

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/1/2007 , and ending 6/30/2008														
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4"> Please use IRS label or print or type. See Specific instructions. </td> <td colspan="2"> C Name of organization FiftyForward </td> <td> D Employer identification number 62-0566419 </td> </tr> <tr> <td colspan="2"> Number and street (or P.O. box if mail is not delivered to street address) Room/suite </td> <td> E Telephone number (615) 743-3400 </td> </tr> <tr> <td> City or town Nashville </td> <td> State or country TN </td> <td> ZIP + 4 37203 </td> </tr> <tr> <td colspan="3"> F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ </td> </tr> </table>	Please use IRS label or print or type. See Specific instructions.	C Name of organization FiftyForward		D Employer identification number 62-0566419	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (615) 743-3400	City or town Nashville	State or country TN	ZIP + 4 37203	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶		
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	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶													
G Website: ▶ scitn.org														
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527														
K Check here ▶ <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.														
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5 662 914														
M Check ▶ <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).														

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)
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		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Contributions to donor advised funds	1a	0				
b	Direct public support (not included on line 1a)	1b	2,588,121				
c	Indirect public support (not included on line 1a)	1c	505,498				
d	Government contributions (grants) (not included on line 1a)	1d	993,469				
e	Total (add lines 1a through 1d) (cash \$ 4,087,088 noncash \$ 0)	1e	4,087,088				
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	761,226				
3	Membership dues and assessments	3	244,461				
4	Interest on savings and temporary cash investments	4	64,403				
5	Dividends and interest from securities	5	0				
6a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	0				
7	Other investment income (describe <input type="checkbox"/> Unrealized gain (loss) on investments)	7	-12,998				
8a	Gross amount from sales of assets other than inventory	(A) Securities	10,190	8a	0		
b	Less: cost or other basis and sales expenses	11,447	8b	19,367			
c	Gain or (loss) (attach schedule)	-1,257	8c	-19,367			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-20,624				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	508,544				
b	Less: direct expenses other than fundraising expenses	9b	0				
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	508,544				
10a	Gross sales of inventory, less returns and allowances	10a	0				
b	Less: cost of goods sold	10b	0				
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	0				
11	Other revenue (from Part VII, line 103)	11	0				
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	5,632,100				
13	Program services (from line 44, column (B))	13	3,520,351				
14	Management and general (from line 44, column (C))	14	718,281				
15	Fundraising (from line 44, column (D))	15	411,636				
16	Payments to affiliates (attach schedule)	16	0				
17	Total expenses. Add lines 16 and 44, column (A)	17	4,650,268				
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	981,832				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,556,850				
20	Other changes in net assets or fund balances (attach explanation)	20	0				
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	13,538,682				

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>129,907</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 129,907	129,907		
23	Specific assistance to individuals (attach schedule)	23 239,024	239,024		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 214,649	0	214,649	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 1,708,380	1,312,213	196,838	199,329
27	Pension plan contributions not included on lines 25a, b, and c	27 106,931	52,489	46,469	7,973
28	Employee benefits not included on lines 25a - 27	28 282,661	204,596	51,627	26,438
29	Payroll taxes	29 141,360	95,395	31,041	14,924
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 249,378	146,074	10,111	93,193
34	Telephone	34 61,921	54,201	5,874	1,846
35	Postage and shipping	35 46,245	15,701	16,805	13,739
36	Occupancy	36 443,935	410,158	27,687	6,090
37	Equipment rental and maintenance	37 32,522	21,379	1,711	9,432
38	Printing and publications	38 98,504	15,812	60,754	21,938
39	Travel	39 79,630	74,787	3,758	1,085
40	Conferences, conventions, and meetings	40 27,895	16,846	7,896	3,153
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 400,133	400,133	0	0
43	Other expenses not covered above (itemize):				
a	Professional fees	43a 346,626	309,245	27,018	10,363
b	Dues	43b 20,958	8,429	11,455	1,074
c	Recognition	43c 19,096	13,477	4,575	1,044
d	Other	43d 513	485	13	15
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 4,650,268	3,520,351	718,281	411,636

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	307,978	45	349,465
	46 Savings and temporary cash investments	266,286	46	1,257,417
	47 a Accounts receivable	47a 166,387		
	b Less: allowance for doubtful accounts	47b 0	46,764	47c 166,387
	48 a Pledges receivable	48a 899,986		
	b Less: allowance for doubtful accounts	48b 24,200	624,314	48c 875,786
	49 Grants receivable	106,695	49	105,557
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	34,301	53	83,585
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	116,729	54a	105,985
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)		0	56 0
	57 a Land, buildings, and equipment: basis	57a 12,978,151		
b Less: accumulated depreciation (attach schedule)	57b 3,871,399	9,449,827	57c 9,106,752	
58 Other assets, including program-related investments (describe <input type="checkbox"/> See attached statement)	2,446,259	58	2,308,919	
59 Total assets (must equal line 74). Add lines 45 through 53	13,399,153	59	14,359,853	
Liabilities	60 Accounts payable and accrued expenses	444,955	60	323,189
	61 Grants payable		61	
	62 Deferred revenue	97,233	62	108,502
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> Conservator trust funds liability)	300,115	65	389,480
	66 Total liabilities. Add lines 60 through 65	842,303	66	821,171
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	11,559,660	67	11,701,390
	68 Temporarily restricted	997,190	68	1,837,292
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	12,556,850	73	13,538,682
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	13,399,153	74	14,359,853

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

a	Total revenue, gains, and other support per audited financial statements		a	5,924,119
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	92,903	
3	Recoveries of prior year grants	b3		
4	Other (specify): Center for the Arts Knowles Trust	b4	199,116	
	Add lines b1 through b4			b 292,019
c	Subtract line b from line a			c 5,632,100
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total revenue (Part I, line 12). Add lines c and d			e 5,632,100

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

a	Total expenses and losses per audited financial statements		a	5,127,791
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2	92,903	
3	Losses reported on Part I, line 20	b3		
4	Other (specify): Center for the Arts Knowles Trust	b4	455,620	
	Add lines b1 through b4			b 548,523
c	Subtract line b from line a			c 4,579,268
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total expenses (Part I, line 17). Add lines c and d			e 4,579,268

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Janet Jernigan Str 174 Rains Avenue City Nashville ST TN ZIP 37203	Title Exec Dir Hr/WK 40	89,849	3,594	0
Name Fran Mazzaferro Str 174 Rains Avenue City Nashville ST TN ZIP 37203	Title Assist Exec Dir Hr/WK 40	52,800	2,112	0
Name Doug Swann Str 174 Rains Avenue City Nashville ST TN ZIP 37203	Title CFO Hr/WK 40	72,000	2,880	0
Name Board Members Str See Listing City Nashville ST TN ZIP 37203	Title Bd Members Hr/WK 1	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 48		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				

Part VI Other Information (See the instructions.)

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

Part VI Other Information (continued)

		Yes	No	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	92,903	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶ TN			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b		76
91 a	The books are in care of ▶ Name Doug Swann Telephone no. ▶ (615) 743-3400 Located at ▶ 174 Rains Avenue City Nashville ST TN ZIP + 4 ▶ 37203			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Rental income			16		127,750
b Newspaper			24		59,467
c Program fees			03		574,009
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					244,461
95 Interest on savings and temporary cash investments			14	64,403	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	-12,998	
100 Gain or (loss) from sales of assets other than inventory			18	-20,624	
101 Net income or (loss) from special events			18	508,544	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		539,325	1,005,687
105 Total (add line 104, columns (B), (D), and (E))					1,545,012

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93a	Rent from agencies supporting this agency's activities
93b	Newspaper essential to communicate agency activities to participants
93c	Fees essential to allow agency to provide services not covered by public support
101	Special events revenue essential to allow agency to provide services not covered by public support

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Form 990 (2007)

FiftyForward

62-0566419

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

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

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

Yes	No
	X

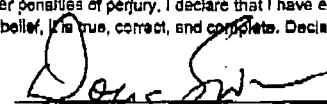
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

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

Yes	No
	X

Please Sign Here

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, this return is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

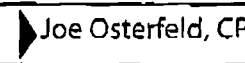
 11-21-09

Signature of officer Date

Doug Swann CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Joe Osterfeld, CPA

Firm's name (or yours if self-employed), address, and ZIP + 4 Joe Osterfeld CPA
PO Box 807, Columbia, TN 38402-0807

Date 11/21/2008

Check if self-employed ☒ X

Preparer's SSN or PTIN (See Gen. Inst. X) 269-52-8534

EIN 62-1763210

Phone no. 931-388-7144

Form 990 (2007)

Part III, Line e (990) - Other Program Services

		Program Service Expenses
Adult day care services to provide relief to care givers		
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		213,943
Fountain tours to provide seniors with travel experiences		
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		155,300
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

FiftyForward

Employer identification number

62-0566419

Part I

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Donna Clark, 174 Rains Avenue Nashville, TN 37203	Commun Director 40	55,001		
Total number of other employees paid over \$50,000 ▶		0		

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . See Part V Form 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

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

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

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,310,807	3,305,049	2,906,053	2,835,080	12,356,989
16 Membership fees received		139,523	126,023	122,228	387,774
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	634,705	580,586	519,670	477,790	2,212,751
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	147,859	131,019	118,799	114,099	511,776
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	4,093,371	4,156,177	3,670,545	3,549,197	15,469,290
24 Line 23 minus line 17	3,458,666	3,575,591	3,150,875	3,071,407	13,256,539
25 Enter 1% of line 23	40,934	41,562	36,705	35,492	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►					26a 265,131
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ►					26c 13,256,539
d Add: Amounts from column (e) for lines: 18 <u>511,776</u> 19 <u> </u> ►					26d 511,776
22 <u> </u> 26b <u> </u> ►					26e 12,744,763
e Public support (line 26c minus line 26d total) ►					26f 96.14%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> ►					27c 0
17 <u> </u> 20 <u> </u> 21 <u> </u> ►					27d 0
d Add: Line 27a total <u> </u> and line 27b total <u> </u> ►					27e 0
e Public support (line 27c total minus line 27d total) ►					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ►					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Line 1 (990) - Public Support and Contributions

	Cash		Non Cash
Line 1a - Contributions to Donor Advised Funds			
Line 1b - Direct public support			
1 Contributions	2,456,769	1	
2 Membership dues and assessments (contributions from the public)		2	
3 Commercial co-venture		3	
4 Special events contributions (Line 9 - Special Events)	0	4	
5 Fifty Forward Foundation	131,352	5	
6		6	
7		7	
8		8	
9		9	
10 Total	2,588,121	10	0
Line 1c - Indirect public support	505,498		
Line 1d - Government contributions (grants)	993,469		

Line 8 (990) - Gain/Loss from Sale of Assets Other than Inventory

Totals:	Gross sales	Cost, other basis and expenses
Public Securities	10,190	11,447
Non-Public Securities	0	0
Other sales	0	19,367

[illegible]

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Crown	Donelson	Star Spangled		
	Ball	BBQ	Salute	Others	
1a Number of special events	1	1	1	6	
2 Gross receipts	228,058	55,125	56,612	168,749	2 508,544
3 Less contributions					3 0
4 Gross revenue	228,058	55,125	56,612	168,749	4 508,544
5 Less direct expenses					5 0
6 Net income or (loss)	228,058	55,125	56,612	168,749	6 508,544

Part II, Line 22 (990) - Grants and similar amounts paid

	Check box if grantee is a business	Other grants and allocations	Class of activity	Grantee's name
1		X	Charitable	Fifty Forward Foundation
2		X	Charitable	Senior Center for the Arts
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

Part II, Line 22 (990) - Grants and similar amounts paid

	Check box if grantee is a business	Other grants and allocations	Class of activity	Grantee's name
20				

[illegible]

Address	City	State	Zip code	Foreign Country

[illegible]

129,907

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate

0

[illegible]

Date received

0

0

Noncash Grants				
Book value	How book value determined	Fair market value	Method used to determine FMV	Date received

Part II, Line 23 (990) - Specific Assistance to Individuals

239,024

Class of Activity		Amount
1	Assistance to senior volunteers in foster grand parent program	239,024
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part II, Line 42 (990) - Depreciation, Depletion, etc.

		400,133	400,133	0	0
Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation - straight line	400,133	400,133		
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 IV, Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	General receivables	46,764	105,979	0	
2	Due from Senior Center for the Arts, Inc.	0	60,408		
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	46,764	166,387	0	0

Part IV, Line 48 (990) - Pledges Receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Capital Campaign		300,000	0	24,200
2	United Way	500,005	468,634		
3	Senior Foundation	124,309	131,352		
4					
5					
6					
7					
8					
9					
10					
11	Total pledges receivable	624,314	899,986	0	24,200

Part IV, Line 54a (990) - Investments - Publicly-Traded Securities

Check one box below to indicate how securities are reported:

- ☐ Cost
- ☒ End of year market value (FMV)

			0	116,729	105,985
Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
1	Certificates of Deposit			0	(
2	Mutual Funds			116,729	105,985
3	Money Market Funds			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 IV, Line 57 (990) - Land, Buildings, and Equipment

				12,978,151	3,539,068	3,871,399	9,449,827	9,106,752
Category or Item		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	Land	X		1,620,440			1,620,440	1,620,440
2	Buildings		X	9,798,148	2,188,099	2,459,943	7,591,183	7,338,205
3	Furniture and equipment		X	1,193,743	1,084,400	1,117,339	144,508	76,404
4	Vehicles		X	365,820	266,569	294,117	93,696	71,703
5							0	0
6							0	0
7							0	0
8							0	0
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0

Part IV, Line 58 (990) - Other Assets

2,446,2592,308,919

Description		Beginning	End
1	Conservator trust accounts	300,115	389,480
2	Pension plan intangible asset	169,632	0
3	Prepaid rent - Bellevue Center	1,976,512	1,919,439
4			
5			
6			
7			
8			
9			
10			

Part IV, Line 65 (990) - Other Liabilities

		300,115	389,480
Description		Beginning	End
1	Conservator trust funds liability	300,115	389,480
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmts

		199,116
Other		Amount
1	Center for the Arts	98,366
2	Knowles Trust	100,750
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Part IV-B, Line b(4) (990) - Reconciliation of Exp per Audited Financial Stmts

Other		455,620
		Amount
1	Center for the Arts	349,386
2	Knowles Trust	106,234
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Part VI, Line 80b (990) - Organization Relations

Organization Name		Please Check "X"	
		Exempt	Non-Exempt
1	Senior Center for the Arts, Inc.	X	
2	Knowles Trust	X	
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Part VII, Line 93 (990) - Program Service Revenue

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Program Service Revenue		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	Rental income			16		127,750
b	Newspaper			24		59,467
c	Program fees			03		574,000
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

Part VII, Line 99 (990) - Other Investment Income

0-12,9980

Description of Income		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
1	Unrealized gain (loss) on investments			18	-12,998	
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Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

	Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	93a	Rent from agencies supporting this agency's activities
2	93b	Newspaper essential to communicate agency activities to participants
3	93c	Fees essential to allow agency to provide services not covered by public support
4	101	Special events revenue essential to allow agency to provide services not covered by public support
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During the year, did the organization engage in a transaction with a related party? ☒ Yes ☐ No

If "Yes," please provide a detailed statement explaining the transaction(s).

Line No.	Explanation:
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2d 1 Compensation paid to management employees. See Form 990 Part V

[illegible][illegible][illegible]
