B MEMBER	1	X						0	0	0	
DR RICHARD LEMMON B MEMBER	1	X						0	0	0	
DORTHY POMEROY B MEMBER	1	X						0	0	0	
JOSEPH PEREZ B MEMBER	1	X						0	0	0	
JACK SETNICKA B MEMBER	1	X						0	0	0	
TIM STOCKMAN B MEMBER	1	X						0	0	0	
GEORGEANNE TIPTON B MEMBER	1	X						0	0	0	
RICHARD TUCKER B MEMBER	1	X						0	0	0	
SHARON SODHI B MEMBER	1	X						0	0	0	
WILLIAM WELSHEIMER B MEMBER	1	X						0	0	0	
1b Total											

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GA FOOD SERVICE 12200 32ND COURT N ST PETERSBURG, FL 33716	MEAL SERVICE	931,185
FLORIDA HEALTH CARE PO BOX 9910 DAYTONA BEACH, FL 32120	EMPLOYEE BENEFI	497,362
SENIORS ARE US 1321 RIDGEWOOD AVE HOLLY HILL, FL 32117	ADULT DAY CARE/	127,729
STAY FOR THE DAY INC 1001 TOWN CENTER DR ORANGE CITY, FL 32763	ADULT DAY CARE/	110,241
BURGOYNE PROPERTIES LTD 1010 EAST ADAMS STREET JACKSONVILLE, FL 32202	BUILDING RENT	102,013
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	42,258				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,523,242				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	307,896				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						3,873,396
Program Service Revenue			Business Code					
	2a	MEDICAID WAVIER SERVICES		884,022	884,022			
	b	PRIVATE PAY GUARDIANSHIP		148,980	148,980			
	c	COMMUNITY CARE FOR ELDERLY		64,306	64,306			
	d	PRIVATE PAY RESPITE		12,860	12,860			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,110,168				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		5,809			5,809	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
	b	Less direct expenses	b					
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19							
	a							
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . .							
	a							
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS EXPENS REIMBURS			3,713	3,713			
b	VOTRAN PASSES			767	767			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			4,480				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			4,993,853	1,114,648		5,809	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,215,646	1,736,819	455,088	23,739
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,953	20,077	5,242	634
9	Other employee benefits	521,717	462,441	53,484	5,792
10	Payroll taxes	172,807	141,523	29,531	1,753
11	Fees for services (non-employees)				
a	Management				
b	Legal	49,089	154	48,882	53
c	Accounting	32,530		32,530	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	43,016	19,833	22,971	212
12	Advertising and promotion	43,986		7,096	36,890
13	Office expenses	148,086	122,072	15,467	10,547
14	Information technology	24,884	15,561	8,843	480
15	Royalties				
16	Occupancy	151,675	18,214	133,427	34
17	Travel	209,761	198,576	10,276	909
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,972	170	21,802	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,527	2,563	14,964	
23	Insurance	36,054	7,107	28,905	42
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	FOOD SUBCONTRACTORS	871,949	871,949		
b	IN-FACILITY CARE SUBCONTR	442,315	442,315		
c	ENERGY ASSISTANCE PAYMENT	247,252	247,252		
d	IN-HOME CARE SUBCONTRACTO	195,792	195,792		
e	MISCELLANEOUS	94,851	36,965	54,817	3,069
f	All other expenses	-307,432	479,147	-799,960	13,381
25	Total functional expenses. Add lines 1 through 24f	5,259,430	5,018,530	143,365	97,535
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		467,700	1	470,918	
	2	Savings and temporary cash investments		485,746	2	51,429	
	3	Pledges and grants receivable, net		483,757	3	752,955	
	4	Accounts receivable, net		173,362	4	83,279	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>			6		
	7	Notes and loans receivable, net		410,134	7	343,400	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		6,559	9	1,348	
	10a	Land, buildings, and equipment cost basis	10a	336,791			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	296,993	39,658	10c	39,798
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,066,916	16	1,743,127	
Liabilities	17	Accounts payable and accrued expenses		431,684	17	506,808	
	18	Grants payable			18		
	19	Deferred revenue		549,344	19	516,336	
	20	Tax-exempt bond liabilities			20		
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>			25		
	26	Total liabilities. Add lines 17 through 25			981,028	26	1,023,144
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		1,085,888	27	684,450	
	28	Temporarily restricted net assets			28	35,533	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		1,085,888	33	719,983	
	34	Total liabilities and net assets/fund balances		2,066,916	34	1,743,127	

Part XI

Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to 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	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization COUNCIL ON AGING OF VOLUSIA COUNTY INC	Employer identification number 59-1160221
-----------------------------------------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,199,038	3,927,117	3,969,196	3,806,965	3,873,396	19,775,712
2 Tax revenues levied for the organization'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 line 1-3	4,199,038	3,927,117	3,969,196	3,806,965	3,873,396	19,775,712
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						19,775,712

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,199,038	15,553	3,969,196	3,806,965	3,873,396	19,775,712
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,449	15,553	17,755	16,254	5,809	64,820
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 assets (Explain in Part IV)	11,216	7,459	3,258	8,163	4,480	34,576
11 Total Support (Add lines 7 through 10)						19,875,108
12 Gross receipts from related activities, etc (See instructions)					12	7,599,304
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	99.499 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.552 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COUNCIL ON AGING OF
VOLUSIA COUNTY INC

Employer identification number

59-1160221

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☒ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☒ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,756	13,595	4,161
d Equipment		302,400	266,763	35,637
e Other		16,635	16,635	
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				39,798

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 	

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	14,993,853
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,259,430
3	Excess or (deficit) for the year Subtract line 2 from line 1	-265,577
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-265,577

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	15,456,930
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b463,077	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	463,077
3	Subtract line 2e from line 13	4,993,853
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	4,993,853

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	15,722,507
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a463,077	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	463,077
3	Subtract line 2e from line 13	5,259,430
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5,259,430

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
Identifier	Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COUNCIL ON AGING OF
VOLUSIA COUNTY INC

Employer identification number

59-1160221

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total		►				

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			990PTVIII1C			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	42,258			42,258
	2	Less Charitable contributions	42,258			42,258
3	Gross revenue (line 1 minus line 2)					
Direct Expenses	4	Cash Prizes				
	5	Non-cash Prizes				
	6	Rent/Facility costs				
	7	Other direct expenses				
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue					
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization COUNCIL ON AGING OF VOLUSIA COUNTY INC	Employer identification number 59-1160221
-----------------------------------------------------------------------	--------------------------------------------------

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	CLIENTS 60 AND OVER WHO HAVE BEEN ASSESSED FUNCTIONALLY IMPAIRED BY TRAINED CASE MANAGERS THIS PROGRAM INCLUDES FOLLOW-UP VISITS AND PROVIDES LINKS TO OTHER COMMUNITY SERVICES THE SERVICES INCLUDE CASE MANAGEMENT,HOMEMAKER, PERSONAL CARE, RESPITE, ADULT DAY CARE, MEALS, EMERGENCY ALERT RESPONSE, MEDICAL TRANSPORTATION, MATERIAL AID AND PEST CONTROL MEDICARE WAIVER PROJECT - THIS STATE FUNDED PROGRAM ASSISTS THE MOST FRAIL AND FINANCIALLY CHALLENGED ELDERS OVER THE AGE OF 65 TRANSFERRING APPROPRIATE CLIENTS TO THIS PROGRAM OPENS SLOTS IN THE OTHER GRANTS, MAXIMIZING SERVICES AVAILABLE TO THE ELDERS IN VOLUSIA COUNTY SERVICES INCLUDE CASE MANAGEMENT, HOMEMAKER, PERSONAL CARE, RESPITE, ADULT DAY CARE, MEALS, EMERGENCY ALERT RESPONSE, MATERIAL AID, PEST CONTROL AND MEDICAL TRANSPORTATION ALZHEIMER'S DISEASE INITIA TIVE - THE STATE FUNDED PROGRAM PROVIDES RESPITE CARE SERVICES, INCLUDING IN-HOME SERVICES, FOR THE VICTIMS OF ALZHEIMER'S DISEASE AND PROVIDES TRAINING FOR CARE GIVERS OF THESE VICTIMS HOME CARE FOR THE ELDERLY - THE GOAL OF THE HCE PROGRAM IS TO ENCOURAGE THE PROVISION OF CARE FOR ELDERS IN FAMILY -TYPE LIVING ARRANGEMENTS IN PRIVA TE HOMES AS AN ALTERNATIVE TO INSTITUTIONAL CARE THE PROGRAM ENCOURAGES CARE GIVERS TO PROVIDE, ON A NOT-FOR-PROFIT BASIS, BASIC SUPPORT AND MAINTENANCE AS WELL AS ASSISTANCE IN ARRANGING SPECIALIZED SERVICES FOR ELDERLY RELATIVES OR NON-RELATIVES CASE MANAGEMENT AND SUBSIDY PAYMENTS ARE AVAILABLE TO QUALIFIED CARE GIVERS AND/OR VENDORS ON BEHALF OF ELIGIBLE CLIENTS COMMUNITY CARE FOR DISABLED ADULTS - THIS STATE OF FLORIDA PROGRAM, ADMINISTERED BY THE DEPARTMENT OF CHILDREN AND FAMILIES, PROVIDES HOME-DELIVERED MEALS AND IN HOME SERVICES TO CLIENTS AGED 18-59 WITH PHYSICAL, MENTAL, OR OTHER DISABILITIES EMERGENCY HOME ENERGY ASSISTANCE PROGRAM - THIS FEDERALLY FUNDED PROGRAM PROVIDES ASSISTANCE FOR LOW INCOME ELDERLY PERSONS WHO ARE IN DANGER OF HAVING THEIR UTILITIES TURNED OFF DUE TO NONPAYMENT FAN PURCHASES AND AIRCONDITIONER REPAIR ARE PART OF THE SUMMER PROGRAM AND BLANKET AND SPACE HEATER PURCHASES ARE PART OF THE WINTER PROGRAM

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER COMMUNITY PROGRAMS FOR THE ELDERLY AND NEEDY CAREGIVER RESPITE - IN THE YEAR 2003 THE COUNCIL DEVELOPED A CAREGIVER RESPITE PROGRAM, WITH INITIAL FUNDING PROVIDED BY HOSPICE OF VOLUSIA/FLAGLER THE PROGRAM HAS GROWN TO TEN CENTERS AROUND THE COUNTY , UTILIZING LOCAL CHURCH FACILITIES AND VOLUNTEERS ALONG WITH COUNCIL STAFF EACH CENTER OPERATES ONE DAY PER WEEK, AND PROVIDES ELIGIBLE "CAREES" WITH A SECURE AND STIMULATING ENVIRONMENT WHILE THEIR CAREGIVERS ARE GIVEN TIME FOR WELL DESERVED RELIEF CAREGIVERS ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN VARIOUS EDUCATIONAL AND COUNSELING PROGRAMS TO HELP THEM BETTER COPE WITH THE DEMANDS OF TWENTY-FOUR HOUR SEVEN DAY CARE PRIVATE PAY PROGRAMS - THIS PROGRAM PROVIDES FOR HOME-DELIVERED MEALS AND IN-HOME SERVICES TO CLIENTS THAT DO NOT QUALIFY FOR PROGRAMS ADMINISTERED THROUGH A STATE OR FEDERAL PROGRAM

Identifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 9B	THE COUNCIL GOVERNS THE ACTIVITIES OF TWO RELATED ENTITIES THE RELATED ENTITIES ARE DAYTONA AREA SENIOR SERVIES, INC AND LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING OF VOLUSIA COUNTY , INC THE TWO RELATED ENTITIES ARE BOTH 501(C)(3) ORGANIZATIONS, OPERATING EXCLUSIVELY FOR THE BENEFIT OF THE COUNCIL THE TWO RELATED ENTITIES HAVE SEPARATE BOARDS WHICH ARE SELECTED BY THE COUNCIL'S BOARD ALL POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF THE COUNCIL ARE SUBJECTED TO THE TWO RELATED ENTITIES FOR FINANCIAL STATEMENT REPORTING PURPOSES, THE TWO RELATED ENTITIES ARE COMBINED WITH THE COUNCIL

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	FORM 990 IS PROVIDED TO THE COUNCIL'S FINANCE COMMITTEE BY THE COUNCIL'S AUDITORS FOR REVIEW PRIOR TO FILING, WHICH IN TURN IS PROVIDED,REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AT THE END OF EACH FISCAL YEAR, ALL BOARD OF DIRECTORS, ALL KEY EMPLOYEES AND DEPARTMENT MANAGERS, ARE REQUIRED TO COMPLETE AND RESPOND TO ANY RELATED PARTY ACTIVITIES ENGAGED IN DURING THE FISCAL YEAR OPERATING CYCLE ANY DISCOVERY IS DISCUSSED AND ACTED UPON BY THE BOARD OF DIRECTORS AND MANAGEMENT THE INQUIRY IS CONDUCTED USING POSITIVE CONFIRMATION QUESTIONAIRES, AND ARE REQUIRED TO BE RETURNED, EVEN WHEN NO RELATED PARTY ACTIVITIES OCCURED SUBSEQUENT TO THE CURRENT YEAR END, THE BOARD OF DIRECTORS WERE REVISING THE CURRENT CONFLICT OF INTEREST POLICY TO COVER ADDITIONAL COMPLIANCE ISSUES NOT PREVIOUSLY ADDRESSED

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION AGREEMENT IS REVIEWED ANNUALLY THROUGH AN ADVISORY COMMITTEE SELECTED BY THE BOARD OF DIRECTORS THE PROCESS AND RECOMMENDATION CONCLUDED BY THE ADVISORY COMMITTEE ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	ALL EMPLOYEE COMPENSATION AGREEMENTS, INCLUDING KEY EMPLOYEES (DEPARTMENT MANAGERS), ARE REVIEWED ANNUALLY BY DEPARTMENT MANAGERS AND OR THE EXECUTIVE DIRECTOR THROUGH WRITTEN EVALUATION REPORTS A WRITTEN EVALUATION REPORT CONSISTS OF VALUATION OF JOB PERFORMANCE, DUTIES, AND OTHER OPERATIONAL FUNCTIONS CONDUCTED BY EACH RESPECTIVE EMPLOYEE RECOMMENDATIONS ARE GIVEN BY THE DEPARTMENT MANAGERS DISCLOSED IN THE WRITTEN EVALUATION REPORTS REGARDING SALARY AND WAGE STRUCTURE FOR EACH EVALUATED EMPLOYEE THE FINAL DETERMINATION IS MADE BY THE EXECUTIVE DIRECTOR, AFTER DISCUSSIONS AND APPROVAL FROM BOARD OF DIRECTOR COMMITTEES, USUALLY THE FINANCE COMMITTEE

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	THE COUNCIL ACTS AS A COMMON PAYMASTER AGENT WITH DAYTONA AREA SENIOR SERVICES, INC (DASS) AND VOLUSIA COUNTY COUNCIL ON AGING LIVING GIFTS FOUNDATION, INC (FOUNDATION) RELATIVE TO PAYROLL REPORTING AND REQUIRED PAYROLL INFORMATION TAX RETURNS SALARY AND WAGE EXPENSES AND ALL RELATED PAYROLL COSTS ARE ALLOCATED TO DASS AND FOUNDATION BASED ON THE DIRECT PERSONNEL COSTS ASSOCIATED WITH THOSE TWO ENTITIES HOWEVER, ALL EMPLOYEES OF THE COUNCIL, DASS AND FOUNDATION ARE INCLUDED IN THE COUNCIL'S PAYROLL INFORMATION RETURNS

Additional Data

Software ID:
Software Version:
EIN: 59-1160221
Name: COUNCIL ON AGING OF
VOLUSIA COUNTY INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD SUBCONTRACTORS	871,949	871,949		
IN-FACILITY CARE SUBCONTR	442,315	442,315		
ENERGY ASSISTANCE PAYMENT	247,252	247,252		
IN-HOME CARE SUBCONTRACTO	195,792	195,792		
MISCELLANEOUS	94,851	36,965	54,817	3,069