990 Form

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)

OMB No. 1545-0047

2012

Department of the Treasury

Open to Public

_		enue service I ne organization may nave to use a copy of this return to satisfy state re				nispection 2011
<u> </u>	For the		and endi	ng	06-	
В	Check if	f applicable: C Name of organization Better Balance				Employer identification no.
Н	Address	change Doing Business As				20-3664771
片	Name ch	hange Number and street (or P.O. box if mail is not delivered to street address)	R	oom/suite	E	Telephone number
Ц	Initial re	turn 80 Maiden Lane		606		(212)430-5982
Ц	Termina	city, town or post office, state, and ZIP code				800,489
Ц	Amende	nd return New York, NY 10038-4954			(Gross receipts \$
	Applicati	ion pending F Name and address of principal officer: Eric Berger				
		Same as C above		H(a) Is this a g affiliates?	roup re	Yes X No
ī .	Tax-exe	mpt status: 501(c)(3)		H(b) Are all af	iliates i	ncluded? Yes No list. (see instructions)
J	Website:	abetteralance.org		If "No," at H(c) Group ex	tach a l emption	list. (see instructions) n number
K	Form of	organization: Corporation Trust Association Other	ation: 200	5 M State	of lega	al domicile: NY
Pa	art I	Summary		•		
	1	Briefly describe the organization's mission or most significant activities: A Better Bala	nce (AE	BB) is a le	gal a	advocacy
		organization using a range of legal strategies to promote equality	and exp	and choice	s for	<u> </u>
Activities & Governance		men and women at all income levels so they may care for their famil	ies wit	hout sacri	ficir	ng
'na		their economic security.				
Š	2	Check this box if the organization discontinued its operations or disposed of more than 25	5% of its n	et assets.		
Ö	3	Number of voting members of the governing body (Part VI, line 1a)			3	13
ფ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	10
itie	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	10
냟	6	Total number of volunteers (estimate if necessary)			6	5
ĕ	7a				7a	0
		Net unrelated business taxable income from Form 990-T, line 34			7b	0
		The direction business taxable month form out 1, line 0-1	· · · ·	Prior Year	, ,,	Current Year
	8	Contributions and grants (Part VIII, line 1h)			3,161	739,129
ē	9	Program service revenue (Part VIII, line 2g)	• –	30.	<i>,</i>	733,123
enr	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	∵			0
Revenue			• •	1.	2 742	27.401
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• •		3,743	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	• •	37	5,904	
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	∵ -			75,000
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		42:	2,612	490,677
es		Professional fundraising fees (Part IX, column (A), line 11e)		42.	2,012	130,677
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 129,591				0
Ϋ́			_	7	1 004	110 201
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	• • •		4,904 7,516	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	••⊢			
_	19	Revenue less expenses. Subtract line to north line 12			,612	
nces	5 20	Total assets (Part X, line 16)		ginning of Current		End of Year
I Bla	20		• • •		5,752	
Fund Blances	21 22	Total liabilities (Part X, line 26)	••⊢		3,777 7,975	
_	art II	Signature Block	• •	23	1,913	338,527
		ies of perjury, I declare that I have examined this return, including accompanying schedules and statements, an	nd to the be	st of my knowled	ge and	belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any				
		Sherry Leiwant				
Sig	ın	Signature of officer			Date	
He		Sharry Leiwant Co-Desident				
		Sherry Leiwant, Co-Pesident Type or print name and title				
				Check X	:4 -	PTIN
Pai	id	Print/Type preparer's name Preparer's signature Paul E Forsythe III CPA				P00005731
	eparer	-	-	self-employ	yeu	F00003/3T
	e Only	· · · · · · · · · · · · · · · · · · ·		irm's EIN		
U 3	COIN	y Firm's address ▶ 399 Sunset Ave Haworth NJ 07641-1723		hone no.	11 _ 20	7-8230
May	the IPS	S discuss this return with the preparer shown above? (see instructions)		20	,30	🛛 Yes 🗆 No

Page 3

A Better Balance 20-3664771 Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
•	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		X
10	· · · · · · · · · · · · · · · · · · ·	3		- 21
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
44		10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	v	
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	441		- V
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2012) A Better Balance 20-3664771 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes Nο Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b n Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 **4**a Χ If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Χ Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Χ organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7е e Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Χ 7g g Χ h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring Χ organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Χ Did the organization make any taxable distributions under section 4966? Χ b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Check if Schedule O contains a response to any question in this Part V	/1		<u> </u>	<u></u>
response to line 8a, 8b, or 10b below, describe the circumstances, produced				_
· · · · · · · · · · · · · · · · · · ·	•	-		

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	7.7	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0	., l	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		X
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	เอม		27
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IVa		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	. 55		
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: Taxpayer (212)430-5982 80 Maiden Lane Suite 606 New York, NY 100	38-4	954	

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations	box, unless person is both an officer and a director/trustee)					an e)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	below dotted line)	I t d n r i d u r i s e v t c i d e o u r a o I r	I t n r s u t s i t e u e t i o n a l	i c e	K e y e m p l o y e e	Hce iom gmp heeos snye tsee ted	F o r m e r	(1.2.33565)		and related organizations
(1) Ariel Devine		Х						0	0	0
(2) Dina Bakst										
CoPresident	40.00	X		X	X			53,525	0	0
(3) Elizabeth S Saylor		Х						0	0	
(4) Eric Berger										
Treasurer		X		X				0	0	0
(5) Gary Phelan		Х						0	0	
(6) Judy Landis		Х						0	0	
(7) Mike Gaebler		Х						0		
(8) Ossai Miazad		Х						0		
(9) Risa E Kaufman		X								
Vice Chair (10) Roslyn Powell								0	0	
Board Secretary		Х						o	o	
(11) Sherry Leiwant										
Co-President	40.00	Х		X	Х			68,543	0	0
(12) Yolanda Wu										
Board Chair		X						0	0	
(13)										
(14)										

EEA Form **990** (2012)

Part	Section A. Officers, Directors, Trustees	, Key Empic	yees,	anc	Ηιζ	gnes	st Com	npen	sated Employees	(continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per	(do r	not ch		sition more	than or	ne	Reportable compensation	Reportable compensation from		stimate mount c	
		week (list any	/ 1				is both trustee		from	related		other	
		hours for related	I t d	T	0	_	Нсе	F	the organization	organizations (W-2/1099-MISC)	1	npensat rom the	
		organizations	n r i	n r	f	е	i o m	o r	(W-2/1099-MISC)		1	ganizati	
		below dotted line)	i s e	t s	l i	-	g mp h p l e e o	m e				nd relate janizatio	
			i e t d e o	u e		m p I	s n y t s e	r					
			u r ao ır	t i o		o y	a e t e						
			' '	n a		e e	ď						
(4.5)				ĺ							-		
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total			• •	• •	• •		•					
С	Total from continuation sheets to Part VII, Section	on A .						•					
d	Total (add lines 1b and 1c)							•	122,068	0			0
2	Total number of individuals (including but not limited to	o those listed	above) wh	o re	ceive	ed more	e tha	n \$100,000 of				
	reportable compensation from the organization									0			
3	Did the organization list any former officer, directo	r or tructoo	kov o	mnla		orl	hiahos	t cor	nnoncatod			Yes	No
3	employee on line 1a? If "Yes," complete Schedule J f		•	пріс	-		•				3		Х
4	For any individual listed on line 1a, is the sum of repo			n and									
	organization and related organizations greater than \$												
	individual										4		X
5	Did any person listed on line 1a receive or accrue cor							ation (or individual				77
Socti	for services rendered to the organization? If "Yes," coon B. Independent Contractors	mplete Sched	dule J t	or su	uch p	perso	on				5		X
1	Complete this table for your five highest compensated	d independen	t contra	acto	rs tha	at re	ceived	more	than \$100,000 of				
-	compensation from the organization. Report compens									n's tax			
	year. (A)								(B)			(C)	
	Name and business addres	SS							Description of	fservices		pensatio	on
2	Total number of independent contractors (including be	ut not limited	to thos	e list	ted a	bove	e) who		1				
_	received more than \$100,000 of compensation from t			•	0	• •	,3						

Part VIII

Statement of Revenue

		Check if Schedule O contains a response	to anv	question in this Part	VIII			
			<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated campaigns	1a	739,129				
Gifts, Grants ilar Amounts	b	Membership dues	1b					
פֿפֿ	С	Fundraising events	1c					
ifts. ar A	d	Related organizations	1d					
פֿיַּ	е	Government grants (contributions)	1e					
Sis	f	All other contributions, gifts, grants,						
ağ.		and similar amounts not included above	1f					
를 잘	g	Noncash contributions included in lines 1a-1	$\overline{}$					
Contributions, and Other Sim	_	Total . Add lines 1a-1f			739,129			
0.0	<u> </u>	Totali / Ida liiloo Ta Ti	• • •	Business Code	7337123			
ø	2a		ŀ	Dusiliess doue				
nu.	b							
Š	C							
Z Si	d							
Se	u							
Program Service Revenue	ı,	All other program service revenue						
S.	1		,					
-		Total. Add lines 2a-2f						
		Investment income (including dividends, inter						
		and other similar amounts)						
		Income from investment of tax-exempt bond						
	5	Royalties						
	0-	(i) Rea	al	(ii) Personal				
		Gross rents						
	1	Less: rental expenses						
		Rental income or (loss)						
	1	Gross amount from sales of assets other than inventory	ties	(ii) Other				
		Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
nue	8a	Gross income from fundraising						
Ven		events (not including \$						
Other Reve		of contributions reported on line 1c).	_					
ЭĒ		See Part IV, line 18	. а	61,360				
₹	b	Less: direct expenses	. b	23,959				
	С	Net income or (loss) from fundraising events			37,401			37,401
	9a	Gross income from gaming activities.						
	1	See Part IV, line 19	. а					
	1	Less: direct expenses	1					
	1	Net income or (loss) from gaming activities	,					
		Gross sales of inventory, less						
	104	returns and allowances	. a					
	1	Less: cost of goods sold	1					
	1	Net income or (loss) from sales of inventory	,					
		Miscellaneous Revenue		Business Code				
	112			2				
	b							_
	C							
		All other revenue		+				
		Total. Add lines 11a-11d	,	•				
	1	Total revenue. See instructions		\ F	776,530	0	0	37,401
	14	TOTAL TO VEHICLE OF HISHUCIONS			, , , , , , , , ,	Ч	U	21,401

Form 990 (2012) A Better Balance 20-3664771 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

000.	Check if Schedule O contains a response to any question		'	()									
Do r	Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and Fundraising												
	b), and 10b of Part VIII.		Program service expenses	Management and general expenses	Fundraising expenses								
1	Grants and other assistance to governments and		expenses	general expenses	expenses								
•	organizations in the United States. See Part IV, line 21 .	75,000	75,000										
2	Grants and other assistance to individuals in	75,000	75,000										
_													
3	Grants and other assistance to governments,												
3	organizations, and individuals outside the												
	United States. See Part IV, lines 15 and 16												
4	Benefits paid to or for members		+										
5	Compensation of current officers, directors,												
_	trustees, and key employees	122,068	89,232	5,981	26,855								
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
_	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	304,647	222,689	15,075	66,883								
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits	32,244	18,577	4,534	9,133								
10	Payroll taxes	31,718	23,186	1,554	6,978								
11	Fees for services (non-employees):												
а	Management												
b	Legal												
С	Accounting	5,500		5,500									
d	Lobbying												
е	Professional fundraising services. See Part IV, line 17 .												
f	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25, column												
	(A) amount, list line 11g expenses on Schedule O.)	24,827	18,788	2,700	3,339								
12	Advertising and promotion												
13	Office expenses	9,537	3,796	4,424	1,317								
14	Information technology	5,646	1,022	666	3,958								
15	Royalties												
16	Occupancy	41,841	28,151	5,592	8,098								
17	Travel												
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	4,427	4,171	225	31								
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	443		443									
23	Insurance												
24	Other expenses. Itemize expenses not covered												
	above (List miscellaneous expenses in line 24e. If												
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O.)												
а	Telephone	4,727	99	2,912	1,716								
b	Publicity	1,907	1,907										
С	Public education	9,576	9,576		_								
d					_								
e	All other expenses	1,870	360	227	1,283								
25	Total functional expenses. Add lines 1 through 24e .	675,978	496,554	49,833	129,591								
26	Joint costs. Complete this line only if the	-,-		.,									
	organization reported in column (B) joint costs												
	from a combined educational campaign and fundraising solicitation. Check here												
	following SOP 98-2 (ASC 958-720)												
					Form 000 (2012)								

Form 990 (2012) A Better Balance 20-3664771 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	4	Cook non interest bearing		4	•
	1	Cash - non-interest-bearing	174,065	1	237,096
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	74,470	3	105,550
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors			
		trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		_	
		organizations (see instructions). Complete Part II of Schedule.L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	3,917	9	9,880
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,329			
	b	Less: accumulated depreciation		10c	886
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,300	15	4,300
	16	Total assets. Add lines 1 through 15 (must equal line 34)	256,752	16	357,712
	17	Accounts payable and accrued expenses	768	17	4,371
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	18,009	25	14,814
	26	Total liabilities. Add lines 17 through 25	18,777	26	19,185
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	118,337	27	153,874
Ba	28	Temporarily restricted net assets	119,638	28	184,653
<u>n</u>	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here			
SO		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets of Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
•	33	Total net assets or fund balances	237,975	33	338,527
	34	Total liabilities and net assets/fund balances	256,752	34	357,712

Form	1 990 (2012) A Better Balance	20-3664	Page 1		age 12	
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response to any question in this Part XI					<u>. U</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			776,	530
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			675,	978
3	Revenue less expenses. Subtract line 2 from line 1	. 3			100,	552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			237,	975
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10			338,	527
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					<u>. U</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🛚	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🛓	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		🛓	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Employer identification number

2012

Open to Public Inspection

A B	ette	r Balance							20-36	664771				
Pa	rt I	Reason for P	Public Charity	Status (All organiza	ations mu	ust comp	lete this	part.) S	ee instru	ıctions.				
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)							
1		A church, conventio	n of churches, or a	ssociation of churches d	lescribed ir	section 1	170(b)(1)(<i>i</i>	A)(i).						
2		A school described i	in section 170(b)(′	1)(A)(ii). (Attach Schedu	le E.)									
3		A hospital or a coop	erative hospital ser	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii)							
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed ir	section '	170(b)(1)(A)(iii). Ent	er the				
	_	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II.)												
	_	section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
	_	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	Ц	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	Χ													
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its												
		support from gross in	vestment income ar	nd unrelated business taxa	able income	e (less sect	ion 511 tax) from bus	inesses					
		acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)							
10	H	An organization orga	anized and operate	ed exclusively to test for p	public safe	ty. See se	ction 509((a)(4).						
11	Ш	-		· ·				-						
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section													
		∺`′		s the type of supporting	•		•							
		a ∐ Type I	b ∐ Typ	_ ,,	III-Function			d L		Non-funtio	nally inte	grated		
е	Ш			anization is not controlled	-				•					
			managers and othe	er than one or more public	ly supporte	ed organiza	tions descr	ibed in sec	tion 509(a)	(1)				
		or section 509(a)(2).												
f		•		ermination from the IRS th	at it is a Typ	oe I, Type I	I, or Type I	II supportin	ıg					
		organization, check the				· · · · ·							• • □	
g		•	b, nas the organiza	tion accepted any gift or c	contribution	from any o	rtne							
		following persons?	iroath, ar iadiroath, a	controlo oither alone or too	aothor with	noroono do	ooribad in A	(ii) and						
		.,	•	controls, either alone or tog	-	persons de	SCIIDEU III ((II) and			44 (1)	Yes	No	
			er of a person descri	e supported organization?	•						11g(i)			
			•	described in (i) or (ii) abov							11g(ii)			
h		• •		ne supported organization							11g(iii)			
	(i) N:	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	ganization	(v) Did yo	u notify	(vi) Is	the	(vii) Amou	unt of mo	notany	
	(-,	organization	(,	(described on lines 1-9	in col. (i) list	ed in your	the organ	ization in	organizat	ion in col.		support	i i ciai y	
				above or IRC section (see instructions))	governing	document?	col. (i) c	of your port?	(i) organize U.	ed in the S.?				
				(coo mon donomo))	Yes	No	Yes	No	Yes	No	1			
(A)						1.0	1.55		1 20					
. ,														
(B)														
(C)														
(D)														
(E)														

Schedule A (Form 990 or 990-EZ) 2012 A Better Balance 20-3664771 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (d) 2011 **(e)** 2012 (c) 2010 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the

	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see	•			• • • • • • • • •	12	
13	First five years. If the Form 990 is for the o						. □
<u></u>	organization, check this box and stop here						<u></u>
	tion C. Computation of Public Su	•				44	0/
14	Public support percentage for 2012 (line 6, col					14	%
15	Public support percentage from 2011 Schedul						%
16a	33 1/3% support test - 2012. If the organiz						▶ □
	box and stop here. The organization qualifi						
b	33 1/3% support test - 2011. If the organiz			•			▶ □
170	check this box and stop here . The organization 10%-facts-and-circumstances test - 2012			-			,
17a	10% or more, and if the organization meets	J		•			
	Part IV how the organization meets the "facts-					11 111	
	organization		•				▶ □
b	10%-facts-and-circumstances test - 2011						, .
D	15 is 10% or more, and if the organization r	_				IIIIC	
	Explain in Part IV how the organization meets			·	<u>-</u>		
	,						▶ □
18	Private foundation. If the organization did						· · · · ·
	instructions						▶ □

EEA Schedule A (Form 990 or 990-EZ) 2012

20-3664771

Part III Sup

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			· •	,		
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	244,870	404,914	715,822	397,243	428,273	2,191,122
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	244,870	404,914	715,822	397,243	428,273	2,191,122
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						2,191,122
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	244,870	404,914	715,822	397,243	428,273	2,191,122
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	244,870	404,914	715,822	397,243	428,273	2,191,122
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2012 (line 8, colu		ne 13, column (f))			15	100.00 %
16	Public support percentage from 2011 Schedule					16	96.70 %
	ction D. Computation of Investmen					T I	
17	Investment income percentage for 2012 (line					17	0.00 %
18	Investment income percentage from 2011 S					18	%
	33 1/3% support tests - 2012. If the organia 17 is not more than 33 1/3%, check this box	and stop here. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶ 🏻
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	olicly supported org	ganization	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ 📙

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Nam	e of organization			Employer	identification number
A	Better Balance			20-3664	771
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's				
2	Political expenditures			▶ \$	
3	Volunteer hours			<u> </u>	
D			F04(-)(0)		
		ization is exempt under section		.	
1	Enter the amount of any excise tax incurred				
2	Enter the amount of any excise tax incurred				
3	If the organization incurred a section 4955 Was a correction made?	•			· = · · · = · ·
4a b					. L res L No
	rt I-C Complete if the organ	ization is exempt under section	on 501(c) exc	ent section 501/c)/3	1
<u>га</u>	Enter the amount directly expended by the	•		ept section sortcits	·)-
•				> \$	
2	Enter the amount of the filing organization's			, , ψ	
_	527 exempt function activities			> \$	
3	Total exempt function expenditures. Add lir				
	line 17b			> \$	
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employer				
	organization made payments. For each organization	• •		-	
	the amount of political contributions receive				
	as a separate segregated fund or a politica	I action committee (PAC). If additional spa	ace is needed, provi	de information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) / ladices	(0) 21	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(0)					
(6)		[

JUII	edule C (Form 990 of 990-LZ) 2012 A Beccer Baran				20-30047	
Pa	art II-A Complete if the organization	n is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
Α	Check ▶ ☐ if the filing organization belongs to a	an affiliated group (an	nd list in Part IV each a	affiliated group member	er's	
	name, address, EIN, expenses, and	d share of excess lob	bying expenditures).			
В	Check ▶ ☐ if the filing organization checked bo	x A and "limited conti	rol" provisions apply.			
	Limits on Lobi	oying Expenditures	3		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts pai	d or incurred.)		organization's totals	group totals
1a	, , ,					
b	Total lobbying expenditures to influence a legislative	e body (direct lobbyi	ng)			
C	Total lobbying expenditures (add lines 1a and 1b)					
C	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	nd 1d)				
f	Lobbying nontaxable amount. Enter the amount from	m the following table	e in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the amo	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess over	er \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess over	er \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess over	r \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
Q	Grassroots nontaxable amount (enter 25% of line	ıf)				
h	Subtract line 1g from line 1a. If zero or less, enter -	0				
i						
j	If there is an amount other than zero on either line	1h or line 1i, did the o	organization file Form	4720		
	reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that	made a section 501	eriod Under Section I(h) election do not l ions for lines 2a thro	have to complete al	I of the five	
	Lobb	ying Expenditures	During 4-Year Avera	aging Period	, ,	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

EEA Schedule C (Form 990 or 990-EZ) 2012

	(election under section 501(h)).	(a)	(b)
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
3	Volunteers?	X		
)	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
;	Media advertisements?		Х	
t	Mailings to members, legislators, or the public?		Х	
•	Publications, or published or broadcast statements?		Х	
	Grants to other organizations for lobbying purposes?		Х	
J	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
1	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
	Other activities?		Х	
	Total. Add lines 1c through 1i			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
)	If "Yes," enter the amount of any tax incurred under section 4912			
;	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<u> </u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-bouse lobbying expenditures of \$2,000 or less?			Yes 1
	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2 3
	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?)(5), c	 or sec	Yes 1 2 3 tion
	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?)(5), c	 or sec	Yes 1 2 3 tion
	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol answered "Yes.")(5), c	 or sec Part I	Yes 1 2 3 tion
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol answered "Yes." Dues, assessments and similar amounts from members)(5), c	 or sec Part I	Yes 1 2 3 tion
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? I III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of)(5), c	 or sec Part I	Yes 1 2 3 tion
ar	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).)(5), c	or sec	Yes 1 2 3 tion
ar	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total)(5), c	or sec Part I	Yes 1 2 3 tion
ar	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues)(5), c	or sec Part I	Yes 1 2 3 tion
ar	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the)(5), c	or sec Part I	Yes 1 2 3 tion
ar	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		or sec Part I	Yes 1 2 3 tion
ar	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		2a 2b 2c 3	Yes 1 2 3 tion
ai	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	 (5), c R (b)	2a 2b 2c 3	Yes 1 2 3 tion
aı	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **IV** Supplemental Information**		2a 2b 2c 3	Yes 1 2 3 tion
ar ar m _m	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B		2a 2b 2c 3	Yes 1 2 3 tion
ar	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **IV** Supplemental Information**		2a 2b 2c 3	Yes 1 2 3 tion
ar m	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B		2a 2b 2c 3	Yes 1 2 3 tion
ar m	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B		2a 2b 2c 3	Yes 1 2 3 tion

EEA Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

	of the organization		-	entification nun		
<u>A</u>	Better Balance			66477	<u> </u>	
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s. Co	mple	te if the		
	organization answered "Yes" to Form 990, Part IV, line 6.					
	(a) Donor advised funds	(b)	Funds	and other ac	counts	
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised					
	funds are the organization's property, subject to the organization's exclusive legal control?				Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used					_
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose					
	conferring impermissible private benefit?				Yes	□No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa					
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,				
	Preservation of land for public use (e.g., recreation or education)	mporta	ant lan	d area		
	Protection of natural habitat Preservation of a certified histo					
	Preservation of open space		.0.0.0			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva-	tion				
_	easement on the last day of the tax year.					
	addention the last day of the lax year.		Held	at the End	of the Ta	y Year
а	Total number of conservation easements	2a	11010	at the Life	Of the fa	ix roui
b	Total acreage restricted by conservation easements	2b				
c	Number of conservation easements on a certified historic structure included in (a)	2c				
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a					
u	historic structure listed in the National Register	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization		n the			
3	tax year	dunn	y ii ie			
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
J	violations, and enforcement of the conservation easements it holds?				Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year				☐ 162	
Ü	Stan and volunteer hours devoted to mornioring, inspecting, and emoting conservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year					
′	\$ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)					
Ü	(i) and again 170(b)(4)(P)(i)(2				Yes	□ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a				163	NO
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described and expense statements and expense statements.		20			
	organization's accounting for conservation easements.	เมอร แ	ic			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Sir	milai	· Assets		
·u	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	,, О.,	·····a	700010.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	nca el	neet			
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar		icci			
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	100 01				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	shoot				
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar					
	public service, provide the following amounts relating to these items:	100 01				
				\$		
				\$ \$		
2			• •	Φ		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	e u ie				
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			· c		
a	Revenues included in Form 990, Part VIII, line 1			\$		
b	Assets included in Form 990, Part X			\$		

-3664771	Page 2
ar Assets (co	ntinued)
	_

3a(ii)

Schedule D (Form 990) 2012 A Better Balance Organizations Maintaining Collections of Art, Historical Treasures, or Other Simila Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Part IV line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance Additions during the year 1d d Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII h Endowment Funds. Complete if the organization answered "Yes" to Form 990, (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance 1a b Contributions Net investment earnings, gains, and C Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes organization by: No (i) unrelated organizations 3a(i)

b	If "Yes" to 3a(ii), are the related organizations listed as re	quired on Schedule R?			3b
4	Describe in Part XIII the intended uses of the organization	n's endowment funds.			
Pai	rt VI Land, Buildings, and Equipment.	See Form 990, Par	t X, line 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		1,329	443	886
е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	rm 990, Part X, column ((B), line 10(c).)		886

(ii) related organizations

EEA Schedule D (Form 990) 2012

Schedule D (Form	990) 2012 A Better Balance		20-3664	1771 Page 3
Part VII	Investments - Other Securities. Se	e Form 990, Part X, line		
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial der	vatives			
(2) Closely-held	equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)	·			
(H) (I)				
	ust equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Se	ee Form 990. Part X. line	13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion:
	(-)	(-)	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	and and Form 000 Part V and (D) line 40.)			
Part IX	ust equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X	line 15		
1 (4) (1) (Description		(b) Book value
(1)	V			(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 15			
•	Other Liabilities. See Form 990, Part			
(4) Fadavalia	(a) Description of liability	(b) Book value		
(1) Federal inc (2) Accrued		14 014		
(2) Accrued	evhenges	14,814		

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) Accrued expenses 14,814

(3) (4) (5) (6) (7) (8) (9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched		0-3664771	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements	1	800,489
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	23,959
3	Subtract line 2e from line 1	3	776,530
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	776,530
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	699,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	23,959
3	Subtract line 2e from line 1	3	675,978
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	675,978
Pai	rt XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;		
Part '	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		
	mation.		
Ot]	her revenues non included on Form 990 (Part XI, line 2d)		
Reve	enues received from annual gala		

EEA Schedule D (Form 990) 2012

Part	XIII S	Supplemental	Inform	nation (continu	ed)								
	0.1					_					0.1\		
02.	Other	expenses	not	included	on	Form	990	(Part	XII,	line	2a)		
Exper	ses incur	red for annua	l gala										

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Open to Public

Inspection

A Better Balance 20-3664771 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 5 6 7 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		than \$15,000 of fundraising gross receipts greater than				
		grood roodipto grouter than	(a) Event #1 Annual Gala	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	61,360			61,360
	2	Less: Contributions				
		line 2)	61,360			61,360
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	23,959			23,959
Direct Expenses	7	Food and beverages				
Ä	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 Net income summary. Combine line 3				(23,959) 37,401
Pa	ırt I		_	Yes" to Form 990, Part I	V, line 19, or reported r	nore
		than \$15,000 on Form 990	-EZ, line 6a.			T
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	2	Cash prizes		bingo/progressive bingo		
ect Expenses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming Yes% No	
ect Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	Yes%	
ect Expenses	2 3 4 5	Cash prizes	Yes % No through 5 in column (d)	bingo/progressive bingo Yes % No	☐ Yes% ☐ No	
ect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No through 5 in column (d) ne line 1, column d, and line	bingo/progressive bingo Yes % No	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8 Erra Is:	Cash prizes	Yes % No through 5 in column (d) ne line 1, column d, and line	bingo/progressive bingo Yes % No 7	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8 Err I Is Is If " Wo	Cash prizes	Yes % No through 5 in column (d) ne line 1, column d, and line n operates gaming activities ming activities in each of the	bingo/progressive bingo Yes % No No See 7	☐ Yes% ☐ No	col. (a) through col. (c))

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

EEA Schedule G (Form 990 or 990-EZ) 2012

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

2012

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

Attach to Form 990.

2 (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ⊠ Yes Support (g) Description of non-cash assistance 20-3664771 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 75,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(c)(3) General Information on Grants and Assistance 3 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 56-2641262 (p) EIN (a) Name and address of organization C/O CWE 275 7th Ave, 10001 (1) NY Paid Leave Coalition or government Name of the organization Part I Part II £ (12) (10) 4 3 ල 9 9 6 8 6

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

Schedule I (Form 990) (2012)

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 20-3664771 A Better Balance Schedule I (Form 990) (2012)

Part III Grants ar

(f) Description of non-cash assistance								nd any other additional
(e) Method of valuation (book, FMV, appraisal, other)								ne 2, Part III, column (b), ar
(d) Amount of non-cash assistance								required in Part I, lir
(c) Amount of cash grant								ide the information
(b) Number of recipients								e this part to prov
(a) Type of grant or assistance (b) Number of recipients								Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
	_	7	က	4	5	9	7	Part IV

1. Monitoring procedures (Part I, line 2)

Organization that receives the grant must report on an annual basis how it used the grant it was given.

Schedule I (Form 990) (2012)
EEA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

A Better Balance	20-3664771
01. Form 990 governing body review (Part VI, line 11)	
Each board member receives a copy of form 990 before a conference call is made to ac	cept
the return to be filed.	
02. Conflict of interest policy compliance (Part VI, lin	e 12c)
Conflict of interest statements are reviewed at each board meeting.	
03. Form 990 availability to public (Part VI, line 18)	
Form 990 is available to the public on request.	
04. Governing documents, etc, available to public (Part	VI, line 19)
All governing documents are available to the public upon request.	

Form 4562

Depreciation and Amortization

((Includina	Information	on Listed	Property)

Attach to your tax return.

OMB No. 1545-0172 2012

Department of the Treasury Internal Revenue Service

See separate instructions.

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Better Balance FORM 990 -20-3664771 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (f) Method (g) Depreciation deduction (e) Convention period service only-see instructions) 1,329 3 HY SL 443 19 a 3-year property 5-year property 7-year property С **d** 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. S/L 40-y<u>ear</u> MM S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 443 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4720

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

2012

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967) ▶ Information about Form 4720 and its separate instructions is at www.irs.gov/form4720.

07-01 2012, and ending For calendar year 2012 or other tax year beginning 06-30 Name of organization or entity Employer identification number 20-3664771 A Better Balance Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Check box for type of annual return: ΙxΙ Form 990-EZ 80 Maiden Lane Form 990 City or town, state, and ZIP code Form 990-PF New York, NY 10038-4954 Form 5227 Yes No A Is the organization a foreign private foundation within the meaning of section 4948(b)? Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$. If "No," (i.e., any uncorrected acts or transactions), attach an explanation (see instructions). **Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1)) 1 Tax on undistributed income - Schedule B, line 4 2 Tax on excess business holdings - Schedule C, line 7 2 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 3 4 Tax on taxable expenditures - Schedule E, Part I, column (g) 4 Tax on political expenditures - Schedule F, Part I, column (e) 5 6 Tax on excess lobbying expenditures - Schedule G, line 4 6 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) 7 8 Tax on premiums paid on personal benefit contracts Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) 9 **10** Tax on taxable distributions - Schedule K, Part I, column (f) 10 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach schedule 11 12 Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2 12 13 Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related **Persons** (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (a) Name and address of person subject to tax (b) Taxpayer identification number а b C (d) Tax on investments that jeopardize (c) Tax on self-dealing - Schedule A, Tax on taxable expenditures -Tax on political expenditures charitable purpose - Schedule D, Part II, col. (d), and Part III, col. (d) Schedule E, Part II, col. (d) Schedule F, Part II, col. (d) Part II, col. (d) а b С **Total** (h) Tax on excess benefit (i) Tax on being a party to prohibited (g) Tax on disqualifying lobbying Tax on taxable distributions transactions - Schedule I, Part II, col. tax shelter transactions - Schedule J, expenditures - Schedule H, Part II, col. (d) Schedule K, Part II, col. (d) (d), and Part III, col. (d) Part II, col. (d) а b С **Total** (k) Tax on prohibited benefits - Sch L. (I) Total - Add cols. (c) through (k) Part II, col. (d), and Part III, col. (d) а b Total

Part I	I-B Summa	ry of Taxe	es	(See Tax Payme	nts in the	instruc	ctions.)			
1 Er	nter the taxes listed in	Part II-A, colo	umn (l	l), that apply to ma	anagers, se	lf-deal	ers, disqualified			
pe	ersons, donors, donor	advisors, and	d relat	ed persons who s	ign this forr	n. If all	sign, enter the			
to	tal amount from Part I	II-A, column (I	l) .					. L	1	
2 To	otal tax. Add Part I, I	line 13, and I	Part II	I-B, line 1				. L	2	
3 To	otal payments includin	ng amount pai	id with	n Form 8868 (see	instructions	s)			3	
4 Ta	ax due. If line 2 is lar	rger than line	3, er	nter amount owed	d (see instr	uction	s)	•	4	
5 O	verpayment. If line 2	2 is smaller t	han li	ne 3, enter the di	fference. T	his is	your refund		5	
		SCHED	ULE	A - Initial Ta	xes on S	Self-E	Dealing (Section 4941)			
Part I	Acts of S	elf-Dealin	ng ar	nd Tax Comp	utation					
(a) Act number	(b) Date of act						(c) Description of act			
1										
2										
3										
4										
5										
	estion number from Form VII-B, or Form 5227, Par applicable to the act	t VI-B,	((e) Amount involved	in act	(1	f) Initial tax on self-dealing (10% of col. (e))	á		ax on foundation managers (if able) (lesser of \$20,000 or 5% of col. (e))
Part I	I Summon	of Tay I	iahil	lity of Salf-Da	alere o	14 D.	roration of Payments			
ı aıtı	i Summar	y OI TAX L	iabii	illy of Self-De			_			(d) Self-dealer's total tax
	(a) Names of self-	dealers liable f	or tax		(b) Act no. from Part I, col. (f), Part I, col. (a) or prorated amount			1),		liability (add amounts in col. (c)) (see instructions)
						. ,	,			(See mandenons)
Part I	II Summa	rv of Tax	Liab	oility of Foun	dation N	lana	gers and Proration of	Pav	mei	nts
		,		, ,	(b) Act no.		(c) Tax from Part I, col. (g			(d) Manager's total tax liability
	(a) Names of founda	ition managers	liable f	for tax	Part I, col. (a) or prorated amount			,		(add amounts in col. (c)) (see instructions)
										,
	SC	HEDULE	B - I	nitial Tax on	Undistr	ibute	ed Income (Section 4942	2)		
1 Ur	ndistributed income fo	or years before	e 201	1 (from Form 990-	PF for 201	2, Part	XIII, line 6d)	$.$ \top	1	
2 Ur	ndistributed income fo	or 2011 (from	Form	990-PF for 2012,	Part XIII, lir	ne 6e)			2	
3 To	otal undistributed inco	me at end of	currer	nt tax year beginni	ng in 2012	and su	ubject to tax			
ur	nder section 4942 (add	d lines 1 and	2)					. [_	3	
4 Ta	Tax - Enter 30% of line 3 here and on Part I, line 1									

20-3664771

Page 2

Form 4720 (2012) A Better Balance

EEA Form **4720** (2012)

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Com	putation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the

instructions f	for each line item before	e making any entries.						
	ddress of business ent							
Employer ide	entification number .							
						·		
Form of ente	erprise (corporation, par	rtnership, trust, joint venture, sole	propriet	orship. e	etc.)			
	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(a)	(b)	(c)	
					oting stock	Value	Nonvoting stock	
				**	fits interest or eficial interest)		(capital interest)	
				Delli	encial interest)			
1 Foundat	tion holdings in busines	es enternrise	1		%	%		
i i odridat	ion notalings in basines		 ' 		70	70		
2 Permitte	d haldings in husiness	ontorpriso	,		%	%		
z Pennike	ed holdings in business	enterprise	2		70	70		
2 \/alua af	ovence holdings in bur	singes optorprise						
	excess holdings in bus	·	3					
	excess holdings dispo							
-	, other value of excess	=						
-	to section 4943 tax (atta		4					
	excess holdings in bus	siness enterprise -						
line 3 mi	inus line 4		5					
			6					
		ine 6, columns (a), (b),						
	enter total here and on		7					
		ces on Investments Tha	t Jeop	ardiz	e Charitable	Purpose (Section	4944)	
Part I	Investments	and Tax Computation						
(a)	(b) Date of				(d) Amount of	(e) Initial tax on	(f) Initial tax on foundation	
Investment	investment	(c) Description of invest	ment		investment	foundation (10% of	managers (if applicable) - (lesser of \$10,000 or 10%	
number						col. (d))	of col. (d))	
1								
2								
3								
4								
5								
Total - colu	mn (e). Enter here an	d on Part I, line 3						
Total - colu		prorated amount) here and in F						
Part II	Summary of	of Tax Liability of Found	dation	Mana	gers and Pro	ration of Paymer	nts	
((a) Names of foundation m	nanagers liable for tax	(b) Inves	stment	(c) Tax from Part I,	col (f) or prorated	(d) Manager's total tax liability	
			no. from			ount	(add amounts in col. (c))	
			col. ((a)			(see instructions)	
		-						
							Form 4730 (2012)	

Form 4720 (2012) EEA

EEA

orm 472	20 (2012) A Bett	ter Balance						20-3664771	Page
		SCHEDULE E -			ble Exp	enditures	(Section 4945	5)	
Part I	Expenditure	es and Computa	tion of Ta	ax					
a) Item number	(b) Amount	(c) Date paid or incurred	(d)) Name and address	s of recipien	t	(e) Descript	tion of expenditure and pur for which made	rposes
1									
2									
3									
5									
	tion number from Form 99	O-PE Part VII-B or	(a)) Initial tax imposed	on foundati	on	(h) Initia	al tax imposed on foundati	on
.,	227, Part VI-B, applicable		(9,	(20% of col.		OII		rs (if applicable) - (lesser of 10,000 or 5% of col. (b))	of
Total - c	olumn (g). Enter here	and on							
	e 4								
	olumn (h). Enter total		here and in	Part II, column ((c),				
oelow .									
Part I	Summary	of Tax Liability	of Found	ation Manag	ers and	Proration	of Paymen	ts	
	(a) Names of foundation	n managers liable for tax		(b) Item no. from Part I, col. (a)	(c) T	Fax from Part I, prorated am		(d) Manager's total t (add amounts in c (see instructio	ol. (c))
								_	
								-	
								1	
								_	
		SCHEDULE F	Initial Ta	yos on Bolit	ical Evr	ondituros	(Cootion 405	[
Part I	Expenditure	es and Computa			icai Exp	Jenunure:	Section 495	າວ)	
(a) Item	Exponditure	(c) Date paid				(e) Initial	ax imposed on	(f) Initial tax impos	ed on
number	(b) Amount	or incurred	(d) Descrip	otion of political exp	enditure		n or foundation of col. (b))	managers (if applicable of \$5,000 or 2-1/2% or	
1									
2									
3									
5									
<u> </u>									
Гоtal - с	olumn (e). Enter here	and on Part I, line 5							
	olumn (f). Enter total								
Part I	Summary of	Tax Liability of C	Organizat		s or Fo	undation l	Managers &	Proration of Pay	
		nization managers or agers liable for tax		(b) Item no. from Part I, col. (a)	(c) ⊺	Fax from Part I, prorated am		(d) Manager's total ta (add amounts in c (see instruction	ol. (c))
								-	
								+	
								1	
								1	

Form 4720		er Balance						20-3	3664771	Page 5
		SCHEDULE G -	Tax on E	xcess Lobbyii	ng Ex	penditures	S (Section 49	11)		
	s of grassroots expen 990-EZ), Part II-A, co	-						1		
	s of lobbying expendit Z), Part II-A, column (l					n 990 or		2		
	,, , (, (,	,					
3 Taxab	le lobbying expenditu	res - enter the larger o	of line 1 or line	e2				3		
4 Tax -	Enter 25% of line 3 h							4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Part I		EDULE H - Taxons and Computer			bying	Expendit	ures (Section	n 4912)		
(a) Item (c) Date paid or			tion of lobbying expend	itures		ed on organization f col. (b))		ax imposed on o nanagers (if appl (5% of col. (I	licable) -	
1									, ,	,,
2										
4										
5										
Total - column (f). Enter total (or prorated amount) here and in Part II Summary of Tax Liability of Organ (a) Names of organization managers liable for tax				ers an	d Proratio	col. (f), or	(d)	Manager's total add amounts in d (see instruction	col. (c))	
	SC	HEDULE I - Initi	ial Taxes	on Excess Be	nefit T	Fransactio	ns (Section	4958)		
Part I	Excess Ben	efit Transaction	s and Ta	x Computation)		·			
(a) Transaction number	(b) Date of transaction			(c) D	escriptior	n of transaction				
2										
3										
4										
5			T				(O. T		!	
(d) Amount of excess benefit (e)			(e)) Initial tax on disqualified persons (25% of col. (d))					anization manage ble) (lesser of 10% of col. (d))	ers

EEA Form **4720** (2012)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments (d) Disqualified person's total tax (a) Names of disqualified persons liable for tax (b) Trans. no. from (c) Tax from Part I, col. (e), liability (add amounts in col. (c)) Part I, col. (a) or prorated amount (see instructions) Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (d) Manager's total tax liability (add amounts in col. (c)) (c) Tax from Part I, col. (f), (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax Part I, col. (a) or prorated amount (see instructions) SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity Part I (see instructions) (c) Type of transaction (a) 1 - Listed (b) Transaction Transaction (d) Description of transaction 2- Subsequently listed date number 3 - Confidential 4- Contractual protection 1 2 3 4 5 (e) Did the tax-exempt entity know or (f) Net income attributable to (g) 75% of proceeds attributable to (h) Tax imposed on the tax-exempt have reason to know this transaction the PTST the PTST entity (see instructions) was a PTST when it became a party to the transaction? Answer Yes or No Total - column (h). Enter here and on Part I, line 9

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(Section 4958) Continued

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SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I	Prohibited Benef	its and Tax Comput	ation			
(a) Item number	(b) Date of prohibited benefit			(c) Description	of benefit	
1						
2						
3						
4						
5						
(d) Amount of prohibited benefit			nibited benefit (125% of col. (d)) (see instructions)		(f) Tax on fund managers (if applicable) (lesser of 10% of (d) or \$10,000) (see instructions)	
Part II	Summary of Tax	Liability of Donors.	Donor Advis	ors. Relate	d Persons and F	Proration of Payments
(a) Names of donors, donor advisor, or related persons liable for tax		(b) Item no. from Part I, col. (a)	(c) Tax	from Part I, col. (e) or orated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)	
Part III	Tax Liability of I	Fund Managers and	Proration of	Pavments		
	(a) Name of fund managers lia		(b) Item no. from Part I, col. (a)	(c) Tax	from Part I, col. (f) or rorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)
			•			•

EEA Form 4720 (2012)

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 07-01-2012, and ending 06-30-2013

2012

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Name of exempt organization Employer identification number A Better Balance 20-3664771 Name and title of officer Sherry Leiwant, Co-Pesident Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. **Do not** complete more than 1 line in Part I. 1a Form 990 check here ► 🗵 2a Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ □ **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize Paul E Forsythe III CPA to enter my PIN 00001 as my signature Enter five numbers, but on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 05-15-2014 Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 227732 00001 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature > Paul E Forsythe III CPA **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

222 221 222 AMT Current 2012 PAGE 1 Bonus depreciation Social security number/EIN 20-3664771 Prior expense Accumulated Depreciation 443 443 443 443 Current depr. 16.667 Rate **Depreciation Detail Listing** НΥ Method Management & General For your records only SILife 1,329 1,329 Depreciation Basis Section 179 Business percentage 100.00 Salvage 1,329 1,329 Cost 20120911 Date Name(s) as shown on return A Better Balance Apple computer Description of during current year. * Item was disposed Š.

ST ADJ:

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STATE Management & General

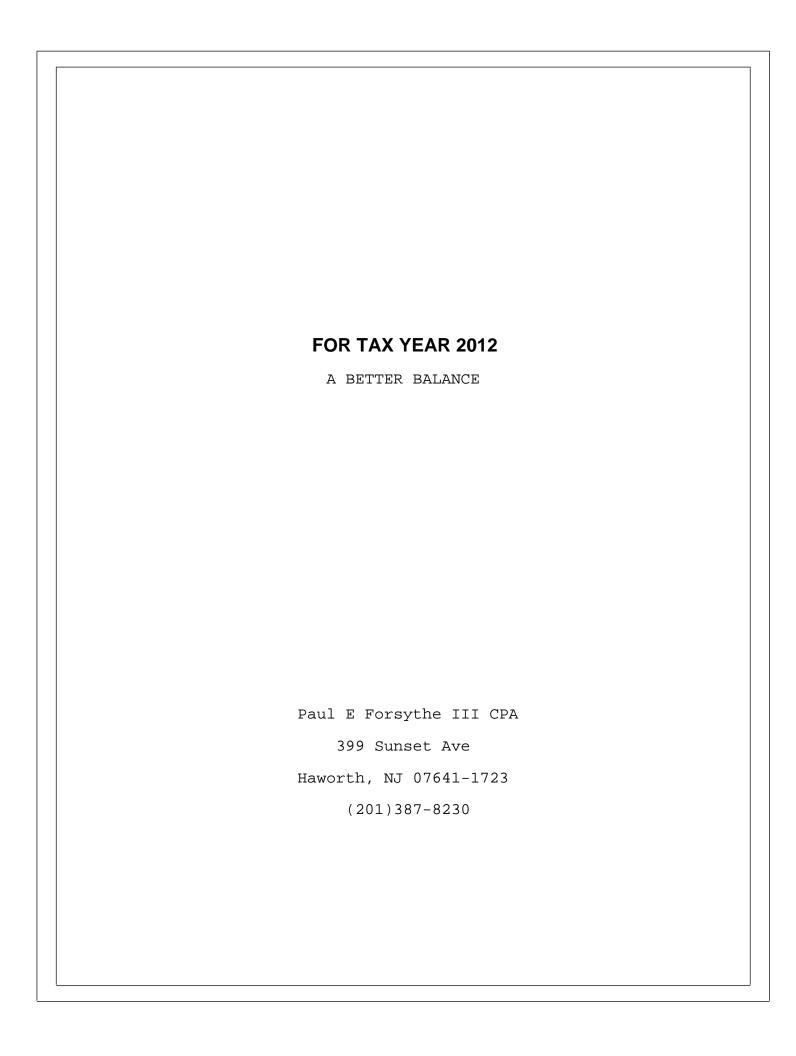
For your records only

AMT Current Bonus depreciation Social security number/EIN 20-3664771 Prior expense Accumulated Depreciation 222 222 222 222 Current depr. 16.667 Rate НΥ Method SILife 1,329 1,329 Depreciation Basis Section 179 Business percentage 100.00 Salvage 1,329 1,329 Cost 20120911 Date Name(s) as shown on return A Better Balance Apple computer Description o N

ST ADJ:

1,329

Land Amount Net Depreciable Cost



1		
	Federal Filing Instructions	2012
Name(s) as shown on return		Your Social Security Number
A Better Balance		20-3664771

Date to file by: 03-15-2014

Form to be filed: Form 990 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 990

on page 1.

Address to file: Department of the Treasury

Internal Revenue Service Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other Instructions: If the return is not filed by the due date

(including any extension granted), attach a

statement giving the reason for not filing on time.

July 07, 2014

A Better Balance 80 Maiden Lane, STE 606 New York, NY 10038-4954

Subject: Preparation of 2012 Tax Returns

A Better Balance:

Thank you for choosing Paul E Forsythe III CPA to assist with the 2012 taxes for A Better Balance. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2012 federal and state income tax returns for A Better Balance. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of A Better Balance, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2012 tax returns will conclude with the delivery of the completed returns to management (if paper filing) or the signing by the tax matters partner, and the subsequent submittal, of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.
We appreciate your confidence in us. Please call if you have questions.
Sincerely,
Paul E Forsythe III CPA Paul E Forsythe III CPA
Accepted By:
Officer
Date

July 07, 2014

A Better Balance 80 Maiden Lane, STE 606 New York, NY 10038-4954

A Better Balance:

Enclosed is the 2012 federal return for a tax-exempt organization, prepared for A Better Balance from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Enclosed is the 2012 New York Privilege Tax & Annual Report return for A Better Balance, prepared from the information provided. The original should be signed and dated, and mailed on or before November 15, 2013, to the following address:

Charities Bureau Registration Section 120 Broadway New York, NY 10271 (Payable to New York Department of Law)

The organization's New York Privilege Tax & Annual Report return reflects a balance due of \$125. Mail a payment for this amount to the following address:

Charities Bureau Registration Section 120 Broadway New York, NY 10271 (Payable to New York Department of Law)

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (201)387-8230.

Sincerely,

Paul E Forsythe III CPA Paul E Forsythe III CPA July 07, 2014

A Better Balance 80 Maiden Lane, STE 606 New York, NY 10038-4954

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- * Information we receive from interviews regarding your tax situation;
- * Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- * Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Paul E Forsythe III CPA Paul E Forsythe III CPA

Tax Exempt Diagnostic Summary Same A Better Balance Tax Exempt Diagnostic Summary Employer Identification # 20-3664771

Demographics

Mailing Address: Phone: (212)430-5982

80 Maiden Lane #606 New York, NY 10038-4954

Resident State: NY

Diagnostics

Preparer: Paul E Forsythe I Invoice: Date: 07-07-2014

Return Information

Name of Batana	2012	2011 Federal		
Item on Return	Federal	(If available)		
Total Revenue	776,530	376,904		
Total Expenses	675,978	497,516		
Net Excess (Deficit)	100,552	(120,612)		
Net Assets or Fund				
Balances	338,527	237,975		

State/City Information

State/City	Taxable	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)
NY					125	125

Form 4720 (2012) Page 10 A Better Balance 20-3664771 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 taxpayer) is based on all information of which preparer has any knowledge. Title Date Signature of officer or trustee Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person Sign Here Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person May the IRS discuss this return with the preparer shown below? (see instructions) Date Check X if PTIN Print/Type preparer's name Preparer's signature **Paid** Paul E Forsythe III CPA self-employed P00005731 **Preparer** Firm's EIN ▶ 20-0756345 Firm's name Paul E Forsythe III CPA **Use Only** Firm's address 399 Sunset Ave Phone no. Haworth NJ 07641-1723 201-387-8230

EEA Form **4720** (2012)