OMB No. 1545-0047

Form **990**

SCANNED FFB 2 5 2019

Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury Internal Revenue Service-

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

Open to Public Inspection

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

<u>A</u>	For the	2017 cale	endar year, or tax year beginning , 2017, and ending			, 20
В	Check if a	applicable:	C Name of organization Areawade Council on Aging of Broward County,	Inc.	D Employe	r identification number
	Address of	change	Doing business as		59-15	29419
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone	e number
	Initial retu	_	5300 Hiatus Road		(954)	745-9567
$\overline{\Box}$		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		<u> </u>	
Ē.	Amended		Sunrise, FL 33351		G Gross rec	ceipts \$ 24,013,098.
$\overline{\Box}$						ubordinates? ☐ Yes ☒ No
_	тфриодис	on penang		-		included? Yes No
	Tay-ayar	npt status	■ 501(c)(3) □ 501(c) () ◀ (insert no) □ 4947(a)(1) of □ 527			list (see instructions)
<u>'</u> J	Website:				exemption n	
<u>-</u> -			Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile: FL
i.	art I	Summ		401	r i w orace c	riegai dorriidile. I II
			escribe the organization's mission or most significant activities: To plan			
۵						
Š	1		ate, and fund various groups, agencies, organizatio			
Ē			ng to the elderly of Broward County, Florida to pl			
8	1		his box \(\bigcup \] if the organization discontinued its operations or disposed of m		1 _ 1	
Ğ	1		of voting members of the governing body (Part VI, line 1a)		3	<u>18</u>
ŝ	L		of independent voting members of the governing body (Part VI, line 1b)		4	
įį	1		mber of individuals employed in calendar year 2017 (Part V, line 2a)		5	58
Activities & Governance	1		mber of volunteers (estimate if necessary)		6	93
⋖	1		related business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unre	lated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
	l _		RECIEVED	Prior Ye		Current Year
Revenue			- 11/ 1/A 1/A	<u>22,298</u>	,637.	23,338,345.
	9	Program	Service revenue (Part VIII. line Zuight, that a signal all a fine that it is a			
ۅٛ	10	Investme		179	,622.	138,177.
_	11 (Other rev	/enue (Part VIII, column (A), lines 5, 6d_8c_9c_10c, and 11e)= [107	,459.	125,564.
	12	Total rev	enue—add lines 8 through 11 (must equal 🚱 🕮 📢 olum (A), line 12)	22 , 585	,718.	23,602,086.
	13 (Grants a	nd similar amounts paid (Part IX, column (A), ilnes 1-3)	18,957	,217.	19,704,063.
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			
S	15	Salanes,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,489	,580.	2,564,469.
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)			
8	b ·	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0.			1
ũ	17 (Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	519	,703.	557,360.
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	21,966	,500.	22,825,892.
	19 I	Revenue	less expenses. Subtract line 18 from line 12	619	,218.	776,194.
58				ning of Cu	rrent Year	End of Year
Net Assets of Fund Balance	20	Total ass	sets (Part X, line 16)	18,267	,525.	19,609,833.
28	21	Total liab	pilities (Part X, line 26)	5,039		5,305,805.
置	22 1			13,227		14,304,028.
	art II		ture Block		,	, ,
			ry, I declare that I have examined this return, including accompanying conedules and statements	s. and to th	e best of m	v knowledge and belief, it is
			lete Declaration of preparer (other than officer) is based on all information of which preparer has			7 /
			C 1 Th & Pluble		1. 13	\$/48
Sig	ın İ	Sign	ature of Officer	Dat	• • • • • • • • • • • • • • • • • • • 	1
He			ith S Lederberg, Executive Director			
			e or print name and title			
_			pe preparer's name Preparer's signature) Date		T	PTIN
Pa		Cham		2/2010	Check L	_ if
	eparer	' I		2/2018		oyed P00145578
Us	e Only	Firm's n				5-0841907
14-	. AL = 154		ddress ► 1119 Southeast Third Avenue, Fort Lauderdale, FL 33			
via:	y tne IRS	o aiscus:	s this return with the preparer shown above? (see instructions)			· · 🔀 Yes 🗌 No

Form 990 (2017)

Total program service expenses ► 21,529,833.

including grants of \$

Other program services (Describe in Schedule O.)

(Expenses \$\frac{1}{2}

) (Revenue \$

REV 10/16/18 PRO

BADGIOR Page 3

Part	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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		_	
	Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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	,	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		را
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
		For	n 99 0	(2017)

Part	Checklist of Required Schedules (continued)							
			Yes	No				
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	×					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III							
00		22	×					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated							
	employees? If "Yes," complete Schedule J	23						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×				
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b							
	through 24d and complete Schedule K. If "No," go to line 25a							
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 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						
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior							
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?							
	If "Yes," complete Schedule L, Part I	25b		×				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any							
	current or former officers, directors, trustees, key employees, highest compensated employees, or							
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,							
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		×				
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			-				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete							
	Schedule L, Part IV	28b		×				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)							
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified							
	conservation contributions? If "Yes," complete Schedule M	30		×				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,							
20	Part I	31		×				
32	complete Schedule N, Part II	32						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		×				
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	į	×				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,							
	or IV, and Part V, line 1	34	×					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	×					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a							
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable							
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,							
	Part VI	37		×				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and							
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	İ				

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u></u> _
10	Fatantha averbas variation Day 0 of Farm 1000 Fatan 0 if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٦.		
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	×	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>		\vdash
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 58			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	↓	×
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		· 	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	┿	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\vdash	×
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- SC	+	+
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ــــــ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	↓	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	 -	·	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\vdash	×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	+	\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_	\vdash
_	sponsoring organization have excess business holdings at any time during the year?	8	 	×
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	<u> </u>	 ``
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		-	
120	against amounts due or received from them.)	12a	-	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	t	\vdash
-	Note. See the instructions for additional information the organization must report on Schedule O.		<u> </u>	t -
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
h	If "Vas " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		Г

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
<u>Secti</u>	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	3		×
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		×
6 7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	6 7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
р	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	a da 1	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14 15	Did the organization have a written document retention and destruction policy?	14	×	
а	The organization's CEO, Executive Director, or top management official	15a	<u>×</u>	
b	Other officers or key employees of the organization	15b	×	
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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 50 1(c)(3)s	only)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other <i>(explain in Schedule O)</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest _l	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Finance Director, 5300 Hiatus Road, Sunrise, FL 33351 (954)745-9567	cords:	>	

•	·
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. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization i	nor any relate		41112		C)	ompo	1130	lica arry carrer		, 0. 1.00.00.						
(A) Name and Title	(B) Average hours per week (list any	age box, unless person is be officer and a director/tru					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other						
	hours for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		ighest compensated mployee ey employee fficer istitutional trustee idividual trustee r director		mployee (ey employee) Wricer Istitutional trustee Individual trustee Ir director		ormer lighest compensated mployee ey employee ey employee stitutional trustee r director		the organizations (W-2/1099-MISC) (W-2/1099-MISC)				compensation from the organization and related organizations	
(1) Joel S. Fass	2.00	×						0.	0.	0.						
Director (2) Naushira Pandya 3rd Vice President	2.00	×		×				0.	0.	0.						
(3) Judge Arthur M. Birken Treasurere	2.00	×		×				0.	0.	0.						
(4) Alan Brass Director	2.00	×						0.	0.	0.						
(5) Audrey Millsaps Director	2.00	×						0.	0.	0.						
(6) Edith Lederberg Exec. Director	40.00				×			140,676.	0.	16,152.						
(7) Kenneth Rubin, Esq. Director	2.00	×						0.	0.	0.						
(8) William Edelstein Director	2.00	×						0.	0.	0.						
(9) Mayor Jack Brady Director	2.00	×						0.	0.	0.						
(10) Manuel Synalovski, AIA Director	2.00	×						0.	0.	0.						
(11) Mary Todd Director	2.00	×						0.	0.	0.						
(12) Representative Evan Jenne Secretary	2.00	×		×				0.	0.	0.						
(13) Deborah G. Rand Immediate Past President	2.00	×		×				0.	0.	0.						
(14) Theodora Williams President	2.00	×		×				0.	0.	0.						

(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck is pe	rson	than one that the thick th	an	(D) Reportable compensation from	(E) Reportable compensation fron related	n am	(F) imated ount of other	
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensation om the inization related nizations	
(15) John Primeau 2nd Vice President	2.00	×		×				0.	0			0.
(16) Pauline Grant 1st Vice President	2.00	×		×				0.	0			0.
(17) Nan Rich Parliamentarian	2.00	×						0.	0			0.
(18) David Lieberman Director	2.00	×						0.	0			0.
(19) Ronald J. Rothschild Director	2.00	×						0.	0			0.
(20)												
(21)	-											
(22)	-											
(23)					-							
(24)												
(25)												
1b Sub-total							>	140,676.	0		16,15	
d Total (add lines 1b and 1c) Total number of individuals (including be reportable compensation from the organ	ut not limited						▶ e) w	140,676. ho received m	0 ore than \$100,0	''	16,19	<u>52.</u>
3 Did the organization list any former of	officer, direc						emp	ployee, or high	est compensa		Yes	No
 employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npei	nsatio						×
5 Did any person listed on line 1a receive for services rendered to the organization									ation or individ	lual	-	×
Section B. Independent Contractors												
 Complete this table for your five highest compensation from the organization. Re year. 												κ
(A) Name and business ad	Idress							(B) Description of s	ervices	(C) Compen		
Total number of independent contract received more than \$100,000 of compen							th	nose listed ab	ove) who			

Form 9	90 (201	7) '				<u></u>		Page 9
Par	VIII	Statement of Reve						
		Check if Schedule C) contains a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इंड	1a	Federated campaigns	s 1a	T				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .]			
	С	Fundraising events .	1c]			
ar,	d	Related organizations]			
ž, Ë	е	Government grants (cor	,	22,091,648.	<u> </u>			
bution ther S	f	All other contributions, g and similar amounts not inc	_	1,246,697.				
ë ë	g	Noncash contributions include	ded in lines 1a-1f [.] \$]			
ပ္ပံ န	h	Total. Add lines 1a-1	f <u></u>		23, 338, 345.			
Program Service Revenue				Business Code				
e.	2a							
æ	b							
ξ	С							
8	d							
듄	е	**************************************						
<u>6</u>	f	All other program ser						i
	<u>g</u> 3	Total. Add lines 2a-2 Investment income			 			
	"	and other similar amo			137,110.	0.	0.	137,110.
	4	Income from investmen	•		137,110.	- 0.		137,110.
	5				· -			
		Hoyanies	(i) Real	(ii) Personal	_			
	6a	Gross rents			1			
	b	Less: rental expenses			1			
	c	Rental income or (loss)			1			
	ď	Net rental income or	(loss)	· · · · >				
	7a	Gross amount from sales of	(i) Securities	(ii) Other			-	
		assets other than inventory	357,076.		1			
	b	Less: cost or other basis]			
		and sales expenses .	356,009.					
	С	Gain or (loss)	1,067.					
	d	Net gain or (loss) .		<u> </u>	1,067.	0.	0.	1,067.
Other Revenue	8a	Gross income from fu	undraising					
Š		events (not including \$						
æ		of contributions reporte]				
je L		See Part IV, line 18 .	-					
ŏ		Less: direct expenses				-		
		Net income or (loss) f		events . ►	125,564.		0.	125,564.
		Gross income from gasee Part IV, line 19	· · · · a	1				
	b	Less: direct expenses				<u> </u>		
	C	Net income or (loss) f		ivities ▶				
	10a	Gross sales of in						
		returns and allowance	_	·				İ
	l	Less: cost of goods s				-		·
	<u>C</u>	Net income or (loss) f						
	44-	iviscellaneous H	revenue	Business Code			 	<u> </u>
	11a				-			
	b							
	C d	All other revenue .			 			
	e	Total. Add lines 11a-			 			
	12	Total revenue See			23 602 086	0	0	263 741

Part IX Statement of Functional Expenses

	organizations must complete column (A)	

Check if Schedule O contains a response or note to any line in this Part IX						
Do no 8b, 9t	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	17,677,361.	17,677,361.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,026,702.	2,026,702.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,		_		_	
_	trustees, and key employees	140,676.	0.	140,676.	0.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	1,785,022.	1,182,084.	602,938.	0.	
8	Pension plan accruals and contributions (include					
_	section 401(k) and 403(b) employer contributions)	129,120.	74,869.	54,251.	0.	
9	Other employee benefits	369,242.	255,418.	113,824.	0.	
10 11	Payroll taxes	140,409.	87,908.	52,501.	0.	
11 a	Fees for services (non-employees): Management					
a b	Legal	175.	0.	175.	0.	
c	Accounting	31,380.	0.	31,380.	0.	
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)	43,088.		23,429.	0. 0.	
12	Advertising and promotion	2,739.	1,015.	1,724.	0.	
13	Office expenses	147,402.	109,102.	38,300.	<u> </u>	
14 15	Information technology					
16	Occupancy	85,261.	22,504.	62,757.	0.	
17	Travel	25,752.	18,880.	6,872.	0.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				-	
19	Conferences, conventions, and meetings .					
20	Interest					
21	Payments to affiliates	125 (52	44 410	91 242	0.	
22	Depreciation, depletion, and amortization .	125,652. 55,869.	44,410.	81,242. 55,869.	0.	
23 24	Insurance	33,009.		33,869.	0.	
а	Repairs and Maintenance	2,862.	0.	2,862.	0.	
b	Miscellaneous expenses	3,079.	0.	3,079.	0.	
C	Dues and subscriptions	29,015.	6,686.	22,329.	0.	
d	Staff training	5,086.	3,235.	1,851.	0.	
е	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	22,825,892.	21,529,833.	1,296,059.	0.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)					
		REV 10/16/18 PRO			Form 990 (2017)	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 5,792,464. 1 6,342,223. 2 2 Savings and temporary cash investments 756,130. 763,032. 3 5,336,290. 3 5,888,626. 4 59,792. 9,843. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 **Assets** 7 8 Inventories for sale or use Prepaid expenses and deferred charges . . . 71,962. 74,041. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5.237.254. Less: accumulated depreciation 10b 10c 2,251,846. 3,111,060. 2,985,408. 3,136,768. 11 3,544,719. 11 12 12 Investments—other securities. See Part IV, line 11. Investments—program-related. See Part IV, line 11 13 13 14 14 3,059. 1,941. 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 18,267,525. 16 19,609,833. 17 680,881. 17 773,161. Accounts payable and accrued expenses 2,776,478. 2,931,889. 18 18 19 1,570,686. 19 1,593,679. 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 11,481. 23 7,076. Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . 5,039,526. 26 5,305,805. Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕱 and Balances complete lines 27 through 29, and lines 33 and 34. 13,035,356. 27 14,119,811. 27 28 192,643. 28 184,217. 29 Net Assets or Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 13,227,999. 33 14,304,028. 33 19,609,833. 34 Total liabilities and net assets/fund balances 18,267,525. Form **990** (2017)

Dane	1	2
Page		4

Par	tXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	23,6	02 <u>,</u> 0	86.
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>	22,8	<u>25,8</u>	<u> 92.</u>
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>	7	76,1	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4	<u> </u>	13,2	<u>27,9</u>	99.
5	Net unrealized gains (losses) on investments	ز	2	99,8	335.
6	Donated services and use of facilities	<u>i </u>			
7	Investment expenses	' [
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	Π_{-}	·		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	o	14,3	04,0	28.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	ın ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:		2a		×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b			2b	×	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				٠.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountain		2c		×
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	in in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort the Single Audit Act and OMB Circular A-133?		3a	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b	×	

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer Identification number

Area	awide	Council	on Aging	of Broward	County, Inc.			59-1529419	
Par					organizations must	comple	te this p	art.) See instruction	ns.
The c	organiz	ation is not a	private founda	ation because it	s: (For lines 1 through	12, che	ck only or	ne box.)	
1		church, conv	ention of churc	hes, or associati	on of churches descr	ibed in s e	ection 17	O(b)(1)(A)(i).	0
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4									
			e, city, and stat						
5			operated for (1)(A)(iv). (Com		college or university	owned d	r operate	ed by a government	al unit described in
6	□Af	federal, state	or local gover	nment or govern	mental unit described	l in secti e	on 170(b)	(1)(A)(v).	
7	_	•	_	_	stantial part of its sup				the general public
	de	scribed in se	ction 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8		community tr	ust described i	n section 170(b	(1)(A)(vi). (Complete	Part II.)			
9		-			d in section 170(b)(1)		erated in	conjunction with a la	and-grant college
	or un	university or iversity:	a non-land-gra	int college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	☐ An	organization	that normally	receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membership	o fees, and gross
	red	ceipts from a poort from a	ctivities related ross investmen	to its exempt tu t income and un	nctions—subject to c related business taxa	ertain ext ble incom	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 33'/3% of its businesses
	ac	quired by the	organization a	fter June 30, 19	75. See section 509 (a	a)(2). (Co	mplete Pa	art III.)	545
11	☐ An	organization	organized and	l operated exclu-	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	☐ An	organization	organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fi	unctions of, or to car	ry out the purposes
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3)								
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g								
а		Type I. A su	ipporting organ	nzation operated	, supervised, or conti	rolled by	its suppo	rted organization(s),	typically by giving
		• •		•	regularly appoint or e	•			
					ete Part IV, Sections				
b	П	Type II. A s	upporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
_	_				organization vested in				
					V, Sections A and C				3
С		•		="	ting organization ope		onnectio	n with, and functiona	ally integrated with.
·					ons). You must comp				,,
d					pporting organization				orted organization(s)
•					inization generally mu				
					omplete Part IV, Sec				a an automitorioss
е		•	•	•	a written determination		-		II Tupo III
-	Ч				tionally integrated su				s II, Type III
4	Ento		of supported			pporting	organizat	ion.	
					oorted organization(s)	•			
<u> </u>		ne of supported of		(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(I) Nam	te of supported t	organization	(11) E114	(described on lines 1-10		ur governing		other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No	-	
	_					100			
(A)							1		
					<u> </u>	 			
(B)									
						-			
(C)						1			
						-	-		F
(D)									
					·				<u> </u>
(E)									
						ļ			
TALL				1	ī			1	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21 206 201	10 001 147	21 720 062	22 200 627	22 220 345	108,652,393.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4	Total. Add lines 1 through 3	21,396,201.	19,881,147.	21,738,063.	22,298,637.	23,338,345.	108,652,393.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						108,652,393.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	21,396,201.	19,881,147.	21,738,063.	22,298,637.	23,338,345.	108,652,393.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105,402.	198,076.	101,685.	179,622.	138,177.	722,962.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	119,938.	111,015.	85,381.	107,459.	125,564.	549,357.
11	Total support. Add lines / through 10	_					109,924,712.
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				<i>.</i>		🕨 🗌
Secti	on C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2017 (line					14	98.84 %
15	Public support percentage from 2016 Sci					15	98.79 %
16a	331/3% support test-2017. If the organ						
	box and stop here. The organization qua	•	•	_			
b	331/3% support test—2016. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		> 🗆
17a	17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b		ation meets the meets the "fac	e "facts-and-ots-and-ots-and-circum:	circumstances stances" test.	" test, check The organizati	this box and on qualifies as	stop here. s a publicly ► □
18	Private foundation. If the organization di instructions					k this box and	see ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					/	
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		_				
3	Gross receipts from activities that are not an				/		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			-			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
h	Amounts included on lines 2 and 3		<u> </u>				
•	received from other than disqualified						
	persons that exceed the greater of \$5,000	1	/		1		
	or 1% of the amount on line 13 for the year				}		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			4			
•	line 6.)]		
Secti	on B. Total Support	<u></u>	 		1	l	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(4) 2010	7 (3) 23.14	(5) 25.5	(4) 2010	(0) = 0 1.	(4) 1010.
10a	Gross income from interest, dividends,			_			
IVa	payments received on securities loans, rents,		1				
	royalties, and income from similar sources .						
h	Unrelated business taxable income (less		<u> </u>				
U	section 511 taxes) from businesses	/					
	acquired after June 30, 1975	/			ŀ		
_	Add lines 10a and 10b						
		/				 	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
	· · · /		 	ļ <u>-</u>			-
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)	_	+	_			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			-1 45-1-1 5-1-41			F01/-\/2\
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he		<u> </u>	· · · · ·	· · · · ·	<u> </u>	· · · · ·
	on C. Computation of Public Suppor			10 1 (6)		45	0/
15	Public support percentage for 2017 (line						<u>%</u>
16	Public support percentage from 2016 Sci					16	%
	on D. Computation of Investment In				(6)	121	0/
17	Investment income percentage for 2017 (-			<u>%</u>
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/2% support tests—2016. If the organiz						
	line 18 is not more than 331/3%, check this	_	_				
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	uctions 🕨 🗌

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
b	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Part	Supporting Organizations (continued)			ugo o
t all	oupporting organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		. 69	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
_	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			- 1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
^		1_		1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part]
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
5 000	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			- 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		1
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	l		
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ons).
2	Activities Test Answer (a) and (b) helow		Yes	No.
2	Activities Test. Answer (a) and (b) below.		169	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,	•		Į
	how the organization was responsive to those supported organizations, and how the organization determined	_		_ [
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			Ì
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			ĺ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		لــــ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	ganı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III support	ing organization (see
instructions)	-	<u> </u>	,

Schedule A (Form 990 or 990-EZ) 2017

Part		3) Supporting Organi	zations (continued)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	Inizations		
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)	_		
				
	Total annual distributions. Add lines 1 through 6.	<u> </u>		<u> </u>
8	Distributions to attentive supported organizations to which	th the organization is res	nonsive	
	(provide details in Part VI). See instructions.	in the organization is rec	ponore	
9	Distributable amount for 2017 from Section C, line 6	***		
10	Line 8 amount divided by line 9 amount	-	-	
	· · · · · ·	(2)	(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3_	Excess distributions carryover, if any, to 2017			
<u>a</u>	From 2013			
<u>b</u>				
<u>c</u>	E 6615			
	From 2016			
_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			·
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
7	and 4c.			
8	Breakdown of line 7:		-	
a	Excess from 2013			
<u>_</u>	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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-ace	o

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II L	n 10: Other Income Part II, Line 10 Description: Special events 2013:
119938.	2014: 111015. 2015: 85381. 2016: 107459. 2017: 125564.
	·

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of t	he organization		Employer identification number
Areaw	ride Council on Aging of Broward C	County, Inc.	59-1529419
Part l		rised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1 T	otal number at end of year	· · · · · · · · · · · · · · · · · · ·	
	ggregate value of contributions to (during year)		
	ggregate value of grants from (during year)		
	ggregate value at end of year		
	old the organization inform all donors and donor	<u>-</u>	
	unds are the organization's property, subject to th	_	
	id the organization inform all grantees, donors, a		
	nly for charitable purposes and not for the benef	fit of the donor or donor advisor, or f	for any other purpose
			· · · · · · ·
Part I			
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 7.	•
1 P	urpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat	tion or education) Preservation o	of a historically important land area
Ē			of a certified historic structure
Ē	Preservation of open space	-	
_	complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	asement on the last day of the tax year.		Held at the End of the Tax Yea
			2a
	otal acreage restricted by conservation easement		
	lumber of conservation easements on a certified h	• • • • • • • • • • • • • • • • • • • •	
	lumber of conservation easements included in		L I
	_		[]
	lumber of conservation easements modified, trans	sterred, released, extinguished, or teri	minated by the organization during the
	ax year >		
	lumber of states where property subject to conse		
	oes the organization have a written policy reg		
	iolations, and enforcement of the conservation ea		
6 S	taff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
•	, 		
7 A	mount of expenses incurred in monitoring, inspectin	ig, handling of violations, and enforcing	conservation easements during the year
•	·\$		
	oes each conservation easement reported on line		
а	nd section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
	Part XIII, describe how the organization reports o		
	alance sheet, and include, if applicable, the text o		•
0	rganization's accounting for conservation easeme	ents.	
Part II	Organizations Maintaining Collections	s of Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	•	
1a If	the organization elected, as permitted under SF/		
	orks of art, historical treasures, or other similar	• • • • • • • • • • • • • • • • • • • •	
	ublic service, provide, in Part XIII, the text of the fo		
	the organization elected, as permitted under S		
	orks of art, historical treasures, or other similar	• • •	
	ublic service, provide the following amounts relati	•	ducation, or research in furtherance of
-	· · · · · · · · · · · · · · · · · · ·	=	
(i)	Revenue included on Form 990, Part VIII, line 1		> \$
) Assets included in Form 990, Part X		
	the organization received or held works of art,		
	ollowing amounts required to be reported under S		
a R	evenue included on Form 990, Part VIII, line 1 .		▶ \$_
	ssets included in Form 990, Part X		

Part		ollections of A	Art, Histo	orical 1	Treasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and oth	ner record	s, chec	k any of the	follow	ing that are a	significant use of its
а	☐ Public exhibition		d [Loan	or exchange	e progr	ams	
b	☐ Scholarly research		e [Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organizatio XIII.	n's collections a	nd explaii	n how t	hey further t	he org	anization's exe	mpt purpose in Part
5	During the year, did the organization so assets to be sold to raise funds rather the							
Part	IV Escrow and Custodial Arran	gements.					-	
	Complete if the organization a	nswered "Yes"	on Form	990, I	Part IV, line	9, or 1	reported an ar	mount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, or							ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the foll	owing t	able:			
		•					F	Amount
С	Beginning balance					1c		
d	Additions during the year					1d		·
e	Distributions during the year					1e		
f	Ending balance					1f		
-	Did the organization include an amount	on Form 990. Pa	rt X. line 2	21. for e	escrow or cu			v? Yes No
	If "Yes," explain the arrangement in Part							
Par			, .					
	Complete if the organization a	nswered "Yes"	on Form	990. I	Part IV. line	10.		
		(a) Current year	(b) Prior		(c) Two years		(d) Three years bad	k (e) Four years back
1a	Beginning of year balance						·	
b	Contributions				†			
c	Net investment earnings, gains, and	-				-		
	losses							
А	Grants or scholarships					İ		
e	Other expenditures for facilities and	-	<u> </u>			- t		
-	programs							
4					-		·	
f	Administrative expenses							
g	End of year balance	Autropt voor op	d belence	/line 1e	L column (a)	\ bold (
2	Provide the estimated percentage of the	current year end		(iiiie iç	j, column (a)) Held a	15.	
a	Board designated or quasi-endowment	0/	_%					
D	Permanent endowment ▶							
С	Temporarily restricted endowment	%	004					
ο-	The percentages on lines 2a, 2b, and 2d			.4 414			ministered for t	ha
Ja	Are there endowment funds not in the paragraphic by:	possession or the	e organiza	ation th	at are nelo a	inu aui	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related orga							3b
4	Describe in Part XIII the intended uses of		n's enaov	ment t	unas.			
Part			_		D (D (P)			D V 1: 40
	Complete if the organization a							
	Description of property	(a) Cost or oth (investme			or other basis other)		Accumulated preciation	(d) Book value
	Lond	· · · · · · · · · · · · · · · · · · ·	'		16,188.			616,188.
1a	Land		+		30,054.	1	,650,335.	2,279,719.
b	Buildings			٥, ۶	50,054.		, 000, 000.	2,217,113.
C	Leasehold improvements	 			01 012		601,511.	89,501.
d	Equipment	<u> </u>			91,012.		001,311.	09,301.
e Total	Other	est payed Form 00	·	001:	a (P) line 10	<u> </u>		2,985,408.
i otal.	Add lines la infolian le. (Column (d) mu	sı eduai romi 99	υ. raπ X.	columi	ı ıbı. IIrie 10	J.J		2,JQJ,4U0.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line (g) Beostpoin or searchy creatings (g) Book value (cold or end-of-year market value (t) Financial derivatives 2) Closely-held equity interests 3) Other (%) (%) (%) (%) (%) (%) (%) (%	Part VII	Investments-Other Secur				
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		Complete if the organization	answered "Yes" on Fo		e 11b. See Form	990, Part X, line 12.
		• • • • • • • • • • • • • • • • • • • •	J ,	(b) Book value		
	(1) Financial	derivatives				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-h	neld equity interests				
(6) (7) (8) (8) (9) Total. (Column (g) must equal from 990, Part X, col. (g) line 12) > Total (Column (g) must equal from 990, Part X, col. (g) line 13) > Total (Column (g) must equal from 990, Part X, col. (g) line 13) > Total (Column (g) must equal from 990, Part X, col. (g) line 15) . (9) (9) (1) (2) (9) (9) (1) (1) (2) (8) (9) (9) Total. (Column (g) must equal from 990, Part X, col. (g) line 15) . (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (6) (7) (6) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(3) Other	, 			,	
(G) (G) (G) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(G) (F) (G) (G) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						<u> </u>
(F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H						
(6) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) ine 12.) ▶ Part VIII Investments — Program Related.				-		
Control Column (b) must equal Form 990, Part X, col. (b) line 12. No. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, dine (e) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Cost or end-of-year market value				-		
Total (Column (b) must equal Form 990, Part X, col. (B) Inne 12 Part XI						
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 11c. See Form 990,		h)		-		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation:					<u></u>	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part I line 25. 1. (a) Description of liability (b) Book value (f) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VIII			orm 990 Part IV line	a 11c See Form	990 Part X line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (9) (9) (9) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		· · · · · · · · · · · · · · · · · · ·				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e		(a) Description of investme	3111.	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (9) (101. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f.	(1)					
(8) (9) (9) (10tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (1) (2) (3) (4) (5) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part III ine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					<u> </u>	· · · · · · · · · · · · · · · · · · ·
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book value (1) Federal Income taxes (2) (3) (4) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ■			·			
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (c) (c) Book value (c) (d) (e) Book value (c) (e) Book value (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e						
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			(a) Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		·	.			<u>.</u>
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				·	<u></u>	
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	-					
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						"
1.			answered "Yes" on Fo	orm 990. Part IV. line	e 11e or 11f. See	e Form 990, Part X,
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶						, ,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶	1.		(b) Book value			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶	(1) Federal in	come taxes				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶	(2)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			***************************************			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶	(4)		***************************************			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(6)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(7)					0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(8)					
						٥
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part X						

Part)	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Retur	n.
1 7	Total revenue, gains, and other support per audited financial statements			1	23,956,924.
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a f	Net unrealized gains (losses) on investments	2a	299,835.		
b (Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	55,003.		
	Add lines 2a through 2d			2e	354,838.
	Subtract line 2e from line 1			3	23,602,086.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		,	
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	23,602,086.
Part X	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990,		•	er Reti	ırn.
1 1	otal expenses and losses per audited financial statements			1	22,880,895.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a [Donated services and use of facilities	2a			
b F	Prior year adjustments	2b]	
c (Other losses	2c			
d (Other (Describe in Part XIII.)	2d	55,003.		
e /	Add lines 2a through 2d			2e	55,003.
	Subtract line 2e from line 1			3	22,825,892.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.) .		5	22,825,892.
2; Part >	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an (I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provi	de any additional in	format	on.
Pt XI,	Line 2d: Special event direct expenses				
Pt XI	I, Line 2d: Special event direct expenses				
				·	
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Schedule D (Fo	990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public

Employer identification number Name of the organization 59-1529419 Areawide Council on Aging of Broward County, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e

Solicitation of non-government grants а ☐ Internet and email solicitations ☐ Solicitation of government grants Special fundraising events Phone solicitations ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in (i) Name and address of individual (iv) Gross receipts (ii) Activity or entity (fundraiser) from activity organization col. (i) Yes No 1 3 5 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

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Pa	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions			
		y.	(a) Event #1 BANC (event type)	(b) Event #2 40th Anniversary (event type)	(c) Other events 7 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	38,782.	37,534.	104,251.	180,567.
	2 3	Less: Contributions Gross income (line 1 minus line 2)	38,782.	37,534.	104,251.	180,567.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			-	
t Exp	7	Food and beverages	-			
Direc	8	Entertainment .				
	9	Other direct expenses .	3,441.	12,470.	39,092.	55,003.
	10 11	Direct expense summary. Ad Net income summary. Subtra				55,003. 125,564.
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer	red "Yes" on Form 99	0, Part IV, line 19, or	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				1
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .			□ Ves %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d) .	<u>.</u> >	
9	a Isi	iter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g		, suspended, or termina	ated during the tax year	

11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in.
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
•	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions.
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
Part	spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
T CIT	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
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Page 3

. Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

201

OMB No 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Employer identification number 59-1529419 **%** □

X Yes

Areawide Council on Aging of Broward County, Inc. General Information on Grants and Assistance Part I

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartII

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Austin Hepburn Senior Mini Center 750 N.W. 8 Avenue Hallandale FL 33009	59-6000333		93,845.				Elderly Svcs
(2) Broward County Elderly 6 Veterans Services 2995 N. Dixie Hwy Ft. Lauderdale FL 33334	59-6000531		8,374,634.	į			Elderly Svcs
(3) Catholic Charities of the Archdiocese of Miami 1505 NW 26 St Wilton Manors FL 33305	59-1279497		359, 698.				Elderly Svcs
(4) City of Hollywood-Fred Lippman Center 2030 Polk Street Hollywood FL 33020	59-6000338		236,710.				Elderly Svcs
(5) Minority Builders Coalition 655 SW 27 Ave. Ft. Lauderdale FL 33312	23-7170674		329, 581.				Elderly Svcs
(6) Human Services Network, Inc. 451 N State Road 7 Plantation FL 33317	59-2450043		3,130,786.				Elderly Svcs
(7) Jewish Adoption & Foster Care Options, Inc. 4200 University Dr. Sunrise FL 33351	20-0898587		78,923.				Elderly Svcs
(8) Jewish Community Center of South Broward, Inc. 5850 S. Pine Island Rd Davie FL 33328	59-2075982		291,666.				Elderly Svcs
(9) Lauderdale Lakes Alzheimer's Care Center 4320 NW 36 St Lauderdale Lakes FL 33319	59-0974050		407,501.				Elderly Svcs
(10) City of Miramar 6700 Miramar Parkway Miramar FL 33021	59-6019762		799,877.				Elderly Svcs
(11) City of Deerfield Beach-NEFP 227 NW 2 St Deerfield Bch FL 33441	59-6000305		927,403.				Elderly Svcs
(12) See Statement	•		2,646,737.				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			19

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 39,449. 1,587,595. 399,658. (c) Amount of cash grant Part III can be duplicated if additional space is needed. 109 284 53 (b) Number of recipients 3 Veteran's Directed Home & Community Based Services 1 Home care for the Elderly (a) Type of grant or assistance) 2 EHEAP Part IV Part III 4 S 9

Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Areawide Council on Aging of Broward County, Inc.	59-1529419
Pt VI, Line 11b: The Finance Director reviews the Form 990 in coo	peration with
the Executive Director for accuracy prior to filing.	
Pt VI, Line 12c: Board members assess and acknowledge considerati	on of conflict
of interest annually.	
Pt VI, Line 15a: The Executive Director's annual evaluation is co	mpleted by
the Board of Directors and is submitted to the Chair of the Perso	nnel committee
who compiles a summary of all evaluations submitted. The Finance	committee reviews
the evaluations to determine annual increases and they are submit	ted to the Board
for approval.	
Pt VI, Line 15b: The Finance committee recommend a percentage for	annual increase
which are approved by the Board of Directors. Top management pers	onnel are evaluated
annually by the Executive Director who determines compensation wi	htin the Board
approved annual increase per the budget.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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OMB No 1545-0047

Employer identification number 59-1529419 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Areawide Council on Aging of Broward County, Inc. Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(b)					
(6)					
(9)					
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	s. Complete if the organization a the tax year.	nswered "Yes" or	Form 990, Part I	IV, line 34, beca	luse it had
(a) (b) Name, address, and ElN of related organization Primary activity	(c) activity Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					Yes No
(1) Areawide Housing for the Elderly 59-2296320 5300 Hiatus Road Sunrise FL 33351	Project for the elderly 6 disabled F.L.	501 (c) (3)	7	N/A	
(2)					
(6)					
(4)					
(5)					
. (9)					
(i)					

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(k) Percentage . (i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 Ŷ ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (I) Code V – UBI (9) Share of end-of-year assets (Form 1065) (h) Disproportionate allocations? ŝ (f) Share of total Yes Income (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
(Direct controlling entity tax under sections 512-514) (e)
Predominant
income (related,
unrelated,
excluded from REV 10/16/18 PRO (c) Legal domicile (state or foreign country) (d)
Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III ₽¥ Ξ € <u>Q</u> 2 ව 9 E 2 ව € 9 9 ε

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Schedule R (Form 990) 2017 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	izations listed in Part	ts II–IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a ×
b Gift, grant, or capital contribution to related organization(s)				dt ×
c Gift grant or capital contribution from related organization(s)		•		1c
	•	•		
e Loans or loan guarantees by related organization(s)				te ×
f Dividends from related organization(s)				×
a Sale of assets to related organization(s)	•	•	•	- X
		•		
 Exchange of assets with related organization(s) 				
j Lease of facilities, equipment, or other assets to related organization(s)				1j ×
k Lease of facilities, equipment, or other assets from related organization(s)				× ÷
l Performance of services or membership or fundraising solicitations for related organization(s)				×
m Performance of services or membership or fundraising solicitations by related organization(s)				£
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				± ×
Reimbilizement paid to related organization(s) for expenses				 -
Principle of the state of the s				
d neimbursement paid by related organization(s) for expenses.				
				-
r Other transfer of cash or property to related organization(s)		· · · · · · · · · · · · · · · · · · ·		
				ts ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	complete this line, inclu	iding covered relation	nships and transactic	on thresholds
(e)	(q)	(c)	(p)	1
Name of related organization	type (a-s)	Amount involved	Method of determining amount involved	g amount involved
	-, -		- / -	
(1) 11/ a	n/a		ח/מ	
(2)				
(4)				
9				
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions reparding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding excussion for certain investment partnerships.	yanızandı. Ser		egarumig exclus	Jon 101 Cert	all livestifiers pe	artherships.				`
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant	(e) Are all partners	(f) Share of total income	(g) Share of end-of-vear	(h) Disproportionate allocations?		_	(k) Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)	partner?	
			sections 312—314)	Yes No			Yes No	0	Yes No	
(1)	•									
(2)										
(6)										
(4)										
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(8)										
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(14)							_			
(15)										
(16)										
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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
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