Form **990**

Return of Organization Exempt From Income Tax

20**08**

Open to Public Inspection

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

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

6/30/2009 For the 2008 calendar year, or tax year beginning 7/1/2008 and ending D Employer identification number Check if applicable: **C** Name of organization FiftyForward use IRS Address change Doing Business As 62-0566419 label or print or Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return (615) 743-3400 174 Rains Avenue Specific Termination City or town, state or country, and ZIP + 4 Instruc-Nashville 37203 G Gross receipts \$ 4.192.234 TN Amended return tions. Application pending Х Name and address of principal officer: ۷Δς H(a) Is this a group return for affiliates? aura Tidwell 174 Rains Avenue, Nashville, TN 37203 H(b) Are all affiliates included? If "No," attach a list. (see instructions) X Tax-exempt status: 501(c) (3) **◄** (insert no.) 4947(a)(1) or 527 J Website: ► scitn.org **H(c)** Group exemption number ▶ X Corporation **K** Type of organization: Association Other > L Year of formation: 1956 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: Operate activity centers for adults 50 and over, provide services to enable senior adults to continue living at home, foster grand parents program, retired senior volunteer program, adult day care and travel program to provide mature adults with travel experiences. Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. Number of independent voting members of the governing body (Part VI, line 1b) 23 5 101 Total number of volunteers (estimate if necessary) 3,500 Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a Net unrelated business taxable income from Form 990-T, line 34. **Current Year** 8 Contributions and grants (Part VIII, line 1h) 4,087,088 3,449,764 9 1,005,687 705,279 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,781 37,191 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 508,544 4,192,234 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,632,100 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 297,931 451,929 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,393,586 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ► 267,446 b 17 1,968,716 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 1,735,526 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). . . 4,579,268 4,581,041 19 Revenue less expenses. Subtract line 18 from line 12. 1,052,832 -388,807 Beginning of Year **End of Year** 20 Total assets (Part X, line 16) 14,359,853 14,069,675 21 Total liabilities (Part X, line 26) 821,171 1,104,345 Net assets or fund balances. Subtract line 21 from line 20 12,965,330 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Doug Swann Associate Executive Director Type or print name and title Preparer's Check if Preparer's identifying number (see instructions) signature self-**Paid ▶** X 2/4/2010 employed 269-52-8534 Preparer's Firm's name (or yours Joe Osterfeld CPA EIN **Use Only** if self-employed), PO Box 807, Columbia, TN 38402-0807 **▶** 931-388-7144 address, and ZIP + 4 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2008) FiftyForward 62-0566419 Page **2**

Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	Or and a still to a set on few adults 50 and areas married a series to a sold a series adults to
	operate activity centers for adults 50 and over, provide services to enable senior adults to continue living at home, foster grand parents program, retired senior volunteer program, adult day
	care and travel program to provide mature adults with travel experiences.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
	•
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,063,741 including grants of \$ 75,000) (Revenue \$ 0)
	Activity Centers: Operate seven activity centers providing recreational
	and educational activities and nutrition services to over 2,000 participants.
4b	(Code: \(\(\)\(\)\(\)\(\)\(\)\(\)\(\)\
40	(Code:) (Expenses \$ 648,673 including grants of \$ 25,275) (Revenue \$ 0)
	Living at Home: Provide services to enable mature adults to continue living at
	home including food services to over 1,000 adults.
4-	(O-d
4C	(Code:) (Expenses \$ 366,901 including grants of \$ 0) (Revenue \$ 0)
	Foster Grand Parents Program: 75 low income adults provide support to
	over 1,000 special needs children annually.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 506,920 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses > \$ 3.586.235 (Must equal Part IX Line 25. column (R))

FiftyForward

Checklist of Required Schedules Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Χ Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 Х 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Χ Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Χ 12 13 13 14a Χ **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Χ 16 Χ 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Χ 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Χ 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20 Χ 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Χ Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 Χ **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24a Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Χ **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified Х 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Χ

Form 990 (2008) 62-0566419 Page **4**

Checklist of Required Schedules (continued) Part IV

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a	 	Х
b	complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part</i>			
	VI	37	1 !	V

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ago
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 101			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
20	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		_^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	0.0		
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	70		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		_^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	0		V
0	organization, have excess business holdings at any time during the year?	8		Х
9	Did the organization make any taxable distributions under section 4966?	9a		Х
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	3.5		Î
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2008)

FiftyForward

62-0566419

Page **6**

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

Seci	tion A. Governing Body and Management								
			Yes	No					
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the								
	circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body								
b	Enter the number of voting members that are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2		Χ					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ					
6	Does the organization have members or stockholders?	6	Χ						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members								
	of the governing body?	7a		Χ					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
а	The governing body?	8a	Χ						
b	Each committee with authority to act on behalf of the governing body?	8b	Χ						
9a	Does the organization have local chapters, branches, or affiliates?	9a	Χ						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Χ						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations								
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Χ						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Χ					
Sect	tion B. Policies								
			Yes	No					
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	.,						
	rise to conflicts?	12b	Χ						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40	V						
40	describe in Schedule O how this is done	12c	X						
13	Does the organization have a written whistleblower policy?	13	X						
14	Does the organization have a written document retention and destruction policy?	14	Χ						
15	Did the process for determining compensation of the following persons include a review and approval by								
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	150	Χ						
a b	The organization's CEO, Executive Director, or top management official?	15a 15b	X						
IJ	Describe the process in Schedule O. (see instructions).	130	^						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
·va	with a taxable entity during the year?	16a		Х					
b		. Ja		^					
.,	· · · · · · · · · · · · · · · · · · ·								
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate								
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	16h							
Sect	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	16b							
<u>Sect</u> 17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?								
17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?								
17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?								
17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	nly)							
17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	nly)							
17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	nly) st							
17 18 19	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	nly) st							

Form 990 (2008) FiftyForward 62-0566419 Page **7**

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the organization did not compensate any officer, director, trustee, or key employee. (A) (B) (C) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per compensation compensation amount of Highest compensated employee Former or director Individual Institutional trustee Key employee week from from related other organizations (W-2/1099-MISC) compensation the organization from the (W-2/1099-MISC) organization l trustee and related organizations Harry Allen **Bd Member** 1. Χ 0 0 0 David Anderson **Bd Member** Χ 0 0 1. 0 Vince Barnes Χ **Bd Member** 1. 0 0 0 Ellen Bonner **Bd Member** 1. Χ 0 0 0 Laurel Buntin Х 1. 0 **Bd Member** 0 0 Michael Carter **Bd Member** 1. Χ 0 0 0 Jay Cloud Χ **Bd Member** 1. 0 0 0 Patrick Conger **Bd Member** 1. Х 0 0 Carolyn Ermey **Bd Member** Χ 0 0 Richard Exton Χ **Bd Member** 1. 0 0 0 Lucy Fouch Secretary Χ 1. 0 0 0 Don Greene **Bd Member** 1. Х 0 0 0 David Griswald **Bd Member** Χ 0 0 1. 0 Arbrey Harwell III Bd Member 1. Χ 0 0 0 Vicki Horne Χ 0 0 0 **Bd Member** 1. Linda Hughes Χ **Bd Member** 1. 0 0 0 Mary Herbert Kelley **Bd Member** 0

	990 (2008) FiftyForward									62-05664	
Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	/ees	, and	l Hiç	ghest	t Coı	npensated Em	ployees (continu	,
	(A)	(B)			•	C)			(D)	(E)	(F)
	Name and title	Average	Po	sition	(chec	k all t	hat ap		Reportable	Reportable	Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	ara Lyons ember	1.	Х						0	0	0
	edes Lytle ember	1.	Х						0	0	0
	e McDaniel ember	1.	Х						0	0	0
	McDougall										
	ember ichael McDonald	1.	X						0	0	0
Bd M	ember	1.	X						0	0	0
Trea		1.	Х						0	0	0
Edy I	Nash lember	1.	Х						0	0	0
	y Natsch ember	1.	X						0	0	0
	ly Parham ember	1.	Х						0	0	0
Eliza	beth Papel ember	1.	Х						0	0	0
Son	Phoung lember	1.	X						0		0
Emily	Plotkin										
Alexi	dent Elect a Poe	<u> </u>	X						0	0	0
	ember Total	1.	Х					_	0 89,849	0	0
2	Total		ived	more	e tha	n \$1	00,0	00 in			
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," complete Sch			•				_	•		Yes No
4	For any individual listed on line 1a, is the sur the organization and related organizations g	m of reportable reater than \$15	com 0,00	pens 0? <i>If</i>	atior	n and	d othe	er co	mpensation fror Schedule J for si	n uch	
5	individual	ccrue compens	ation	fron	n any	/ unr	elate	d or	ganization for		1 X 5 X
Sec	tion B. Independent Contractors	, compicto c					μυ				
1	Complete this table for your five highest comcompensation from the organization.	npensated indep	pend	ent c	ontra	actor	rs tha	at rec	eived more thar	1 \$100,000 of	
	(A) Name and business a	ddress							(B) Description of serv	vices ((C) Compensation
								_			0
											0
											0
	Total countries of the state of	aliandia di i	4\	.1-				41.	#400 000 :		0
2	Total number of independent contractors (in compensation from the organization ►	cluding those in 0	-	/no r	eceiv	/ed r	more	than	\$100,000 in		

Page 9

Pari	: VIII	Statement of Revenue				02-0300-	Fage J
				(A)	(B)	(C)	(D)
				Total revenue	Related or	Unrelated	Revenue
					exempt function	business revenue	excluded from tax under sections
					revenue	revenue	512, 513, or 514
ts ts	1a	Federated campaigns 1a	500,340				, ,
ran	b	Membership dues 1b	229,449				
no m		Fundraising events 1c	394,056				
ifts ar a	d	Related organizations	0				
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions) 1e	952,844				
ons		All other contributions, gifts, grants, and	302,044				
outi her	•	similar amounts not included above 1f	1,373,075				
育	_		112,286				
o gr	g	Total. Add lines 1a–1f		3,449,764			
	h	Total. Add lines 1a-11	Business Code	3,449,704			
nue		Double in come	Business Code	440.075			
eve	_	A.1		143,075			
Program Service Revenue	b	Newspaper		41,034			
3	C	Program fees		521,170			
Se	d			0			
ram	е			0			
og G	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f	🕨	705,279			
	3	Investment income (including dividends, interest, an	d				
		other similar amounts)	🕨	37,191			
	4	Income from investment of tax-exempt bond proceed	ds ▶	0			
	5	Royalties	🕨	0			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	▶	0			
	7a		(ii) Other				
		assets other than inventory 0	0				
	b	Less: cost or other basis					
		and sales expenses 0	0				
	С	Gain or (loss)					
	d		•	0			
	-	Gross income from fundraising		-			
ne	"	events (not including \$0					
/en		of contributions reported on line 1c).					
Š		See Part IV, line 18 a	0				
Other Revenue	h	Less: direct expenses b					
Ę		Net income or (loss) from fundraising events		0			
0		Gross income from gaming activities.		J			
	Ju	See Part IV, line 19	0				
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less		J			
	Iva	returns and allowances	0				
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code	U			
	11a		Duaniesa Coue	0			
				0			
	b			0			
	C	All other revenue		0			
	d	All other revenue		0			
		Total Povenue Add lines 1h 3g 3 4 5 6d 7d 8a		0			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c		4 400 00 :	_	_	_
		9c, 10c, and 11e	🕨	4,192,234	0	0	0

Form 990 (2008) FiftyForward 62-0566419 Page **10**

Part IX Statement of Functional Expenses

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

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

	All other organizations must complete column				(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(ט) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	400.075	400 075		
2	organizations in the U.S. See Part IV, line 21	100,275	100,275		
2	the U.S. See Part IV, line 22	351,654	351,654		
3	Grants and other assistance to governments,	331,034	331,034		
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	-			
	trustees, and key employees	89,849		89,849	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,758,344	1,287,258	322,488	148,598
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0	****		
9	Other employee benefits	408,765	229,625	152,417	26,723
10	Payroll taxes	136,628	94,246	31,234	11,148
11	Fees for services (non-employees):	0			
a	Management	0			
b	Legal	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other	283,581	228,762	45,093	9,726
12	Advertising and promotion	0	-,	-,	-,
13	Office expenses	0			
14	Information technology	49,010	42,740	4,759	1,511
15	Royalties	0			
16	Occupancy	527,494	503,015	18,068	6,411
17	Travel	74,660	72,222	2,222	216
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,710	8,060	5,450	1,200
20	Interest	0	2	2	
21	Payments to affiliates	0	0	0	0
22 23	Depreciation, depletion, and amortization	346,514 0	346,514	U	0
23 24	Other expenses. Itemize expenses not	U			
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Supplies	276,826	245,119	4,648	27,059
b	Postage	38,964	12,883	14,800	11,281
С	Printing	54,925	15,027	30,587	9,311
d	Maintenance	44,375	26,419	5,745	12,211
е	Other	24,467	22,416	0	2,051
f		0			
25	Total functional expenses. Add lines 1 through 24f	4,581,041	3,586,235	727,360	267,446
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				5. 000 (2000)

					(A) Beginning of year			(E End o		
	1	Cash–non-interest-bearing			349,465	1				8,033
	2	Savings and temporary cash investments			1,257,417	2				37,754
	3	Pledges and grants receivable, net			981,343	3				20,605
	4	Accounts receivable, net			166,387	4			20	0,752
	5	Receivables from current and former officers,								
		employees, or other related parties. Complete			0	5				0
	6	Receivables from other disqualified persons (a								
		4958(f)(1)) and persons described in section 4								
		Part II of Schedule L			0	6				0
ets	7	Notes and loans receivable, net		h de la companya de	0	7				0
Assets	8	Inventories for sale or use				8				
1	9	Prepaid expenses and deferred charges			83,585	9			1	5,738
	10a	Land, buildings, and equipment: cost basis	10a	12,973,001						
	b	Less: accumulated depreciation. Complete								
		Part VI of Schedule D			9,106,752					0,967
	11	Investments–publicly traded securities			105,985	11			8	36,647
	12	Investments-other securities. See Part IV, line			0	12				0
	13 14	Investments-program-related. See Part IV, lin			0	13				0
		Intangible assets			2 200 040	14			2 22	0 170
	15 16	Other assets. See Part IV, line 11		2,308,919 14,359,853					39,179 39,675	
$\overline{}$	17	Accounts payable and accrued expenses			323,189					88,014
	18	Grants payable		323,109	18			50	0,014	
	19	Deferred revenue			108,502	19			1/	2,072
	20	Tax-exempt bond liabilities			100,502	20			14	0
s	21	Escrow account liability. Complete Part IV of S			0	21				
iţi	22	Payables to current and former officers, direct				<u> </u>				
Liabilities		employees, highest compensated employees,		-						
Lia		persons. Complete Part II of Schedule L		-	0	22				0
	23	Secured mortgages and notes payable to unre	0	23				0		
	24	Unsecured notes and loans payable			0	24				0
	25	Other liabilities. Complete Part X of Schedule			389,480	25			37	4,259
	26	Total liabilities. Add lines 17 through 25.			821,171	26				4,345
ces		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33	here	► X and						
au	27	Unrestricted net assets			11,701,390	27			10,94	6,594
Ва	28	Temporarily restricted net assets			1,837,292	28			2,01	8,736
pu	29	Permanently restricted net assets				29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	, chec	k here ▶						
ets	30	Capital stock or trust principal, or current fund	s	[30				
Ass	31	Paid-in or capital surplus, or land, building, or	equipr	ment fund		31				
et /	32	Retained earnings, endowment, accumulated	incom	e, or other funds .		32				
Z	33	Total net assets or fund balances			13,538,682	33			12,96	5,330
	34	Total liabilities and net assets/fund balances .			14,359,853	34			14,06	9,675
Pai	rt XI	Financial Statements and Reporting								
	۸ -	accompliant workload world to program the Forms 000		Cash X Accrua	al Other				Yes	No
1		counting method used to prepare the Form 990						20		v
2a k		ere the organization's financial statements com ere the organization's financial statements audi	-	•				2a 2b	Χ	Х
r c		Yes" to lines 2a or 2b, does the organization h	•	•				Z U	^	
•		dit, review, or compilation of its financial statem				_		2c	Х	
38		a result of a federal award, was the organization					•	20	^	
36		e Single Audit Act and OMB Circular A-133? .		•				3a	Х	
k		Yes," did the organization undergo the required						3b	X	

Part III, Lii	ne 4d (990) - Progra	m Service Accomplishments		
(Code:) (Expenses \$	204,726 including grants of \$	0) (Revenue \$	0)
Retired Senior	r Volunteer Program: Match	mature adults to community activities.		
Approximately	48,000 volunteer hours pro	vided.		
(Codo:) (Eyponoog ¢	215 040 including grants of ¢	O) (Payonua ¢	0.)
Adult day care) (Expenses φ	215,049 including grants of \$	(Revenue \$	
Adult day care	services to provide relief to	care givers.		
(Code:) (Evnences \$	87,145 including grants of \$	0) (Payanua ¢	0)
Coue.	to provide meture edulte w	ith travel experiences	(Nevenue \$	
Fountain tours		ith travel experiences.		
(Code:) (Evnences \$	0 including grants of \$	0) (Payanua ¢	0.)
(Code.) (Expenses φ	including grants of \$	O) (Neverlue \$	
				-
(Code:	\(Evnences \$	0 including grants of \$	0) (Revenue ¢	0)
(OOUE	/ (Exheliges &	σ moluding grants or φ	σ) (iveverine φ	

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer Identification number

FiftyForward
Part I

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week			chec Officer		that app		Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Tracy Rode Bd Member	1.	Х						0	0	1
Carolyn Schott Bd Member	1.	Х						0	0	(
Mary Seeley Bd Member	1.	Х						0	0	
Lisa Small Bd Member	1.	Х						0	0	
David Smith Bd Member	1.	Х						0	0	
John Taylor Bd Member	1.	Х						0	0	
Laura Tidwell President	1.	Х						0	0	
Elizabeth Colton Walls Bd Member	1.	Х						0	0	
Leigh Williams Bd Member	1.	Х						0	0	
Bernard Werthan Bd Member	1.	Х						0	0	
Charlie Cardwell Bd Member	1.	Х						0	0	
Patricia Hart Bd Member	1.	Х						0	0	
Elise Steiner Bd Member	1.	Χ						0	0	
Janet Jernigan Exec Dir	40.				Х			89,849	0	
	0.							0	0	
	0.							0	0	
	0.							0	0	
	0.							0	0	
	0.							0	0	
	0.							0	0	
	0.							0	0	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ.

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► See separate instructions.

OMB No. 1545-0047
2008

Open to Public Inspection

Name of the organization Employer identification number **FiftyForward** 62-0566419 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: -----An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III–Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) 11g(iii) Provide the following information about the organizations the organization supports. h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col. (i) listed in your organization in col. support the organization in organization (i) organized in the above or IRC section governing document? col.(i) of your (see instructions)) support? Yes Nο Yes No Yes Nο 0 0

0

Total

Part II

62-0566419 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked to	ne box on line	5, 7, or 8 or	Part I.)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,032,076	3,444,572	3,310,807	4,840,093		14,627,548
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	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
4 5	Total Add lines 1-3	3,032,076	3,444,572	3,310,807	4,840,093	0	14,627,548
6	Public support. Subtract line 5 from line 4.						14,627,548
	ion B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	3,032,076	3,444,572	3,310,807	4,840,093	0	14,627,548
8	Gross income from interest, dividends,	3,032,070	5,444,572	3,310,007	4,040,033	O O	14,027,040
9	payments received on securities loans, rents, royalties and income from similar sources	118,799	131,019	147,859	50,146		447,823
10	activities, whether or not the business is regularly carried on						0
11	(Explain in Part IV.)	0	0	0			0 15,075,371
12	Gross receipts from related activities, etc. (se	e instructions.)			12	,
13	First five years. If the Form 990 is for the organization, check this box and stop here .	ganization's firs	st, second, thir	d, fourth, or fifth	n tax year as a	section 501(c)	
Sect	ion C. Computation of Public Support						
14 15	Public support percentage for 2008 (line 6, con Public support percentage from 2007 Schedu	olumn (f) divide ule A, Part IV-A	ed by line 11, c , line 26f	olumn (f))		14 15	97.03% 96.14%
16a	33 1/3% support test–2008. If the organization qualifies as	a publicly sup	oorted organiza	ation			► X
b 	33 1/3% support test–2007. If the organizat box and stop here. The organization qualifie	s as a publicly	supported org	anization			▶ 🗌
17a b	10%-facts-and-circumstances-test–2008. or more, and if the organization meets the "fathe organization meets the "facts-and-circum 10%-facts-and-circumstances test–2007.	acts-and-circum stances" test. ⁻	nstances" test, The organizatio	check this box on qualifies as	and stop her a publicly supp	re. Explain in Pa ported organiza	art IV how tion▶
	or more, and if the organization meets the "fathe organization meets the "facts-and-circum"						
18	Private foundation. If the organization did not che	eck a box on line	13, 16a, 16b, 17	7a ,or 17b, check	this box and se	e instructions	▶□

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

_	(Complete only if you checked the	ie box on line	9 OFF art 1.)				
	tion A. Public Support					1	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0	0			C
2							
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	0	0	0			C
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0	0			C
5	The value of services or facilities	-					-
-	furnished by a governmental unit to the						
	organization without charge	0	0	0			
c	Total. Add lines 1-5	0	0	0	0	0	
6		U	U	U	U	U	
/a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						C
С	Add lines 7a and 7b	0	0	0	0	0	C
8	Public support (Subtract line 7c from						
	line 6.)						C
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	0	0	0	(1) 10141
	Gross income from interest, dividends,	U	0	0	U	U	
IUa							
	payments received on securities loans, rents, royalties and income from similar						
	-						
L	sources						
b	•						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975			_			
С	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						C
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0			C
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						C
14	First five years. If the Form 990 is for the org	anization's first	second third	fourth, or fifth	tax vear as a	section 501(c)(
	organization, check this box and stop here .						
C	-						· · · • <u>-</u>
	tion C. Computation of Public Support					4-	0.000/
15	Public support percentage for 2008 (line 8, co	٠,,	•	. , ,		15	0.00%
16	Public support percentage from 2007 Schedul					16	0.00%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2008 (line	10c, column (f)	divided by line	e 13, column (f))	17	0.00%
18	Investment income percentage from 2007 Sci					18	0.00%
	33 1/3% support tests-2008. If the organization					an 33 1/3% an	
	not more than 33 1/3%, check this box and st						
h	33 1/3% support tests–2007. If the organization di	-		•		-	
D	line 18 is not more than 33 1/3%, check this box ar						. □
••		-	_			-	· · · · •
20	Private foundation. If the organization did no	ot check a box o	on line 14, 19a	, or 19b, check	this box and s	ee instructions	🕨

	990 or 990-EZ) 2008	FiftyForward		62-0566419	Page 4
Part IV	Supplemental	Information.	Complete this part to provide the explanation required to	by Part II, line 10;	
	Part II, line 17a	or 17b; or Pa	rt III, line 12. Provide any other additional information. (see instructions)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number Name of the organization FiftyForward 62-0566419 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

age 1 of 3 of Par

Employer identification number

FiftyForward 62-0566419 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part III aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0 (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I __1_ (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I 2 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I 3 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country

Name of organization

Employer identification number

FiftyForward 62-0566419 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part III aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0 (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I 5 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I 6 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I __7__ (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I 8 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country

de 3 of 3 of Part	ge	3	of	3	of Part III
-------------------	----	---	----	---	-------------

Name of organization **Employer identification number** FiftyForward 62-0566419 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part III aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0 (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I 9 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Country (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For Prov Country (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For. Prov. Country

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2008

Open to Public
Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

62-0566419 FiftyForward Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Yes Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year а 2b b Number of conservation easements on a certified historic structure included in (a) С 2c Number of conservation easements included in (c) acquired after 8/17/06 d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

FiftyForward

Schedule D (Form 990) 2008 Page **2**

Part	Organizations Maintaining C	ollections of	Art, l	Histo	rical T	reasures,	or Oth	er Similar As	sets (coi	ntinue	d)
3	Using the organization's accession and	other records	chec	k anv	of the fo	ollowing tha	t are a	significant use	of its call	ection	
J	items (check all that apply):	otrici records,	GIICGI	K arry	or the it	onowing tha	it aic a	significant use	01 113 0011	COLIOIT	
а	Public exhibition		d		Loan	or exchange	nroara	ams			
b	Scholarly research		e	計	Other	•					
	Preservation for future generation	20									
С											
4	Provide a description of the organizatio Part XIV.	n's collections	and e	xplair	how th	ey further th	ne orga	nization's exem	npt purpo	se in	
5	During the year, did the organization so assets to be sold to raise funds rather the									es	No
Part											-110
rait	Part IV, line 9, or reported an	_			•	•	OII alis	wered res t	.0 1 01111	990,	
1a	Is the organization an agent, trustee, cu				-						
	included on Form 990, Part X?								Ye	es	No
b	If "Yes," explain the arrangement in Par	t XIV and com	plete	the fo	llowing	table:		1			
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						. 1f				0
2a	Did the organization include an amount	on Form 990,	Part >	K, line	21?.				Y	s X	No
b	If "Yes," explain the arrangement in Par										
Part			ion a	nswe	red "Y	es" to Forr	n 990,	Part IV, line 1	0.		
		(a) Current year) Prior		(c) Two year		(d) Three years ba		ur years	back
1a	Beginning of year balance										
b	Contributions										
C	Investment earnings or losses .										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
١ ~	End of year balance	0									
g 2	Provide the estimated percentage of the			old a	o·						
	Board designated or quasi-endowment	•	iiice i		5.						
a	Permanent endowment	%		%_							
b	Term endowment • %										
C				:	tion tha	t ara bald a	مما ممامہ	siniatorad for th	_		
3a	Are there endowment funds not in the p	ossession of the	ie org	janiza	ilion ina	it are neid a	na aan	imistered for the	e I	Vaa	Na
	organization by:								2-(:)	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz								3b		
4	Describe in Part XIV the intended uses						-(\ Z - P -	- 40			
Part	•										
	Description of investment	(a) Cost or ot (investm		is		st or other (other)	(c)	Depreciation	(d) Bo	ok value	9
1a	Land			0		1,620,440				1,62	0,440
b	Buildings			0		9,746,899		2,745,602		7,00	1,297
С	Leasehold improvements			0		0		0			0
d	Equipment			0		1,552,314		1,456,432		9:	5,882
е	Other			0		53,348		0			3,348
Total	. Add lines 1a-1e. (Column (d) should e		, Part	X, co	lumn (B		<i>.</i>)	▶			0,967

Schedule D (Form 990) 2008			Page 3
Part VII Investments—Other Securities	S. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products	O		
Closely-held equity interests	0		
Other	0		
	O		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation:
(a) Bosonpaon of invocation type	(b) Book value	Cost or end-of-year ma	rket value
	0		
	O		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	O		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	C		
Part IX Other Assets. See Form 990, P	art X, line 15.		
	a) Description		(b) Book value
Conservator trust accounts			374,259
Pension plan intangible asset			0
Prepaid rent - Bellevue Center			1,860,175
Pledge receivables - long term portion			119,038
Less: unamortized discount			-14,293
			0
			0
			0
			0
			0
Total. (Column (b) should equal Form 990, Part X,	col. (B) line 15.)		2,339,179
Part X Other Liabilities. See Form 990	, Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes		0	
Conservator trust funds liability	374,2	259	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	374,	259	

In Part XIV, 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.

Schedule D (Form 990) 2008 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 4.192.234 2 4,581,041 2 3 3 -388,807 4 5 6 6 7 7 -184.545 8 9 -184,545 9 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. -573.352 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 4,121,478 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2a b 2b 2c d 2d -70,756 -70,756 е 2e 3 3 4,192,234 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . . 4a 4b 4c 0 C Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 4,192,234 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 4,949,937 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: 2a 2b b 2c d 2d 368,896 е 2e 368.896 3 3 4,581,041 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . 4a 4c 4.581.041 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Supplemental Information Part XIV Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Part XII Line 2d The audited financial statements includes Senior Center for the Arts and Part XII Line 2d Knowles Trust that file separate tax returns. Part XIII Line 2d The audited financial statements includes Senior Center for the Arts and Part XIII Line 2d Knowles Trust that file separate tax returns.

Schedule D (Form	990) 2008 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
: 		

SCHEDULE M (Form 990)

FiftyForward

NonCash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.

Employer identification number 62-0566419

Part I	Types of Property							
		(a) Check if	(b) Number of contributions	(c) Revenues reported on	Met	(d) hod of de		g
	A ()A() 5 (applicable		Form 990, Part VIII, line 1g	 	revenu	es	
1	Art—Works of art				 			
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods				<u> </u>			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous.							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Rent and land us)	Х	3	57,650	Fair valu	e of rer	nt	
26	Other ► (Medical services)	Х	75		Fair valu			
27	Other ► ()		0	0				
28	Other ► ()		0	0				
29	Number of Forms 8283 received		-					
	which the organization complete	d Form 82	83, Part IV, Donee Acknowl	edgement	29		1	
							Yes	No
30 a	During the year, did the organiza				-28			
	that it must hold for at least three	-						
	required to be used for exempt p	•	• • • • • • • • • • • • • • • • • • • •			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gir	-						
	contributions?					31	Χ	
32 a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell				
	noncash contributions?					32		X
b	If "Yes," describe in Part II.							
33	If the organization did not report	revenues i	in column (c) for a type of pr	roperty for which column (a)	is			
	checked, describe in Part II							

SCHEDULE O (Form 990)

FiftyForward

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection
Employer identification number

62-0566419

Form 990 Part VI Section A Line 10 The board finance committee reviews the form 990 and recommends approval
Form 990 Part VI Section A Line 10 to the board.
Form 990 Part VI Section B Line 12c Board members are reminded of the policy and request annual disclosures.
Form 990 Part VI Section B Line 12c New board members are presented this during orientation training.
Form 990 Part VI Section C Line 19 By request, copies are made available. Also on givingmatters.com web site.
Form 990 Part VI Section B Line 15b FiftyForward participates in any area salary surveys made available. In addition,
Form 990 Part VI Section B Line 15b FiftyForward obtains key management salary information from other area
Form 990 Part VI Section B Line 15b non-profits when available. Key management staff salaries are compared to other
Form 990 Part VI Section B Line 15b area non-profit data. FiftyForward has historically been below area non-profit
Form 990 Part VI Section B Line 15b salaries for comparable positions. The Executive Director evaluates salary levels
Form 990 Part VI Section B Line 15b for management staff. The Board President evaluates the salary level of the
Form 990 Part VI Section B Line 15b Executive Director.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Non Cash
1 Federated Campaigns	500,340 1	_
2 Membership dues	229,449 2	
3 Fundraising events	394,056 3	
4 Related organizations	4	
5 Government grants (contributions)	840,558 5	112,286
6 All other contributions, gifts, grants, and similar amounts not included above:		
Fifty Forward Foundation	139,954	
Other contributions	1,127,716	
JB Knowles Trust	105,405	
Other contributions total	1,373,075 6	0
7 Total	3.337.478 7	112.286

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

. 4.0	ix, Eine EE (000) Bobiooidion, Bobiotic	J.1., Oto.			
		346,514	346,514	0	0
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
	Description		services	and general	-
1	Depreciation - straight line	346,514	346,514		
2		0	,		
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Line 3 (990) - Pledges and Grants Receivable

			Pledges and grants receivable			Allowance for doubtful accounts		
			Beginning		End	Beginning	End	
1	Grants receivable	1	105,557		141,857			
2	Capital Campaign	2	300,000		100,962	24,200		
3	United Way	3	468,634		459,832			
4	FiftyForward Endowment	4	131,352		117,954			
5		5						
6		6						
7		7						
8		8						
9		9						
10)	10						
11		11			·			
12	? Total pledges and grants receivable	12	1,005,543		820,605	24,200	0	

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts		
		Beginning	End	Beginning	End	
1 General receivables	1	105,979	187,952			
2 Due from Senior Center for the Arts, Inc.	2	60,408	12,800			
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	9					
10	10					
11 Total accounts receivable	11	166 387	200 752	0	0	

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								12,973,001	3,871,399	4,202,034	0	9,106,752	8,770,967
			Leasehold			Check if	Check if		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1	Land X							1,620,440				1,620,440	1,620,440
2	Buildings	X						9,746,899	2,459,943	2,745,602		7,338,205	7,001,297
3	Furniture and equipment			X				1,205,277	1,117,339	1,154,003		76,404	51,274
4	Vehicles			X				347,037	294,117	302,429		71,703	44,608
5	Construction in progress				Χ			53,348	0	0		0	53,348
6								0	0			0	0
7								0	0			0	0
8								0	0			0	0
9								0	0			0	0
10								0	0			0	0
11								0	0			0	0
12								0	0			0	0
13								0	0			0	0
14								0	0			0	0
15								0	0			0	0
16								0	0			0	0
17								0	0			0	0
18								0	0			0	0
19								0	0			0	0
20								0	0			0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check	one box below to indicate how securities are reported:
	Cost
Х	End of year market value (FMV)

, ,	End of your market value (First)							
						0	105,985	86,647
							Beginning	Ending
i l		Publicly		Closely-Held	Number	Value	Balance	Balance
i l		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
1	Securities at end of year	Securities?	Derivatives	Interests	Face Value	Donation	FMV	FMV
1	Certificates of Deposit	Х			0.00	0	0	0
2	Mutual Funds	Х			0.00	0	105,985	86,647
3	Money Market Funds	Х			0.00	0	0	0
4					0.00	0	0	0
5					0.00	0	0	0
6					0.00	0	0	0
7					0.00	0	0	0
8					0.00	0	0	0
9					0.00	0	0	0
10					0.00	0	0	0
11					0.00	0	0	0
12					0.00	0	0	0
13					0.00	0	0	0
14					0.00	0	0	0
15					0.00	0	0	0
16					0.00	0	0	0
17					0.00	0		0
18					0.00	0	0	0
19					0.00	0		0
20					0.00	0		0

19 20

Part	art X, Line 15 (990) - Other Assets 2,308,919			
	Description	Beginning		
1	Conservator trust accounts	389,480	374,259	
2	Pension plan intangible asset	0		
3	Prepaid rent - Bellevue Center	1,919,439	1,860,175	
4	Pledge receivables - long term portion		119,038	
5	Less: unamortized discount		-14,293	
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Part X, Line 25 (990) - Other Liabilities

Part X, Line 25 (990) - Other Liabilities 389,480				
	Description	Beginning	374,259 End	
1	Conservator trust funds liability	389,480	374,259	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Part IX (Sch D (990)) - Other Assets

2,339,179

	Description	Book Value
	Conservator trust accounts	374,259
2	Pension plan intangible asset	0
3	Prepaid rent - Bellevue Center	1,860,175
4	Pledge receivables - long term portion	119,038
	Less: unamortized discount	-14,293
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0

Part X (Sch D (990)) - Other Liabilities

374,259

	Description	Amount
1	Federal Income Taxes	
2	Conservator trust funds liability	374,259
3		0
4		0
5		0
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0
21	I I	0

Part I, Lines 25-28 (Sch M (990)) - Other Types of Property

	<u>.,oo _</u>	<u> </u>	.	71 1 1 0 p 0 1 t y	
	Non-Cash		Number of	Revenues Reported	Method of Determining
	Contribution	Description	Contributions	on 990, Pt VIII, Line 1g	Revenues
1	X	Rent and land use	3	57,650	Fair value of rent
2	Х	Medical services	75	54,636	Fair value of services
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
20					