### Form **990**

Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

lung benefit trust or private foundation)

OMB No. 1545-0047 2010

> Open to Public Inspection

For the 2010 calendar year, or tax year beginning JULY 01. 2010, and ending JUNE 302011 B Check if applicable: D Employer identification number C Name of organization A Better Balance Doing Business As 20-3664771 Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change Room/Suite 0 Maiden Lane (212)430-5982 Initial return 606 City or town, state or country, and ZIP + 4 Terminated **G** Gross New York NY 10038-4954 receipts \$ 715,822 Amended return F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes No Application pending **H(b)** Are all affiliates included? See attachment #1 Yes No X 501(c)(3) 501(c)( Tax-exempt status: ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ abetterbalnce.org **H(c)** Group exemption number K Form of organization: X Corporation L Year of formation: 2005 M State of legal domicile: Summary Part I Briefly describe the organization's mission or most significant activities: 1 See attachment #2 ACTIVITIES GOVERNANCE Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 6 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 & Total unrelated business revenue from Part VIII, column (C), line 12...... 7a **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** REVENUE Contributions and grants (Part VIII, line 1h) 404,914 715,822 Program service revenue (Part VIII, line 2g) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 404,914 715,822 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 EXPENSES 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 262,459 368,004 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 118,964 79,410 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . . . . . 381,423 447,414 Revenue less expenses. Subtract line 18 from line 12 ..... 23,491 268,408 19 **End of Year** Beginning of Current Year O R 20 Total assets (Part X, line 16) 107,164 374,180 F U N D Total liabilities (Part X, line 26) 21 16,986 15,594 22 Net assets or fund balances. Subtract line 21 from line 20 358,586 90,178 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Dina Bakst Co-President Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check X if Paid 12 - 01 - 2011 self-employed Paul E Forsythe **Preparer** Firm's name ▶ PAUL E FORSYTHE Firm's EIN ▶ **Use Only** Firm's address ▶ 399 SUNSET AVE Phone no. Haworth NJ 07641 (201)387 - 8230May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

.IVA

**4d** Other program services. (Describe in Schedule O.)

) (Revenue \$

Par	t 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	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h)			21
4		4	Х	
_	election in effect during the tax year? If ``Yes," complete Schedule C, Part II.	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	l _		
_	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 where 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		Х
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; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If ``Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If ``Yes," complete Schedule D, Part V.	10		X
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," complete Schedule			
	D, Part VI	11a		Χ
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If ``Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If ``Yes," complete Schedule D, Part VIII.	11c		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If ``Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 2 2
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If ``Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If ``Yes," complete			- 23
124	Schedule D, Parts XI, XII, and XIII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If ``Yes," and if	120	71	-
D	the organization answered ``No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If ``Yes," complete Schedule E	13		X
13		-		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14h		v
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5		37
40	or entity located outside the United States? If ``Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		3.7
47	to individuals located outside the United States? If ``Yes," complete Schedule F, Parts III and IV.	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
40	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,	40		
4-	lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Χ
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
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers			
	that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Checklist of Required Schedules (continued)

Part IV

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	-		3.7
00	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		Х
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		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If ``Yes," answer lines 24b through 24d and complete			
	Schedule K. If ``No," go to line 25	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N/A$	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? $N/A$	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		Χ
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		Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			7.7
20	Schedule L, Part III	27		X
28				
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If ``Yes," complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	20a		Λ
	Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	200		21
	officer, director, trustee, or direct or indirect owner? If ``Yes," complete Schedule L, Part IV.	28c		Χ
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		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If ``Yes," complete Schedule N,			
	Part I	31		Χ
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		Χ
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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If ``Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Χ
а	Did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If ``Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	22		7.7
a=	organization? If ``Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.7
20	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 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Χ	
	Note: All Form 550 life is are required to complete Schedule O	50	27	

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V	<u></u>		Ш
10	Enter the number reported in Poy 2 of Form 1006. Enter, 0, if not applicable.		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
·	gaming (gambling) winnings to prize winners? $N/A$	1c		ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	.0		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If ``Yes," has it filed a Form 990-T for this year? If ``No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If ``Yes" to line 5a or 5b, did the organization file Form 8886-T? $N/A$	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible?	6a		Х
b	If ``Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
7	gifts were not tax deductible?	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If ``Yes," did the organization notify the donor of the value of the goods or services provided? $N/A$	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If ``Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	<u> </u>
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 organization, have excess			3.7
•	business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		v
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations.Enter:	35		21
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations.Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
b	If ``Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If ``Yes," has it filed a Form 720 to report these payments? If ``No," provide an explanation in Schedule O	14b		X
/A	10 99056 TWF 41342 Copyright Forms (Software Only) - 2010 TW	Form 9	<b>990</b> (	

Part VI

**Governance, Management, and Disclosure** For each ``Yes" response to lines 2 through 7b below, and for a ``No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

ection A. Governing Body and Management

Secti	on A. Governing Body and Management					
	Establish mushan strutter manches (19)	۱.	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati					3.7
	officer, director, trustee, or key employee?			2		Χ
3	Did the organization delegate control over management duties customarily performed by or unc					7.7
	of officers, directors or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior F					X
5	Did the organization become aware during the year of a significant diversion of the organization					X
6	Does the organization have members or stockholders?			6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or mo					3.7
	governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertained by the following section of the contemporary of t	iken ai	iring the year			
_	by the following:			0-	37	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be					V
Socti	organization's mailing address? If ``Yes," provide the names and addresses in Schedule O			. 9		Χ
Secu	on B. Policies (This Section B requests information about policies not required by the Intern	ai Rev	enue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?			10a	103	Х
	If "Yes," does the organization have written policies and procedures governing the activities of			100		Λ
b	affiliates, and branches to ensure their operations are consistent with those of the organization?			A 10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body bef		•	-	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	OIC IIII	ig the form:	. 110	Λ	
12a	Does the organization have a written conflict of interest policy? If ``No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that			124	21	
~	rise to conflicts?		-	12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the polic			.25	21	
	describe in Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and ap					
	independent persons, comparability data, and contemporaneous substantiation of the deliberat		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arm	angem	ent			
	with a taxable entity during the year?	_		16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization t					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps	to safe	guard			
	the organization's exempt status with respect to such arrangements?		N/2	A 16b		
Secti	on C. Disclosure				•	
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	(501(c)(3)s only)	1		
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume	nts, co	nflict of interest			
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and	records of the			
	organization: ▶ See attachment #5					

# Form 990 (2010) Part VII

JVA

10 99078

TWF 41344

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.

					compe		5		-		
	(F)	(E)	(D)	(C)		(B)	(A)				
	Estimated	Reportable	Reportable		at apply)	all tha	(check			Average	Name and Title
on on d	amount o other compensat from the organizatio and relate organizatio	compensation from related organizations (W-2/1099-MISC)	compensation from the organization (W-2/1099-MISC)	FORMER	EMPLOYEE COMPENSATED	KEY EMPLOYEE	Онн-ошк	TRUSTEE ONAL	TRUSTEE OR	hours per week (describe hours for related organiza- tions in Schedule O)	
	0	0	48,833				Χ		X	20.00	
	0	0	00 200				v			40 00	
	0	0	·		X		Λ				
			00,001							10.00	Yolanda Wu
	0	0	46,000				Χ			20.00	Former Co-President
											Risa Kaufman
	0	0	0						X		
	0		0						v		
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	0	0	0								
	0	0	0						Χ		Ariel Devine
	0	0	0						Χ		Eric Berger
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Part	VII Section A. Officers	s, Director	s, Trust	ees, K	(ey Er	nploy	ees, and	High	est Compensated I	Employees(continue	d)		
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average		1	i		at apply)		Reportable	Reportable		timate	
		hours per week	NRI	I T N R	O F F	K E E M Y P	H C E I O M	F O	compensation from	compensation from related		nount o other	)f
		(describe	D U R I S E	I T N R S U T S I T	F	L	G M P H P L	R M	the	organizations		pensa	tion
		hours for related	D U R I S E V T C I E T D E	T E U E	C E R	O Y E	EEO	E R	organization	(W-2/1099-MISC)		om the	
		organiza-		T	K	Ē	T S E A E T		(W-2/1099-MISC)		_	anizati	
		tions in	A O R	O N			É D					d relate	
		Schedule O)		A L							orga	nizatio	7115
1b	Sub-total							<b>•</b>	225708	0	0		
С	Total from continuation sl	neets to Pa	art VII, S	Sectio	n A			. ▶					
d	Total (add lines 1b and 1c								225708	0	0		
2	Total number of individuals	(including	but not li	mited	to tho	se liste	ed above	) who	received more than	\$100,000 in reportal	ole com	oensat	ion
	from the organization >											Yes	No
3	Did the organization list any	former of	ficer, dir	ector o	or trus	tee, ke	ey emplo	yee, c	or highest compensa	ted employee			
	on line 1a? If ``Yes," comple	ete Schedu	le J for s	such ir	ndividu	ıal					3	X	
4	For any individual listed on												
_	organization and related org										4		X
5	Did any person listed on line services rendered to the org								•		5		X
Sectio	n B. Independent Contracto			,			4.0 0 .0.		po.com				
1	Complete this table for your		st compe	ensate	d inde	pende	ent contra	actors	that received more t	han \$100,000 of			
	compensation from the orga	anization.											
		(A)							(B)			C)	
	Name and	d business	address	3					Description of s	ervices	Compe	ensatio	n
2	Total number of independer	nt contracto	ors (inclu	ıdina b	out not	limite	d to thos	e liste	d above) who receiv	ed more than			

\$100,000 in compensation from the organization **\rightarrow** 

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
G Q	1a	Federated campaigns	1a					
G O C   T O F H	b	Membership dues	1b					
N T E T S R		Fundraising events		38,123				
R o S		Related organizations		30,123				
R G S I R M B A I			'' ⊢—					
N N I		Government grants (contributions) .						
UT S R	f	All other contributions, gifts, grants,						
OAA		similar amounts not included above		677 <b>,</b> 699				
$\begin{smallmatrix} O & A & A \\ N & N & M \\ S & D & T \end{smallmatrix}$	_	Noncash contributions included in lines 1a-1f:	\$					
S	h	Total. Add lines 1a-1f		i e	715,822			
P				Business Code				
R o S	2a							
G E	b							
R R R A V E	С							
MIV	d							
CE	е							
E N U	f	All other program service revenue						
E	g	Total. Add lines 2a-2f						
	3	Investment income (including divide						
		other similar amounts)						
	4	Income from investment of tax-exen	npt bond p	roceeds				
	5	Royalties						
			Real	(ii) Personal				
	6a	Gross Rents		, ,				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	-		curities	(ii) Other				
	7a	Gross amount from sales		() 6 a. 6.				
		of assets other than inventory						
	h	Less: cost or other basis						
	-	and sales expenses						
0	C	Gain or (loss)						
Т		Net gain or (loss)						
H		Gross income from fundraising						
E R	oa	events (not including \$						
		of contributions reported on line 1c).						
R		See Part IV, line 18						
E	h	Less: direct expenses						
V E		Net income or (loss) from fundraisin						
N		Gross income from gaming activities						
Ü	Ju	Part IV, line 19						
E	h	Less: direct expenses						
		Net income or (loss) from gaming a						
		Gross sales of inventory, less	Suvides					
	Iva	returns and allowances	2					
	h							
		Less: cost of goods sold Net income or (loss) from sales of in						
ŀ		Miscellaneous Revenue	iveritory					
ŀ	11a	iviiscellalieous Revellue		Business Code				
	b					+	-	+
	C C	All other revenue						
		All other revenue						
		Total. Add lines 11a-11d			715 000			
l	12	<b>Total revenue.</b> See instructions			715,822	1	1	1

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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			olumns (B), (C), and	
	t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,041	129,960	18,094	26,987
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	150,877	124,393	2,717	23,767
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	14,743	9,176	4,118	1,449
10	Payroll taxes	27,343	20,909	2,253	4,181
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	16,607	6,865	7,326	2,416
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	19,251	15,258	2,198	1,795
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,499	6,027	472	
20	Interest	·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above.				
	(List miscellaneous expenses in line 24f. If line 24f				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24f expenses on Schedule O.)				
а	Special event costs	18,299	428		17,871
b	Office expense	7,976	4,576	1,729	1,671
С	Publiciaty	3,256	3,175	15	66
d	Miscellaneous	2,990	214	2,716	60
е	Website	2,677		524	2,153
f	All other expenses #.6.	1,855	1,454	140	261
25	Total functional expenses. Add lines 1 through 24f	447,414	322,435	42,302	82,677
26	Joint costs. Check here ▶ if following SOP 98-2	11/,111	022,100	12,302	32,011
_•	(ASC 958-720). Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
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**Balance Sheet** 

Part X

ı uı	• 7 .	Daidilloc Officet	(4)	1 1	(5)
			(A)		(B)
			Beginning of year		End of year
	1	Cash non-interest bearing	103,264	1	191,740
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	175,000
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		_	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
Α		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations			
A S		of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
S	7	Notes and loans receivable, net		7	
Ť	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	3,900	9	7,440
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	107,164	16	374,180
	17	Accounts payable and accrued expenses	16,986	17	15 <b>,</b> 594
	18	Grants payable		18	
L	19	Deferred revenue		19	
I A	20	Tax-exempt bond liabilities		20	
B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- !	22	Payables to current and former officers, directors, trustees, key			
ī		employees, highest compensated employees, and disqualified			
Ţ		persons. Complete Part II of Schedule L		22	
E	23	Secured mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D.		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	16,986	26	15,594
		Organizations that follow SFAS 117, check here ▶ 🏻 and			
_		complete lines 27 through 29, and lines 33 and 34.			
N F	27	Unrestricted net assets	-250	27	85 <b>,</b> 695
ΤN		Temporarily restricted net assets	90,428	28	272,891
D		Permanently restricted net assets		29	•
SB		Organizations that do not follow SFAS 117, check here ▶			
A B S A E		and complete lines 30 through 34.			
TA	30	Capital stock or trust principal, or current funds		30	
S N C		Paid-in or capital surplus, or land, building, or equipment fund		31	
0 E		Retained earnings, endowment, accumulated income, or other funds		32	
RS		Total net assets or fund balances	90,178	33	358,586
		Total liabilities and net assets/fund balances	107,164	34	374,180
	40	00044			571/100 Farm 000 (2010)

Form 990 (2010) Page **12** 

Pai	rt XI Reconciliation of Net Assets				_				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	715,	822					
2	Total expenses (must equal Part IX, column (A), line 25)	2	447,	414					
3	Revenue less expenses. Subtract line 2 from line 1	3	268,	408					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,	178					
5	5 Other changes in net assets or fund balances (explain in Schedule O)								
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,									
	column (B))	6	358,	586					
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X 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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ					
С	If "Yes" to lines 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.								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	sued on							
	a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
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		Χ				
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	N/.A	3b		l				
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#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

A I	3e	tter Bal	ance					2	0-366	4771			
Pa	rt I	Reason	for Public Chari	ty Status (All organ	izations m	ust comple	ete this par	t.) See ins	tructions.				
Γhe	orga		a private foundation be										
1	Ш	A church, conv	ention of churches, or	association of churche	s describe	d in sect	ion 170(b)	(1)(A)(i).					
2	Ш	A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach Sche	edule E.)								
3	Ш	A hospital or a	cooperative hospital se	ervice organization des	scribed in	section 1	70(b)(1)(A	)(iii).					
4		A medical rese	arch organization oper	ated in conjunction wit	h a hospita	al describe	ed in <b>sect</b> i	ion 170(b)	(1)(A)(iii).	Enter the	hospita	l's nan	ne,
	_	city, and state:											
5	Ш	-	n operated for the bene '). (Complete Part II.)	efit of a college or unive	ersity owne	ed or opera	ated by a g	jovernmer	ıtal unit de	scribed in	sectio	on	
6		A federal, state	e, or local government	or governmental unit de	escribed ir	section	170(b)(1)(	A)(v).					
7	Ш	•	n that normally received (1)(A)(vi). (Complete F	·	ts support	from a go	vernmenta	l unit or fro	om the ger	neral public	c descri	bed in	
8		A community tr	rust described in section	on 170(b)(1)(A)(vi).(C	omplete Pa	art II.)							
9	X	receipts from a support from gr	n that normally receive ctivities related to its eaross investment income e organization after Jur	xempt functionssubje e and unrelated busine	ct to certai	n exception income (I	ons, and (2 ess section	) no more n 511 tax)	than 33 1	/3 % of its	ross		
10	П	An organization	n organized and operat	ted exclusively to test f	or public s	afety. See	section !	509(a)(4).					
11		An organization	n organized and operate e or more publicly sup	ted exclusively for the I	benefit of,	to perform	the function	ons of, or t			n		
			ck the box that describ	_							,,,		
		a Type I	<b>b</b> ∏ Type		Type III-Fu		•			ype III-Otl	ner		
е		By checking this persons other to	is box, I certify that the than foundation manage ction 509(a)(2).	organization is not cor	ntrolled dire	ectly or inc	directly by		re disquali	fied			
f		If the organizat	ion received a written of					or Type III	supporting	)			
g			7, 2006, has the organ					ne					
		• .	ho directly or indirectly	controls, either alone	or togethe	r with pers	sons descr	ibed in (ii)				Yes	No
			low, the governing bod							1	1g(i)		Χ
			ember of a person des							<u> </u>	1g(ii)		Χ
		(iii) A 35% con	trolled entity of a perso	on described in (i) or (ii	) above? .					<u> </u>	1g(iii)		Χ
h		Provide the foll	owing information abou	ut the supported organ	ization(s).								
(i) N		e of supported ganization	(ii) EIN		(iv) Is the o in col. (i) lis governing de	sted in your	(v) Did you organization of your su	in col. <b>(i)</b>	(vi) organization organize	in col. (i) d in the	(vii) A	moun pport	of
				, , , , ,	Yes	No	Yes	No	Yes	No			
<b>-</b>													

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I 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	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any ``unusual grants.")		125,066	244,870	404,914	715,822	1,490,672
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		125,066	244,870	404,914	715,822	1,490,672
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  Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1 400 672
	tion B. Total Support						1,490,672
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(1)	125,066	244,870	404,914	715,822	1,490,672
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						
c 11	Add lines 10a and 10b  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.)		125,066	244,870	404,914	715,822	1,490,672
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here						▶ 🏻
Sec	tion C. Computation of Public Sup	port Percen	tage				
15	Public support percentage for 2010 (line 8, co			ımn (f))		15	%
16	Public support percentage from 2009 Schedu	` '	•	` ' '		16	%
	tion D. Computation of Investment	Income Pe	rcentage				
17	Investment income percentage for 2010 (line			13, column (f)) .		17	%
18	Investment income percentage from 2009 Sc		-			18	%
19a	33 1/3 % support tests 2010. If the organi					33 1/3 %, and I	
	not more than 33 1/3 %, check this box and s						
b	33 1/3 % support tests 2009. If the organi	ization did not o	check a box on li	ne 14 or line 19a	a, and line 16 is r	more than 33 1/3	3 %, and line
20	18 is not more than 33 1/3 %, check this box		_			-	<b>⊢</b>
20	<b>Private foundation.</b> If the organization did no	л спеска вох (	, וווווווווווווווווווווווווווווווווווו	וו ושט, כוופכא נוווי, נופכא נוווי	s nox and see in:	suucuons	<b>P</b> 1 1

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **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.

OMB No. 1545-0047

2010

Open to Public Inspection

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.

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 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
Nan	ne of organization				identification number
A	Better Balance			20-366	
Pa		ne organization is exempt			27 organization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign activi	ties in Part IV.	
2	Political expenditures				<b>\$</b> 0
3	Volunteer hours				0
Pa		ne organization is exempt			
1		ise tax incurred by the organization			
2		ise tax incurred by organization m			
3	-	a section 4955 tax, did it file Form	-		
4a					Yes X No
b	If "Yes," describe in Part IV.				
Pa	•	ne organization is exempt			501(c)(3).
1		pended by the filing organization f			
					<b>&gt;</b> \$
2		g organization's funds contributed			. •
	·	es			<b>&gt;</b> \$
3		iditures. Add lines 1 and 2. Enter h		- ,	. Φ
		Form 4400 DOL for this was an			▶ \$   Yes   No
4		e Form 1120-POL for this year? and employer identification numb			
5		s. For each organization listed, en			
	. ,	butions received that were prompt	•	0 0	
	as a separate segregated fu	nd or a political action committee	(PAC). If additional spa	ice is needed, provide inform	nation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) Env	filing organization's	contributions received and
				funds. If none,	promptly and directly
				enter -0	delivered to a separate
					political organization. If none, enter -0
					Hone, enter o .
(1)					
(0)					
(2)					
(3)					
(4)					
(5)					
(0)					
(6)					

Subtract line 1f from line 1c. If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

section 4911 tax for this year?

Sch	nedule C (Form 990 or 990-EZ) 2010 A Bette	r Balance 20-3664//1		Page 2
Pa	art II-A Complete if the organizatio	n is exempt under section 501(c)(	3) and filed Form	5768 (election
	under section 501(h)).			
Α	Check ▶ if the filing organization belongs to a	n affiliated group.		
В	Check ▶ if the filing organization checked box	A and ``limited control" provisions apply.		
	Limits on Lobbying I (The term ``expenditures" means a	-	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	1,675	
b	Total lobbying expenditures to influence a legisla	tive body (direct lobbying)	10,193	
С	Total lobbying expenditures (add lines 1a and 1b	)	11,868	
d	Other exempt purpose expenditures		79	
е	Total exempt purpose expenditures (add lines 10	and 1d)	11,947	
f	Lobbying nontaxable amount. Enter the amount	from the following table in both		
	columns.		2,389	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)	597	
h	Subtract line 1g from line 1a. If zero or less, ente	r -0-	1,078	

#### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) Total			
2a	Lobbying nontaxable amount			405		405			
b	Lobbying ceiling amount (150% of line 2a, column (e))					608			
С	Total lobbying expenditures			577		577			
d	Grassroots nontaxable amount			172		172			
е	Grassroots ceiling amount (150% of line 2d, column (e))					258			
f	Grassroots lobbying expenditures			2 <b>,</b> 865		2,865			

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Schedule C (Form 990 or 990-EZ) 2010

9,479

X Yes

No

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO	T filed Form 5768
	(election under section 501(h)).	

	(election under Section 60 I(II)).				41.		
		(a	)		(b)		
		Yes	No		Amou	ınt	
1	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:						
а	Volunteers?		Χ				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ					
С	Media advertisements?		Χ				
d	Mailings to members, legislators, or the public?	X			7	19	
е	Publications, or published or broadcast statements?		Χ				
f	Grants to other organizations for lobbying purposes?		Χ				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ				
i	Other activities? If ``Yes," describe in Part IV		Χ				
j	Total. Add lines 1c through 1i				7	9	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ				
b	If ``Yes," enter the amount of any tax incurred under section 4912						
С	If ``Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Χ				
Pa	ct III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 5	)1(c)	(5), or	sect	ion	
	501(c)(6).				1		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B   Complete if the organization is exempt under section 501(c)(4), sect				-	ion	
ıa	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered ``No" OR if P						М
	"Yes."	ui t iii	Α, 11	110 0 13	ans	WCIC	·u
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al					
	expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3			_		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political contents.	ical					
	expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
	rt IV Supplemental Information						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	Part II-	B, line	: 1i. Alsc	),		
com	olete this part for any additional information.						

JVA

#### **SCHEDULE D**

Internal Revenue Service

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**Open to Public** Inspection

#### **Employer identification number** Name of the organization 20-3664771 Better Balance Organizations Maintaining Donor Advised Funds or Other Similar Funds or AccountsComplete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate contributions to (during year) . . . . . . 2 Aggregate grants from (during year) . . . . . . . . . . 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? No 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ...... 2a 2h 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 historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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A Better Balance 20-3664771 Page 2 Schedule D (Form 990) 2010 **Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 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): d Loan or exchange programs Public exhibition а b Scholarly research Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar No 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 included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: Amount Beginning balance 1c С Additions during the year ..... 1d Distributions during the year ..... 1e е 1f f Ending balance Did the organization include an amount on Form 990, Part X, line 21? 2a If ``Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions ..... Net investment earnings, gains, and losses ..... Grants or scholarships . . . . Other expenditures for facilities and programs . . . . Administrative expenses . . . f End of year balance . . . . . . 2 Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment b Permanent endowment > С Term endowment ▶ Are there endowment funds not in the possession of the organization that are held and administered for the 3a Yes No organization by: (i) unrelated organizations ..... 3a(i) (ii) related organizations 3a(ii) If ``Yes" to 3a(ii), are the related organizations listed as required on Schedule R?..... 3b Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
	Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value		
		(investment)	basis (other)	depreciation			
1a	Land						
b							
С	Leasehold improvements						
d	Equipment						
	Other						
Tota	al. Add lines 1a through 1e. (Column (d) sho	ould equal Form 990, Part X	(, column (B), line 10(c).)				

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Part VII	Investments Other Securities. See Form			
(	a) Description of security or category	(b) Book value	(c) Method of valua	ition:
	(including name of security)		Cost or end-of-year mar	ket value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments Program Related. See Form	n 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valua	ation:
		( )	Cost or end-of-year mar	
			, , , , , , , , , , , , , , , , , , , ,	
Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15			
		scription		(b) Book value
	(4) 23			(2) 2001. (2.00
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line	15 )	<b>_</b>	
Part X	Other Liabilities. See Form 990, Part X, line			<u> </u>
1.	(a) Description of liability	(b) Amount		
Federal inco		(b) Amount		
r cacrar inco	me taxes			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Par	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	715 <b>,</b> 822
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	447,414
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	268,408
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10	268,408
Par	T XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements		1	540,822
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	540,822
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 XIV.)	4b		
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	540,822
Par	T XIII Reconciliation of Expenses per Audited Financial Statements Wit	h Expenses per Return		
1	Total expenses and losses per audited financial statements		1	447,414
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	447,414
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 XIV.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	447,414

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule J (Form 990) 2010

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of columns (F) Compensation	(F) Compensation
emeN ( <b>A</b> )	ame		(i) Base	(ii) Bonus & incentive	(iii) Other	and other deferred	benefits	(B)(i)-(D)	reported in prior
	2		compensation	compensation	reportable	compensation			Form 990 or
					compensation				Form 990-EZ
Dina Bakst		(i)							
		€							
SHELLY LELWAILL		€							
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#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

### 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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

A Better Balance

20-3664771

**Employer identification number** 

Form 990 reviewed and accepted at a recent board meeting.

All board members, officers and directors are required to sign the conflict statement prior to joining the board and to immediately advise the board if a contflict occurs

during their term.
Officers and key employees salaries are approved by the board.

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# 990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment	1: Form 990 Page 1,	Line F					
Open to Public							
Inspection	For calendar year 2010, or tax period beg	inning 0 '	7-01-2010, and ending	06-30-2011.			
Name of Organization	n			Employer Identification Number			
A Better B	alance			20-3664771			
990, Page 1, Line F							
Principal officer nam or Business Name:	e		Dina Bakst				
	alance: The Work and	Family Le	egal Center				
Street Address 80 Maiden Lane Suite 606							
U.S. Address:							
Zip code or	10038-4954 City <u>New</u>	York	Sta	ate <u>NY</u>			
Foreign Address							
City							
Province or	State						
Country .				······			
Postal code							

#### 990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public				
Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011.
Name of Organization	on			Employer Identification Number
A Better B	alance			20-3664771

#### Primary Purpose

A Better Balance: The Work And Family Legal Center (ABB) is a 501(c)(3) organization consisting of lawyers and policy experts leading the charge for policies that give American workers the time and flexibility they need to care for their families. ABB employs a range of legal strategies to advance flexible workplace policies, end discrimination against caregivers, value the work of caring for families. Although the work of ABB all income levels, it is the low-income families that benefits the most. Over the past five years, ABB has been at the center of an emerging movement to guarantee paid sick time to all American workers. ABB's program to end pregnancy and other forms of family responsibilities discrimination focuses on national and local advocacy and individual representation.

#### 990 PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public			
Inspection	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011.
Name of Organization	on		Employer Identification Number
A Better B	alance		20-3664771

#### Primary Purpose

A Better Balance: The Work And Family Legal Center (ABB) is a 501(c)(3) organization consisting of lawyers and policy experts leading the charge for policies that give American workers the time and flexibility they need to care for their families. ABB employs a range of legal strategies to advance flexible workplace policies, end discrimination against caregivers, value the work of caring for families. Although the work of ABB all income levels, it is the low-income families that benefits the most. Over the past five years, ABB has been at the center of an emerging movement to guarantee paid sick time to all American workers. ABB's program to end pregnancy and other forms of family responsibilities discrimination focuses on national and local advocacy and individual representation.

#### 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2010, or tax period beginning 07-01-2010, and ending 06-30-2011.

Name of Organization Employer Identification Number 20-3664771

Part III - Statement of Program Service Accomplishments

Code: Expenses: 51,417 including Grants of: 68,970 Revenue: 4,467

**Exempt Purpose Achievements** 

Promoting Family Economic Security: American workplace and public policies have failed to keep up with the changing workforce and the changing needs of families. More families are depending on women for essential household income while also relying on them for caregiving work in the home. Yet workplaces still operate as if employees are unecumbered by family responsibilites. About half of all full-time workers in the United States have no paid sick days and 96 million American workers cannot take paid time off to care for a sick child. Individual employers and a handful of states provide paid family leave, but the only federal protection, the Family and Medical Leave Act, applies only to large businesses (over 50 employees) and guarantees only unpaid leave, which severely limits its use, especially among low-income workers. The result is that many workers are left with the impossible choice of economic security vs critical time needed to care for family members.

#### 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public			
Inspection	For calendar year 2010, or tax period beginning	07-01-2010, and ending	06-30-2011.
Name of Organization	on		Employer Identification Number
A Better B	salance		20-3664771

Part III - Statement of Program Service Accomplishments

Code: Expenses: 271,796 including Grants of: 388,125 Revenue: 364

**Exempt Purpose Achievements** 

Paid Sick Days Campaign: 40 Million American workers don't have a single paid sick day to care for themselves or a sick child. In fact, 38% of private sector U.S. employees have no sick time according to government statistics. This is a labor issue, a work/family issue, a poverty issue, a women's issue and a public health issue. It is critical that American workers, like their counterparts around the world, have paid time off when they need it to care for their own or their family's health. A Better Balance is leading the charge, providing the legal expertise that is essential to advancing these campaigns at the federal, state and local levels.

# 990 PAGE 10, OTHER EXPENSES

Attachment 6: Form 990 Page 10, Line 24 - Other Expenses

Open to Public 06-30-2011. 07 - 01 - 2010, and ending Inspection For calendar year 2010 or tax period beginning Employer Identification Number Name of Organization

A Better Balance			20-36647	20-3664771		
Other Expenses	(A) Total	Services	and General	(D) Fundraising		
	(A) Total 1,855	(B) Program Services 1,454	(C) Management			
	1 0==	4.5.	4.0			
Total	1,855	1,454	140	261		

# Form CHAR500

### **Annual Filing for Charitable Organizations**

New York State Department of Law (Office of the Attorney General) Charities Bureau -- Registration Section 120 Broadway New York, NY 10271

2010

**Open to Public** Inspection

This form used for Article 7-A, EPTL & dual filers (replaces forms CHAR 497,

	CHAR 010 and CHAR 006	) Hittp://www.criantiesrrys.com		•		
1.	General Information					
a.	i. For the fiscal year beginning (mm/dd/yyyy) 07-01 / 2010 and ending (mm/dd/yyyy) 06-30-2011					
b.	Check if applicable for NYS:  Address change	<ul><li>c. Name of organization</li><li>A Better Balance</li></ul>		d. Fed. employer ID no. (EIN) (## #######) $20-3664771$		
	Name change Initial filing		e. NY State registration no. (##-##-##) 21-52-68			
	Final filing Amended filing	Number and street (or P.O. box if mail is not delivered to street address) 80 Maiden Lane	Room/suite	f. Telephone number (212) 430-5982		
	NY registration pending	City or town, state or country and zip + 4 New York NY 10038-4954		g. Email		

NY registration pending	City or town, state or country	g. Email	g. Email			
	New York NY 10038-4954					
			•	-		
2. Certification Two Signa	•					
	perjury that we reviewed this report	•	•	and belief, they are		
true, correct and complete in a	accordance with the laws of the Sta	• •	•			
a. President or Authorized 0	Dina Bakst Co-Preside					
a. Fresident of Additionized C	Signature	Printed Nar		Date		
b. Chief Financial Officer or	Treas		Kaufman			
b. Chief i mancial Officer of	Signature Signature	Printed Nar	ne Title	Date		
3. Annual Report Exemption						
<u> </u>	ort exemption (Article 7-A registran	• ,				
	ntributions from NY State (including					
_	the organization did not engag	e a professional fund raiser (PF	R) or fund raising counsel (FF	RC) to solicit		
contribution	ons during this fiscal year.					
NOTE: An organizat	ion may claim this exemption if no	PFR or FRC was used and eit	her: 1) it received an allocatio	n from a federated		
fund, United Way or	incorporated community appeal a	nd contributions from other sou	rces did not exceed \$25,000	or 2) it received		
all or substantially al	I of its contributions from one gove	rnment agency to which it subn	nitted an annual report similar	to that required by		
Article 7-A.						
b. EPTL annual report exemption (EPTL registrants and dual registrants)						
Check → if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.						
For EPTL or Article-7A registrants of	laiming the annual report exemption under the	e one law under which they are registered	and for dual registrants claiming the ann	nual report		
exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.						
<b>Do not</b> submit a fee, <b>do not</b> complete the following schedules and <b>do not</b> submit any attachments to this form.						
4. Article 7-A Schedules						
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:						
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?						
* If ``Yes", complete Schedule 4a.						
b. Did the organization receive government contributions (grants)?						
* If ``Yes", complete Schedule 4b.						
	age for summary of fee require	ments.				
	e submitting along with this form:	_				
a. Article 7-A filing fee			Submit only one check o	r money order for the		
•			total fee, payable to "NY	S Department of Law"		
c. Total fee		<b>\$</b> 125.				

b.	Article 7-A filing fee	\$	100.	Submit only one check or money order for the total fee, payable to ``NYS Department of Law"
6. Attachments For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.				