Form 990

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

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

B Check if application for tax-exempt status is for a change in:
Name change
Address change
Name change
Status change
Amended return

C Name of organization FIND AID FOR THE AGED, INC.

c/O PROJECT FIND

Number and street (or P O box if mail is not delivered to street address)

Room/suite

City or town, state or country, and ZIP + 4

NEW YORK, NY 10023

D Employer identification number

E Telephone number

G Website: WWW.PROJECTFIND.ORG

J Organization type (check only one) 

x 501(c)(3) or 527

4947(a)(1)

K Check here if the organization is not a 501(c)(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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? 

x No 

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? 

x No 

H(d) Is this a separate return filed by an organization covered by a group return? 

x No

I Group Exemption Number

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12

4,294,335.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds 

1a 

b Direct public support (not included on line 1a) 

1b 463,355.

c Indirect public support (not included on line 1a) 

1c

d Government contributions (grants) (not included on line 1a) 

1d 300,861.

e Total (add lines 1a through 1d)

1e 764,216.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 2,772,745.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6 Revenue RECEIVED

6a Gross rents 

6a 394,070.

6b Less rental expenses 

6b NONE

6c Net rental income (or loss) Subtract line 6b from line 6a

6c 394,070.

7 Other investment income (describe )

7

8b Gross cost of goods sold 

8b 44,364.

8c Gain (or loss) from sales of inventory Subtract line 8b from line 8a

8c 44,364.

8d Special events and activities (attach schedule) If any amount is from gaming, check here

8d 

9a Gross revenue (not including § of contributions reported on line 1b)

9a 23,883.

9b Direct expenses other than fundraising expenses

9b 6,727.

9c Net income or (loss) from special events Subtract line 9b from line 9a

9c 17,156.

10a Gross sales of inventory, less returns and allowances

10a

10b Less cost of goods sold

10b

10c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11 23,110.

12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8a, 9a, 10a, and 11

12 4,015,661.

13 Program services (from line 44, column (B))

13 3,125,140.

14 Management and general (from line 44, column (C))

14 616,530.

15 Fundraising (from line 44, column (D))

15 125,081.

16 Payments to affiliates (attach schedule)

16

17 Total expenses Add lines 16 and 44, column (A)

17 3,866,751.

18 Excess or (deficit) for the year Subtract line 17 from line 12

18 148,910.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 2,156,653.

20 Other changes in net assets or fund balances (attach explanation)

20 19,667.

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

21 2,325,230.
<table>
<thead>
<tr>
<th>Part II Statement of Functional Expenses</th>
<th>Do not include amounts reported on line 8b, 9b, 10b, or 15 of Part I</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Total</td>
<td>(B) Program services</td>
</tr>
<tr>
<td>22a Grants paid from donor advised funds (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>(cash $</td>
<td>noncash $</td>
</tr>
<tr>
<td>22b Other grants and allocations (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>(cash $</td>
<td>noncash $</td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>25a Compensation of current officers, directors, key employees, etc listed in Part V-A</td>
<td>264,323</td>
</tr>
<tr>
<td>25b Compensation of former officers, directors, key employees, etc listed in Part V-B</td>
<td></td>
</tr>
<tr>
<td>25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(h)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>26 Salaries and wages of employees not included on lines 25a, b, and c</td>
<td>1,520,027</td>
</tr>
<tr>
<td>27 Pension plan contributions not included on lines 25a, b, and c</td>
<td></td>
</tr>
<tr>
<td>28 Employee benefits not included on lines 25a - 27</td>
<td></td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td>585,803</td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td></td>
</tr>
<tr>
<td>32 Legal fees</td>
<td></td>
</tr>
<tr>
<td>33 Supplies</td>
<td>79,399</td>
</tr>
<tr>
<td>34 Telephone</td>
<td>28,236</td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td></td>
</tr>
<tr>
<td>36 Occupancy</td>
<td></td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td>52,449</td>
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<tr>
<td>38 Printing and publications</td>
<td></td>
</tr>
<tr>
<td>39 Travel</td>
<td>12,634</td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td></td>
</tr>
<tr>
<td>41 Interest</td>
<td></td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc (attach schedule)</td>
<td>25,943</td>
</tr>
<tr>
<td>43 Other expenses not covered above (itemize)</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>1,297,937</td>
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<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
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<tr>
<td>d</td>
<td></td>
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<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
</tr>
<tr>
<td>44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td>3,866,751</td>
</tr>
</tbody>
</table>

Joint Costs. Check [ ] if you are following SOP 98-2
If "Yes," enter (i) the aggregate amount of these joint costs $ _________, (ii) the amount allocated to Program services $ _________, (iii) the amount allocated to Management and general $ _________, and (iv) the amount allocated to Fundraising $ _________.
**Part III Statement of Program Service Accomplishments (See the instructions)**

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

<table>
<thead>
<tr>
<th>What is the organization's primary exempt purpose?</th>
<th>Program Service Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEE STATEMENT</strong></td>
<td><strong>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)</strong></td>
</tr>
</tbody>
</table>

| a DEVELOP, CONDUCT AND ADMINISTER PROGRAMS FOR SENIOR CITIZENS ON NEW YORK CITY'S WEST SIDE. THESE PROGRAMS PROVIDE MEALS, RECREATIONAL AND SOCIAL ACTIVITIES, SOCIAL SERVICES AND HOUSING FOR SENIOR CITIZENS RESIDING IN 575 UNITS. | 3,125,140. |

<table>
<thead>
<tr>
<th>b</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>c</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>d</th>
<th></th>
</tr>
</thead>
</table>

| e Other program services (attach schedule) | 3,125,140. |

| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 3,125,140. |
### 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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash - non-interest-bearing</td>
<td>111,554.45</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>84,258.46</td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td>240,736.</td>
</tr>
<tr>
<td>b</td>
<td>Less allowance for doubtful accounts</td>
<td>521,628.47c</td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>48a</td>
</tr>
<tr>
<td>b</td>
<td>Less allowance for doubtful accounts</td>
<td>48b</td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>49</td>
</tr>
<tr>
<td>50a</td>
<td>Receivables from current and former officers, directors, trustees, and key employees (attach schedule)</td>
<td>50a</td>
</tr>
<tr>
<td>b</td>
<td>Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)</td>
<td>50b</td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable (attach schedule)</td>
<td>51a</td>
</tr>
<tr>
<td>b</td>
<td>Less allowance for doubtful accounts</td>
<td>51b</td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>STMT.8</td>
</tr>
<tr>
<td>54a</td>
<td>Investments - publicly-traded securities (attach schedule), Cost X FMV</td>
<td>54a</td>
</tr>
<tr>
<td>b</td>
<td>Investments - other securities (attach schedule), Cost X FMV</td>
<td>54b</td>
</tr>
<tr>
<td>55a</td>
<td>Investments - land, buildings, and equipment basis (attach schedule)</td>
<td>55a</td>
</tr>
<tr>
<td>b</td>
<td>Less accumulated depreciation (attach schedule)</td>
<td>55c</td>
</tr>
<tr>
<td>56</td>
<td>Investments - other (attach schedule)</td>
<td>56</td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment basis (attach schedule)</td>
<td>57a</td>
</tr>
<tr>
<td>b</td>
<td>Less accumulated depreciation (attach schedule)</td>
<td>57b</td>
</tr>
<tr>
<td>58</td>
<td>Other assets, including program-related investments (describe ▶ STMT 10 )</td>
<td>358,966.58</td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74) Add lines 45 through 58</td>
<td>2,858,812.59</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>58,602.60</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>STMT.11</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td>63</td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities (attach schedule)</td>
<td>64a</td>
</tr>
<tr>
<td>b</td>
<td>Mortgages and other notes payable (attach schedule)</td>
<td>64b</td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe ▶ STMT 12 )</td>
<td>643,557.65</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities. Add lines 60 through 65</td>
<td>702,159.66</td>
</tr>
<tr>
<td>Organizations that follow SFAS 117, check here ▶ X and complete lines 67 through 69 and lines 73 and 74.</td>
<td>67</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>68</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td>69</td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.</td>
<td>70</td>
<td>Capital stock, trust principal, or current funds</td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>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)</td>
<td>2,156,653.73</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets/fund balances. Add lines 66 and 73</td>
<td>2,858,812.74</td>
</tr>
</tbody>
</table>
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 4,035,328.

b. Amounts included on line a but not on Part I, line 12
   1. Net unrealized gains on investments ......................................................... b1 19,667.
   2. Donated services and use of facilities ..................................................... b2
   3. Recoveries of prior year grants ................................................................. b3
   4. Other (specify): ......................................................................................... b4

   Add lines b1 through b4 .................................................................................... b 19,667.

c. Subtract line b from line a .............................................................................. c 4,015,661.

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

   Add lines d1 and d2 ......................................................................................... d

e. Total revenue (Part I, line 12) Add lines c and d ................................................. e 4,015,661.

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

a. Total expenses and losses per audited financial statements ............................... a 3,866,751.

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
   3. Losses reported on Part I, line 20 ................................................................. b3
   4. Other (specify): ......................................................................................... b4

   Add lines b1 through b4 .................................................................................... b

c. Subtract line b from line a .............................................................................. c 3,866,751.

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

   Add lines d1 and d2 ......................................................................................... d

e. Total expenses (Part I, line 17) Add lines c and d ................................................. e 3,866,751.

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

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 13</td>
<td>264,323, 67,379. NONE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- **75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings.

- **75b** 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).

- **75c** 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.

- **75d** Does the organization have a written conflict of interest policy?

### 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.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employees' benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

### Part VI Other Information (See the instructions.)

- **76** Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

- **77** Were any changes made in the organizing or governing documents but not reported to the IRS?

- **78a** Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

- **78b** If "Yes," has it filed a tax return on Form 990-T for this year?

- **79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

- **80a** 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?

- **81a** Enter direct and indirect political expenditures. (See line 81 instructions.)

- **81b** Did the organization file Form 1120-POL for this year?
### Part VI Other Information (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; 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).</td>
<td>82a</td>
<td>190,998</td>
</tr>
<tr>
<td>Did the organization comply with the public inspection requirements for returns and exemption applications?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Did the organization solicit any contributions or gifts that were not tax deductible?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>84a</td>
<td>N/A</td>
</tr>
<tr>
<td>Were substantially all dues nondeductible by members?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>If &quot;Yes&quot; 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</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Dues, assessments, and similar amounts from members</td>
<td>85c</td>
<td>N/A</td>
</tr>
<tr>
<td>Section 162(e) lobbying and political expenditures</td>
<td>85d</td>
<td>N/A</td>
</tr>
<tr>
<td>Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</td>
<td>85e</td>
<td>N/A</td>
</tr>
<tr>
<td>Taxable amount of lobbying and political expenditures (line 85d less 85e)</td>
<td>85f</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</td>
<td>85g</td>
<td>N/A</td>
</tr>
<tr>
<td>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?</td>
<td>85h</td>
<td>N/A</td>
</tr>
<tr>
<td>501(c)(7) orgs</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on line 12</td>
<td>86a</td>
<td>N/A</td>
</tr>
<tr>
<td>b Gross receipts, included on line 12, for public use of club facilities</td>
<td>86b</td>
<td>N/A</td>
</tr>
<tr>
<td>501(c)(12) orgs</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>87a</td>
<td>N/A</td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td>87b</td>
<td>N/A</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Part IX.</td>
<td>88a</td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Part XI.</td>
<td>88b</td>
<td>X</td>
</tr>
<tr>
<td>501(c)(3) organizations</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>a Amount of tax imposed on the organization during the year under section 4911</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; attach a statement explaining each transaction</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>d Enter Amount of tax on line 89e, above, reimbursed by the organization</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>All organizations At any time during the tax year, was the organization a party to a prohibited shelter transaction?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>List the states with which a copy of this return is filed</td>
<td>NY</td>
<td></td>
</tr>
<tr>
<td>Number of employees employed in the pay period that includes March 12, 2007 (See instructions)</td>
<td>90b</td>
<td>72</td>
</tr>
<tr>
<td>The books are in care of</td>
<td>91a</td>
<td></td>
</tr>
<tr>
<td>Located at</td>
<td>160 WEST 71ST ST, NEW YORK, NY</td>
<td></td>
</tr>
<tr>
<td>Telephone no</td>
<td>212-874-0300</td>
<td></td>
</tr>
<tr>
<td>ZIP + 4</td>
<td>10023</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Form 990 (2007)
Part VI  Other Information (continued)  

<table>
<thead>
<tr>
<th>c At any time during the calendar year, did the organization maintain an office outside of the United States?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country ▶</td>
<td>91c</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
<th>(E) Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Business code</td>
<td>(B) Amount</td>
<td>(C) Exclusion code</td>
<td>(D) Amount</td>
</tr>
<tr>
<td>Program service revenue</td>
<td>237,833.</td>
<td>1,932,456.</td>
<td>79,739.</td>
</tr>
<tr>
<td>a FOOD &amp; NUTRITION</td>
<td>237,833.</td>
<td>1,932,456.</td>
<td>79,739.</td>
</tr>
<tr>
<td>b SENIOR HOUSING</td>
<td>237,833.</td>
<td>1,932,456.</td>
<td>79,739.</td>
</tr>
<tr>
<td>c ADMINISTRATIVE FEE</td>
<td>237,833.</td>
<td>1,932,456.</td>
<td>79,739.</td>
</tr>
<tr>
<td>d MANAGEMENT FEE</td>
<td>237,833.</td>
<td>1,932,456.</td>
<td>79,739.</td>
</tr>
<tr>
<td>e DEVELOPER FEE</td>
<td>237,833.</td>
<td>1,932,456.</td>
<td>79,739.</td>
</tr>
<tr>
<td>Medicare/Medicaid payments</td>
<td>125,000.</td>
<td>125,000.</td>
<td>125,000.</td>
</tr>
<tr>
<td>g Fees and contracts from government agencies</td>
<td>125,000.</td>
<td>125,000.</td>
<td>125,000.</td>
</tr>
<tr>
<td>94 Membership dues and assessments</td>
<td>231,110.</td>
<td>231,110.</td>
<td>231,110.</td>
</tr>
<tr>
<td>95 Interest on savings and temporary cash investments</td>
<td>231,110.</td>
<td>231,110.</td>
<td>231,110.</td>
</tr>
<tr>
<td>96 Dividends and interest from securities</td>
<td>231,110.</td>
<td>231,110.</td>
<td>231,110.</td>
</tr>
<tr>
<td>97 Net rental income or (loss) from real estate</td>
<td>394,070.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a debt-financed property</td>
<td>16</td>
<td>394,070.</td>
<td>394,070.</td>
</tr>
<tr>
<td>b not debt-financed property</td>
<td></td>
<td></td>
<td>394,070.</td>
</tr>
<tr>
<td>98 Net rental income or (loss) from personal property</td>
<td>394,070.</td>
<td>394,070.</td>
<td>394,070.</td>
</tr>
<tr>
<td>99 Other investment income</td>
<td>394,070.</td>
<td>394,070.</td>
<td>394,070.</td>
</tr>
<tr>
<td>100 Gain or (loss) from sales of assets other than inventory</td>
<td>44,364.</td>
<td>44,364.</td>
<td>44,364.</td>
</tr>
<tr>
<td>101 Not income or (loss) from special events</td>
<td>17,156.</td>
<td>17,156.</td>
<td>17,156.</td>
</tr>
<tr>
<td>102 Gross profit or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103 Other revenue a</td>
<td>23,110.</td>
<td>23,110.</td>
<td>23,110.</td>
</tr>
<tr>
<td>b MISCELLANEOUS</td>
<td>23,110.</td>
<td>23,110.</td>
<td>23,110.</td>
</tr>
<tr>
<td>104 Subtotal (add columns (B), (D), and (E))</td>
<td>455,590.</td>
<td>455,590.</td>
<td>455,590.</td>
</tr>
<tr>
<td>105 Total (add line 104, columns (B), (D), and (E))</td>
<td></td>
<td></td>
<td>3,251,445.</td>
</tr>
</tbody>
</table>

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)

STMT 17

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

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>(B) Percentage of ownership interest</th>
<th>(C) Nature of activities</th>
<th>(D) Total income</th>
<th>(E) End of year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Note: if "Yes" to (b), file Form 8870 and Form 4720 (see instructions)
### Part XI

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If &quot;Yes,&quot; complete the schedule below for each controlled entity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Name, address of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If &quot;Yes,&quot; complete the schedule below for each controlled entity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Name, address of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paid Preparer’s Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer’s signature</td>
</tr>
<tr>
<td>Firm’s name or yours if self-employed, address, and ZIP + 4</td>
</tr>
<tr>
<td>REZNICK GROUP, P. C.</td>
</tr>
<tr>
<td>500 EAST PRATT STREET, SUITE 200</td>
</tr>
<tr>
<td>BALTIMORE, MD 21202-3100</td>
</tr>
</tbody>
</table>

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

[Signature of officer]

[Signature of David G. C. Assistant Treasurer]

[Date] 10/30/08

[Type of print name and title] Assistant Treasurer

[Preparer’s SSN or PTIN (See Gen Inst X)] P00252478

[Preparer’s SSN or PTIN (See Gen Inst X)] 52-1088612

[Preparer’s SSN or PTIN (See Gen Inst X)] 410-783-4900

[Preparer’s SSN or PTIN (See Gen Inst X)]
### Part I

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

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEE STATEMENT 18</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other employees paid over $50,000 . . . . . . .</td>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II-A

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of others receiving over $50,000 for professional services . . . . .</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

### Part II-B

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other contractors receiving over $50,000 for other services . . .</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

---

**Other Information:**

- Employer identification number: 13-2666921
- Name of the organization: FIND AID FOR THE AGED, INC.
- C/O PROJECT FIND
- OMB No. 1545-0047
- Year: 2007
- Form 990 or 990-EZ

---

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.
## Part III  Statements About Activities (See page 2 of the instructions.)

### 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 $\text{NONE} \quad \text{(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)}$.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
<th>3a</th>
<th>3b</th>
<th>3c</th>
<th>3d</th>
<th>4a</th>
<th>4b</th>
<th>4c</th>
<th>d</th>
<th>e</th>
<th>f</th>
<th>g</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sale, exchange, or leasing of property?</td>
<td>Lending of money or other extension of credit?</td>
<td>Furnishing of goods, services, or facilities?</td>
<td>Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?</td>
<td>Transfer of any part of its income or assets?</td>
<td>Did the organization make grants for scholarships, fellowships, student loans, etc?</td>
<td>Did the organization have a section 403(b) annuity plan for its employees?</td>
<td>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?</td>
<td>Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>Did the organization maintain any donor advised funds?</td>
<td>Did the organization make any taxable distributions under section 4966?</td>
<td>Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>Enter the total number or donor advised funds owned at the end of the tax year</td>
<td>Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</td>
<td>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 rights to provide advice on the distribution or investment of amounts in such funds or accounts</td>
<td>Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</td>
</tr>
<tr>
<td></td>
<td>2a</td>
<td>2b</td>
<td>2c</td>
<td>2d</td>
<td>2e</td>
<td>3a</td>
<td>3b</td>
<td>3c</td>
<td>3d</td>
<td>4a</td>
<td>4b</td>
<td>4c</td>
<td>d</td>
<td>e</td>
<td>f</td>
<td>g</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2007

JSA

7E1220 1 000

05553G 7704 10/29/2008 09:08:47 V07-8.4 58-202494-5001 15
**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)(vi)
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)(vii) *(Enter the hospital's name, city, and state)*
10  □ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) *(Also complete the Support Schedule in Part IV-A)*
11a □ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(v) *(Also complete the Support Schedule in Part IV-A)*
11b □ A community trust Section 170(b)(1)(A)(v) *(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)*

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Type I</td>
<td>□ Type II</td>
<td>□ Type III - Functionally Integrated</td>
<td>□ Type III - Other</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Employer Identification number (EIN)</th>
<th>(c) Type of organization <em>(described in lines 5 through 12 above or IRC section)</em></th>
<th>(d) Is the supported organization listed in the supporting organization's governing documents?</th>
<th>(e) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>
### Part IV-A Support Schedule

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th>Year</th>
<th>(a) 2006</th>
<th>(b) 2005</th>
<th>(c) 2004</th>
<th>(d) 2003</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)...</td>
<td>789,832</td>
<td>631,116</td>
<td>642,645</td>
<td>2,343,617</td>
<td>4,407,210</td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>2,258,970</td>
<td>2,033,050</td>
<td>2,443,096</td>
<td>408,658</td>
<td>7,143,774</td>
</tr>
<tr>
<td>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</td>
<td>418,666</td>
<td>410,363</td>
<td>456,026</td>
<td>458,967</td>
<td>1,744,022</td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Other income. Attach a schedule to show gain or (loss) from sale of capital assets</td>
<td>STMT 20</td>
<td>13,039</td>
<td>5,939</td>
<td>34,828</td>
<td>257,787</td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>3,480,507</td>
<td>3,080,468</td>
<td>3,576,595</td>
<td>3,469,029</td>
<td>13,606,599</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td>1,221,537</td>
<td>1,047,418</td>
<td>1,133,499</td>
<td>3,060,371</td>
<td>6,462,825</td>
</tr>
<tr>
<td>25 Enter 1% of line 23</td>
<td>34,805</td>
<td>30,805</td>
<td>35,766</td>
<td>34,690</td>
<td></td>
</tr>
<tr>
<td>26 Organizations described on lines 10 or 11:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Enter 2% of amount in column (e), line 24</td>
<td>129,257</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Prepare a list for your records to show the name 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total support for section 509(a)(1) test. Enter line 24, column (e).</td>
<td>6,452,825</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Add Amounts from column (e) for lines 18 to 22</td>
<td>1,744,022</td>
<td>NONE</td>
<td>311,593</td>
<td>26</td>
<td>2,055,615</td>
</tr>
<tr>
<td>e Public support (line 26c minus line 26d total)</td>
<td>4,407,210</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Support percentage (line 26e (numerator) divided by line 26e (denominator))</td>
<td>68.1932%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Organizations described on line 12. A For amounts included in lines 15, 16, and 17 that were received from a &quot;disqualified person,&quot; prepare a list for your records to show the name of, and total amounts received in each year, from each &quot;disqualified person.&quot; Do not file this list with your return. Enter the sum of such amounts for each year</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>NOT APPLICABLE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b For any amount included in line 17 that was received from each person (other than &quot;disqualified persons&quot;), 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</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c Add Amounts from column (e) for lines 15 to 20</td>
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<td></td>
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<tr>
<td>d Add Line 27a total... and line 27b total</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>e Public support (line 27c total minus line 27d total)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</td>
<td>27e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</td>
<td>%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 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 donor, 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

**NOT APPLICABLE**

#### 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?  

- Yes  
- No

#### 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?  

- Yes  
- No

#### 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?  

- Yes, please describe:  
- No, please explain (If you need more space, attach a separate statement.)

#### 32. Does the organization maintain the following:

- a. Records indicating the racial composition of the student body, faculty, and administrative staff?  
- b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  
- c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  
- d. Copies of all material used by the organization or on its behalf to solicit contributions?  

- Yes  
- No

- 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?  
- b. Admissions policies?  
- c. Employment of faculty or administrative staff?  
- d. Scholarships or other financial assistance?  
- e. Educational policies?  
- f. Use of facilities?  
- g. Athletic programs?  
- h. Other extracurricular activities?  

- Yes  
- No

- 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?  

- Yes  
- No

- b. Has the organization's right to such aid ever been revoked or suspended?  

- Yes  
- No

If you answered "Yes" to either 34a or b, please explain using an attached statement

#### 35. Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation  

- Yes  
- No
**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.)

**NOT APPLICABLE**

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)

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

**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**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in) ▶</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Lobbying nontaxable amount</td>
<td>2007</td>
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<tr>
<td>46 Lobbying ceiling amount</td>
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<tr>
<td>47 Total lobbying expenditures</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>48 Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 Grassroots ceiling amount</td>
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<td></td>
</tr>
<tr>
<td>50 Grassroots lobbying expenditures</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

---

**Part VI-B  Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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 | Yes | No | Amount |
| 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) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities
**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

<table>
<thead>
<tr>
<th>(a) Transfers from the reporting organization to a noncharitable exempt organization of</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Other assets</td>
<td>a(ii)</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) Other transactions.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Sales or exchanges of assets with a noncharitable exempt organization</td>
<td>b(i)</td>
<td>X</td>
</tr>
<tr>
<td>(ii) Purchases of assets from a noncharitable exempt organization</td>
<td>b(ii)</td>
<td>X</td>
</tr>
<tr>
<td>(iii) Rental of facilities, equipment, or other assets</td>
<td>b(iii)</td>
<td>X</td>
</tr>
<tr>
<td>(iv) Reimbursement arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) Loans or loan guarantees</td>
<td>b(v)</td>
<td>X</td>
</tr>
<tr>
<td>(vi) Performance of services or membership or fundraising solicitations</td>
<td>b(vi)</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? □ Yes □ No

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) Type of organization</th>
<th>(c) Description of relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2007
**RENT AND ROYALTY INCOME**

**Taxpayer's Name:** FIND AID FOR THE AGED, INC.  
**Identifying Number:** 13-2666921

**DESCRIPTION OF PROPERTY**

**COMMERCIAL RENTAL**

Did you actively participate in the operation of the activity during the tax year?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**RENTAL INCOME**

**OTHER INCOME**

**COMMERCIAL RENTAL INCOME**

| 394,070 |

**TOTAL GROSS INCOME:**

| 394,070 |

**OTHER EXPENSES:**

**OTHER EXPENSES**

| NONE |

**DEPRECIATION (SHOWN BELOW)**

| LESS: Beneficiary's Portion |

**AMORTIZATION**

| LESS: Beneficiary's Portion |

**DEPLETION**

| LESS: Beneficiary's Portion |

**TOTAL EXPENSES**

| NONE |

**TOTAL RENT OR ROYALTY INCOME (LOSS):**

| 394,070 |

---

**SCHEDULE FOR DEPRECIATION CLAIMED**

<table>
<thead>
<tr>
<th>(a) Description of property</th>
<th>(b) Cost or unadjusted basis</th>
<th>(c) Date acquired</th>
<th>(d) ACRS des</th>
<th>(e) Bus %</th>
<th>(f) Basis for depreciation</th>
<th>(g) Depreciation in prior years</th>
<th>(h) Method</th>
<th>(i) Life or rate</th>
<th>(j) Deprecation for this year</th>
</tr>
</thead>
</table>

| JSA Totals |  |  |  |  |  |  |  |  |  |  |

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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

COMMERCIAL RENTAL INCOME

394,070.  

OTHER DEDUCTIONS

COMMERCIAL RENTAL EXPENSES

NONE
RENT AND ROYALTY SUMMARY

<table>
<thead>
<tr>
<th>PROPERTY</th>
<th>TOTAL INCOME</th>
<th>DEPLETION/DEPRECIATION</th>
<th>OTHER EXPENSES</th>
<th>ALLOWABLE NET INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL RENTAL</td>
<td>394,070.00</td>
<td></td>
<td>NONE</td>
<td>394,070.00</td>
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<td>TOTALS</td>
<td>394,070.00</td>
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<td>NONE</td>
<td>394,070.00</td>
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</table>
### FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GROSS REVENUE</th>
<th>DIRECT EXPENSES</th>
<th>NET INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>WE ARE FAMILY</td>
<td>23,883.</td>
<td>6,727.</td>
<td>17,156.</td>
</tr>
<tr>
<td>TOTALS</td>
<td>23,883.</td>
<td>6,727.</td>
<td>17,156.</td>
</tr>
</tbody>
</table>
FIND AID FOR THE AGED, INC. 13-2666921

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNREALIZED GAIN ON INVESTMENTS</td>
<td>19,667.</td>
</tr>
</tbody>
</table>

**TOTAL** 19,667.
### FORM 990, PART II - OTHER EXPENSES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TOTAL</th>
<th>PROGRAM SERVICES</th>
<th>MANAGEMENT AND GENERAL</th>
<th>FUNDRAISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONAL FEES</td>
<td>196,364</td>
<td>89,954</td>
<td>105,380</td>
<td>1,030</td>
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<tr>
<td>UTILITIES</td>
<td>37,084</td>
<td>34,008</td>
<td>2,438</td>
<td>638</td>
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<tr>
<td>FOOD</td>
<td>529,233</td>
<td>528,703</td>
<td>NONE</td>
<td>530</td>
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<tr>
<td>OFFICE EXPENSES</td>
<td>82,520</td>
<td>43,408</td>
<td>21,378</td>
<td>17,734</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>10,629</td>
<td>NONE</td>
<td>10,629</td>
<td>NONE</td>
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<tr>
<td>SENIOR STIPEND</td>
<td>1,648</td>
<td>1,648</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>SENIOR TRIP &amp; ACTIVITES</td>
<td>90,387</td>
<td>90,387</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>OTHER EXPENSES</td>
<td>8,766</td>
<td>8,547</td>
<td>NONE</td>
<td>219</td>
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<tr>
<td>INVESTMENT FEES</td>
<td>3,946</td>
<td>NONE</td>
<td>3,946</td>
<td>NONE</td>
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<tr>
<td>RENT</td>
<td>319,246</td>
<td>295,037</td>
<td>19,370</td>
<td>4,839</td>
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<tr>
<td>EQUIPMENT RENTAL</td>
<td>18,114</td>
<td>14,888</td>
<td>2,556</td>
<td>670</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>1,297,937</strong></td>
<td><strong>1,106,580</strong></td>
<td><strong>165,697</strong></td>
<td><strong>25,660</strong></td>
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</tbody>
</table>
FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

DEVELOP, CONDUCT AND ADMINISTER PROGRAMS TO AID THE AGED ON NEW YORK CITY'S WEST SIDE.
FIND AID FOR THE AGED, INC. 13-2666921

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING BOOK VALUE</th>
<th>ENDING BOOK VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAID INSURANCE</td>
<td>7,228.</td>
<td>8,210.</td>
</tr>
<tr>
<td>DEFERRED RENT</td>
<td>539,737.</td>
<td>608,720.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>546,965.</strong></td>
<td><strong>616,930.</strong></td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>BEGINNING BOOK VALUE</td>
<td>ENDING BOOK VALUE</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>US TREASURY NOTES</td>
<td>59,632.</td>
<td>NONE</td>
</tr>
<tr>
<td>COMMON STOCK &amp; CORPORATE BONDS</td>
<td>821,715.</td>
<td>1,157,161.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>881,347.</strong></td>
<td><strong>1,157,161.</strong></td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>BEGINNING BOOK VALUE</td>
<td>ENDING BOOK VALUE</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td>72,919.</td>
<td>126,602.</td>
</tr>
<tr>
<td>UTILITY AND SECURITY DEPOSITS</td>
<td>545.</td>
<td>545.</td>
</tr>
<tr>
<td>DUE FORM AFFILIATES</td>
<td>285,502.</td>
<td>361,069.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>358,966.</strong></td>
<td><strong>488,216.</strong></td>
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</table>
### FORM 990, PART IV - DEFERRED REVENUE

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING BOOK VALUE</th>
<th>ENDING BOOK VALUE</th>
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</thead>
<tbody>
<tr>
<td>PREPAID RENT</td>
<td>NONE</td>
<td>26,217.</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td>NONE</td>
<td>26,217.</td>
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</table>
### FORM 990, PART IV - OTHER LIABILITIES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING BOOK VALUE</th>
<th>ENDING BOOK VALUE</th>
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</thead>
<tbody>
<tr>
<td>PROGRAM ADVANCES PAYABLE</td>
<td>351,277.</td>
<td>345,609.</td>
</tr>
<tr>
<td>SECURITY DEPOSIT PAYABLE</td>
<td>72,944.</td>
<td>126,602.</td>
</tr>
<tr>
<td>ESCROW DEPOSIT PAYABLE</td>
<td>53,107.</td>
<td>NONE</td>
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<tr>
<td>ACCRUED EXPENSE</td>
<td>166,229.</td>
<td>161,536.</td>
</tr>
<tr>
<td>DUE TO AFFILIATES</td>
<td>NONE</td>
<td>40,773.</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>643,557.</strong></td>
<td><strong>674,520.</strong></td>
</tr>
</tbody>
</table>

**STATEMENT 12**
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</th>
<th>COMPENSATION</th>
<th>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</th>
<th>EXPENSE ACCT AND OTHER ALLOWANCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>W. MICHAEL O'NEAL</td>
<td>MEMBER 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
</tr>
<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUSAN COLE</td>
<td>CHAIR 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
</tr>
<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT O'CONNOR</td>
<td>VICE CHAIR 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
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<td></td>
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</tr>
<tr>
<td>BARBARA FIFE</td>
<td>VICE-CHAIR 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MILTON NORMAN, ESQ.</td>
<td>SECRETARY 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WILLIAM CONWAY</td>
<td>MEMBER 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN CRANE</td>
<td>MEMBER 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
</tr>
<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID G. DAVENPORT</td>
<td>TREASURER 1.00</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
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<tr>
<td>160 WEST 71ST STREET, 2F NEW YORK, NY 10023</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Address</td>
<td>Title and Average Hours per Week Devoted to Position</td>
<td>Compensation</td>
<td>Contributions to Employee Benefit Plans</td>
<td>Expense Acct and Other Allowances</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Lillian Fable</td>
<td>Member</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>160 West 71st Street, 2F New York, NY 10023</td>
<td>1.00</td>
<td></td>
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</tr>
<tr>
<td>James Kelly</td>
<td>Member</td>
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<td>None</td>
<td>None</td>
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<td>160 West 71st Street, 2F New York, NY 10023</td>
<td>1.00</td>
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<tr>
<td>Jerilyn Perine</td>
<td>Member</td>
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<td>None</td>
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<td>1.00</td>
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<tr>
<td>Patricia Castel Skarulis</td>
<td>Member</td>
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<td>None</td>
<td>None</td>
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<td>160 West 71st Street, 2F New York, NY 10023</td>
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</tr>
<tr>
<td>Cynthia Dial</td>
<td>Executive Director</td>
<td>106,748.</td>
<td>23,579.</td>
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<td>160 West 71st Street New York, NY 10023</td>
<td>35.00</td>
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<tr>
<td>Deon Lewis</td>
<td>Controller</td>
<td>57,690.</td>
<td>20,564.</td>
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<tr>
<td>160 West 71st Street New York, NY 10023</td>
<td>1.00</td>
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</tr>
<tr>
<td>Charles Simon</td>
<td>Member</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<td>160 West 71st Street 2F New York, NY 10023</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Gillcrist</td>
<td>Executive Director</td>
<td>99,885.</td>
<td>23,236.</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>35.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FIND AID FOR THE AGED, INC.  

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</th>
<th>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</th>
<th>EXPENSE ACCT AND OTHER ALLOWANCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>160 WEST 71ST STREET 2F NYC, NY 10023</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>GRAND TOTALS</td>
<td>264,323.</td>
<td>67,379.</td>
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</table>

05553G  7704  10/29/2008  09:08:47  V07-8.4  58-202494-5001  41  STATEMENT  15
FIND AID FOR THE AGED, INC. 13-2666921

<table>
<thead>
<tr>
<th>RELATED ORGANIZATION NAME</th>
<th>EXEMPT:</th>
<th>NONEXEMPT:</th>
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</thead>
<tbody>
<tr>
<td>WOODSTOCK HDFC FOR SENIOR CITIZEN INC</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HAMILTON HOUSING DEVELOPMENT COMPANY, INC.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HARGRAVE HOUSING DEVELOPMENT FUND COR</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>GLAVES HOUSE, LP</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>GLAVES HOUSE, INC.</td>
<td></td>
<td>X</td>
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<tr>
<td>PROJECT FIND POOLED TRUST</td>
<td></td>
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<tr>
<td>LINE NO.</td>
<td>EXPLANATION</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
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<tr>
<td>93A</td>
<td>INCOME FROM PROVIDING MEALS, RECREATION, SOCIAL ACTIVITIES, SOCIAL PROGRAMS, AND HOUSING TO SENIOR CITIZENS FROM NEW YORK CITY'S WEST SIDE.</td>
<td></td>
</tr>
<tr>
<td>93C</td>
<td>INCOME FROM ADMINISTERING SENIOR CITIZEN HOUSING PROJECTS ON NEW YORK'S WEST SIDE.</td>
<td></td>
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<tr>
<td>93D</td>
<td>INCOME FROM PROVIDING SOCIAL WORKERS FOR NEW YORK CITY AT THE SENIOR CITIZEN HOUSING PROJECTS ON NEW YORK CITY'S WEST SIDE.</td>
<td></td>
</tr>
<tr>
<td>93E</td>
<td>DEVELOPER FEE INCOME FROM DEVELOPING SENIOR CITIZEN HOUSING PROJECTS ON NEW YORK CITY'S WEST SIDE.</td>
<td></td>
</tr>
<tr>
<td>103B</td>
<td>OTHER INCOME FROM PROVIDING HOUSING AND SOCIAL SERVICES TO SENIOR CITIZEN HOUSING PROJECTS ON NEW YORK CITY'S WEST SIDE</td>
<td></td>
</tr>
<tr>
<td>NAME AND ADDRESS</td>
<td>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</td>
<td>COMPENSATION</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>DENISE JONES</td>
<td>EMPLOYEE 35.00</td>
<td>50,282.</td>
</tr>
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<td>160 WEST 71ST STREET</td>
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<tr>
<td>NEW YORK, NY 10023</td>
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<td></td>
</tr>
<tr>
<td>DIANE L. MAGNUSON</td>
<td>DEVELOPMENT DIRECTOR 35.00</td>
<td>77,641.</td>
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<tr>
<td>160 WEST 71ST STREET</td>
<td></td>
<td></td>
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<tr>
<td>NEW YORK, NY 10023</td>
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</tr>
<tr>
<td>AARON DEBROUX</td>
<td>HARGRAVE CENTER DR 35.00</td>
<td>51,542.</td>
</tr>
<tr>
<td>160 WEST 71ST STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW YORK, NY 10023</td>
<td></td>
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<tr>
<td>BARBARA BLACKMAN</td>
<td>DIR. OF PROGRAMS 35.00</td>
<td>57,557.</td>
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<tr>
<td>NEW YORK, NY 10023</td>
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<tr>
<td>DEBRA ESCORT</td>
<td>DIR. SP PROJECTS 35.00</td>
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<td>160 WEST 71ST STREET</td>
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<tr>
<td>NEW YORK, NY</td>
<td></td>
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</tr>
<tr>
<td>TOTAL COMPENSATION</td>
<td></td>
<td>293,844.</td>
</tr>
</tbody>
</table>
FIND AID FOR THE AGED, INC. 13-2666921

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

==============================================

SEE FORM 990 PART V
### SCHEDULE A, PART IV-A - OTHER INCOME

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>2006</th>
<th>2005</th>
<th>2004</th>
<th>2003</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>OTHER REVENUE</td>
<td>13,039</td>
<td>5,939</td>
<td>34,828</td>
<td>257,787</td>
<td>311,593</td>
</tr>
<tr>
<td>TOTALS</td>
<td>13,039</td>
<td>5,939</td>
<td>34,828</td>
<td>257,787</td>
<td>311,593</td>
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<td>PART IV LINE 57A</td>
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<td>----------------------------------</td>
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<td></td>
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<tr>
<td>LAND AND BUILDINGS</td>
<td>318,038</td>
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<tr>
<td>FURNITURE AND EQUIPMENT</td>
<td>506,617</td>
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<td>LEASEHOLD IMPROVEMENTS</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>824,655</td>
<td></td>
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<td></td>
<td>(470,026)</td>
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<td>ACCUMULATED DEPRECIATION</td>
<td>354,629</td>
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</tbody>
</table>
Application for Extension of Time To File an Exempt Organization Return

Part I

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.  

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 5680, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print

Name of Exempt Organization

Employer Identification number

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

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

The books are in the care of

Telephone No.  

FAX No.  

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

- calendar year 2007, or
- tax year beginning , and ending .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 5689, enter the tentative tax, less any nonrefundable credits. See Instructions. $  

3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $  

3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $  

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2007)
Form 8889 (Rev. 4-2003)  

Page 2

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8889.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II: Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIND AID FOR THE AGED, INC.</td>
<td>13-2666921</td>
</tr>
<tr>
<td>160 WEST 71ST STREET</td>
<td></td>
</tr>
<tr>
<td>NEW YORK, NY 10023</td>
<td></td>
</tr>
</tbody>
</table>

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

- X Form 990
- Form 980-BL
- Form 990-T (sec. 401(a) or 408(e) trust)
- Form 990-EZ
- Form 990-T (trust other than above)
- Form 1041-A
- Form 6069
- Form 4720
- Form 8870
- Form 5227

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8889.**

- The books are in the care of: [Name]
  - Telephone No. [Number]
  - FAX No. [Number]

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box. If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2008.
5 For calendar year 2007, or other tax year beginning and ending.
6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period
7 State in detail why you need the extension. INFORMATION FROM A THIRD PARTY HAS NOT RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8889.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, deposit with FTDA coupon, or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Signature**

Resnick Group, P.C.

500 East Pratt Street, Suite 200
Baltimore, MD 21202-3100