Form 990-EZ

Short 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Open to Public Inspection

OMB No. 1545-1150 2009

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning Employer identification number Please C Name of organization Check if applicable: use IRS Address change 80-0210456 label or FINDINGBALANCE, INC. Name change print or Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return type. 615-599-6948 See P.O. BOX 284 Termination Specific Group Exemption City or town, state or country, and ZIP + 4 Amended return Instruc-TN 37065 Number FRANKLIN Application pending tions. X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: Accrual Other (specify) a completed Schedule A (Form 990 or 990-EZ). Check ▶ X if the organization is not WWW.FINDINGBALANCE.COM required to attach Schedule B (Form 990, 990-EZ, or 990-PF). X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 84,227 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 11,640 1 Contributions, gifts, grants, and similar amounts received 49,328 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 12,850 Investment income 4 Gross amount from sale of assets other than inventory 5a_ 5a Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) C Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue Gross revenue (not including \$ of contributions 1.947 reported on line 1) Less: direct expenses other than fundraising expenses 1,693 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) C 8,462 Gross sales of inventory, less returns and allowances 7a 7a 8,200 7b Less: cost of goods sold b 262 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 8 75,773 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 22,607 12 Salaries, other compensation, and employee benefits 12 10,642 Professional fees and other payments to independent contractors 13 13 31,650 14 Occupancy, rent, utilities, and maintenance 14 848 15 15 Printing, publications, postage, and shipping 9,731 Other expenses (describe > SEE STATEMENT 16 16 75,478 17 Total expenses. Add lines 10 through 16 17 295 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 -14,812end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 20 -14,51721 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (B) End of year (A) Beginning of year (See the instructions for Part II.) 2,656 4,742 22 Cash, savings, and investments 23 23 Land and buildings 321 4,742 2,977 25 25 Total assets 19,554 17,494 SEE STATEMENT 3 26 Total liabilities (describe -14,812 -14,51727 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8868

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| Inter | nal Revenue | Service | * | P The a separate application for each return. | | | | | |
|--------|--|-----------------------------------|-----------------------------------|--|--------------|-------------------|---|--|--|
| • | If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | | | | | | |
| | If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). | | | | | | | | |
| | Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. | | | | | | | | |
| | art I | | | Time. Only submit original (no copies needed) | | | | | |
| ۸ | | | | | | | | | |
| | corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete | | | | | | | | |
| Рап | i only | | | ************************************** | | | ▶ ∐ | | |
| All o | ther corpor | ations (includi me tax returns | ng 1120-C filers), partnerships, | REMICs, and trusts must use Form 7004 to request an exter | nsion of | | | | |
| Elec | tronic Fili | na (e-file). Ge | nerally you can electronically fi | le Form 8868 if you want a 3-month automatic extension of ti | me to file | | | | |
| | | | | equired to file Form 990-T). However, you cannot file Form 88 | | | | | |
| | | | | month extension or (2) you file Forms 990-BL, 6069, or 8870 | | | | | |
| | | | | you must submit the fully completed and signed page 2 (Pai | | rm | | | |
| | | | | it www.irs.gov/efile and click on e-file for Charities & Nonprof | | 1111 | | | |
| Тур | | water to the same A Co. | mpt Organization | at www.me.gov/eme and eller of e-file for offanties a fyoriprof | | | | | |
| prin | | Name of Exe | The Organization | | Employ | er identi | ification number | | |
| | 20 | FTNDTN | GBALANCE, INC. | | 00 0 | 2104 | E.C. | | |
| | by the date for | | et, and room or suite no. If a P. | O have and instance. | 80-0 | 2104 | 26 | | |
| filing | 0 | | BOX 284 | O. box, see instructions. | | | | | |
| | n. See uctions. | 0.00 | | For a foreign address, see instructions. | | | 119711111111111111111111111111111111111 | | |
| | | FRANKL | | TN 37065 | | | | | |
| Che | ck type of | | iled (file a separate application | | | | | | |
| | Form 990 | | . | Form 990-T (corporation) | | П | Form 4720 | | |
| | Form 990 |)-BL | | Form 990-T (sec. 401(a) or 408(a) trust) | | - | Form 5227 | | |
| X | Form 990 |)-EZ | | Form 990-T (trust other than above) | | \vdash | Form 6069 | | |
| | Form 990 |)-PF | | Form 1041-A | | H | Form 8870 | | |
| _ | r a verionistica | | | | | | 1 01111 0070 | | |
| • 1 | Telephone f the organ | ization does no | ot have an office or place of bus | FAX No. ► siness in the United States, check this box digit Group Exemption Number (GEN) | . If this is | ori Baroka bar | > | | |
| | | | | | attach | | | | |
| | | | of all members the extension w | | attaori | | | | |
| 1 | I request | an automatic 3 | -month (6 months for a corpora | ntion required to file Form 990-T) extension of time neturn for the organization named above. The extension is | | | | | |
| | | ganization's rel | | in return for the organization named above. The extension is | | | | | |
| | 2.20 | alendar year | | | | | | | |
| | | | ing , and end | dina | | | | | |
| | · [] " | ax year beginn | , and end | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| 2 | If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | | | | | |
| 3a | 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, | | | | | | | | |
| | less any nonrefundable credits. See instructions. | | | | | | | | |
| b | b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax | | | | | | | | |
| | payments made. Include any prior year overpayment allowed as a credit. 3b | | | | | | | | |
| C | | | | r payment with this form, or, if required, | | | - | | |
| | | | | S (Electronic Federal Tax Payment | | | | | |
| | | See instruction | | * | 3с | \$ | | | |
| Cauti | ion. If you | are going to ma | ake an electronic fund withdraw | ral with this Form 8868, see Form 8453-EO and Form 8879-E | | | | | |
| or no | wment inct | ructions | | | | | | | |

Form 990-EZ (2009)

FINDINGBALANCE, INC.

| Part III Statement of Program Service Accomplishments | (See the instruct | ions for Part III. | .) | Ex | penses |
|--|---------------------------------------|----------------------------|---|--------------|------------------------------|
| What is the organization's primary exempt purpose? | | | | | for section |
| SEE STATEMENT 4 | | | 100 | and transfer | and 501(c)(4) |
| Describe what was achieved in carrying out the organization's exempt purposes. In | | | or | ganizatic | ons and section |
| manner, describe the services provided, the number of persons benefited, or other | relevant information for | or | 49 | 47(a)(1) | trusts; optional |
| each program title. | | | fo | r others.) | |
| 28 SEE STATEMENT 5 | | | | | |
| | | | | | |
| Charles and an entermination of the contract and the cont | | | | | |
| (Grants \$) If this amount includes foreign grants, or | check here | > | 28a | | 70,783 |
| 29 | | | | | |
| | | | | | |
| | | | ; | | |
| (Grants \$) If this amount includes foreign grants, or | | | 29a | | |
| 30 | | | 0 18990 | | |
| $\frac{3}{2}$ 143 544 545 543 544 544 544 544 544 544 5 | | | | | |
| (Grants \$) If this amount includes foreign grants of | | | 5255 | ſ. | |
| , and the state of | check here | | 30a | | |
| Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, or | shook horo | | | | |
| 7 Total program service expenses (add lines 28a through 31a) | neck nere | | 31a | | 70 702 |
| Part IV List of Officers, Directors, Trustees, and Key Employees. List of | each one even if not o | omnoncated (Sect | 32 | (D | 70,783 |
| , | (b) Title and average | (c) Compensation | (d) Contribu | utions to | (e) Expense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0) | employee bene deferred comp | | account and other allowances |
| CONSTANCE RHODES FRANKLIN | PRESIDENT / | | | OTICULOTI | outer anowarices |
| P. O. BOX 284 TN 37065 | 50.00 | 20,886 | | 123 | 0 |
| ANN CAPPER, RD, CDN FRANKLIN | VICE PRESIDE | NT | | | |
| P. O. BOX 284 TN 37065 | 1.00 | 0 | | o | 0 |
| JENNIFER AMANDA WALKER, MA, LPC FRANKLIN | TREASURER | | | | |
| P. O. BOX 284 TN 37065 | 1.00 | 0 | | 0 | 0 |
| MARIAN C. EBERLY, RN, MSW, LCSW FRANKLIN | | | | | |
| P. O. BOX 284 TN 37065 | 1.00 | 0 | | 0 | 0 |
| JUDY WARDELL HALLIDAY, RN FRANKLIN | | | | | |
| P. O. BOX 284 TN 37065 | 1.00 | 0 | | 0 | 0 |
| A.J. RHODES FRANKLIN | per l | | | | |
| P. O. BOX 284 TN 37065 | 1.00 | 0 | Maria de la companya della companya | 0 | 0 |
| LEANNE SPENCER, MA, MED, LPC FRANKLIN P. O. BOX 284 TN 37065 | 14.54 | | | | |
| NOG MAYYOR | 1.00 | 0 | | 0 | 0 |
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| P. O. BOX 284 TN 37065 | 1.00 | 0 | | 0 | 0 |
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Form 990-EZ (2009)

| Pa | art V Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|-----------|--|---------------------|-------------|----------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | | | |
| | description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of | | | |
| | the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported | and the same same s | 100 | 6 1WF |
| (F)(T) | on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | 5.36 | racción. | N. A. |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section | SH COM CAR FAR II | CONTRACT. | |
| | 6033(e) notice, reporting, and proxy tax requirements? | 35a | | x |
| b | | | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | x |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instr. | | DAY 21 | |
| b | Did the erganization file Form 1120 POL for this year? | 37b | 200 | X |
| 38a | Did the organization her Porm 1120-POE for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | 200 | |
| oou | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | Direction | x |
| b | And the second s | | 2.00 | 22 |
| 39 | Section 501(c)(7) organizations. Enter: | | | 4 |
| a | hilliation from and antital analytication included as the O | | | |
| b | Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b | - 5% | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| 4Va | section 4911 ; section 4912; section 4955 | | | 2 |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | 4 | el a |
| , s | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified | | 100 | - W |
| | person in a prior year, and that the transaction has not been reported on any of the organization's prior | 1 | | |
| | | 401 | | |
| • | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | 40b | 1 | X |
| C | organization managers or disqualified persons during the year under sections 4912, | 1 | 37.4 | |
| | Salar Salar | 100 | | 5 |
| 4 | CONTROL CONTRO | | | |
| u | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | | | 1000 |
| • | reimbursed by the organization | - 27) | 500 | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 200 | 200 | 77 |
| 11 | List the states with which a copy of this return is filed. | 40e | | X |
| 41 42a | CONCERNOE DUODES DESC | \ C1E E0 | 0 0 | 0.40 |
| 12a | The organization's books are in care of CONSTANCE RHODES, PRES Telephone no P.O. BOX 284 | ▶ 615-59 | 9-6 | 948 |
| | EDANUT IN MIN | 27065 | | |
| ь | ************************************** | ▶ 37065 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | j | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | Yes | No |
| | AND THE THE PROPERTY FOR THE THE COURSE OF THE PROPERTY OF THE COURSE OF THE COURSE OF THE PROPERTY OF THE PRO | 42b | 3 6 7 | X |
| | If "Yes," enter the name of the foreign country: | | Per le | 1 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 1.7% | | 10.15 |
| | | m2 4/1 | 870 | 77 |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | - | X |
| 13 | If "Yes," enter the name of the foreign country: | | | |
| 13 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | Fi seesa I | - 12 × 12 × | • |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | | |
| | | 11 | | |
| | Did the constitution and the second s | | Yes | No |
| 4 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | - 1 | (*** - · | |
| _ | Form 990-EZ | 44 | | X |
| 5 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If | | 100 | 1.5 |
| | "Yes," Form 990 must be completed instead of Form 990-EZ | | | X |
| | | Form 99 | U-EZ | (2009) |

| 46 | and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on be | ehalf of or in oppos | ition to | | | Yes | No | |
|---------------|---|---|--|--|--|---------------------------------|-------|--|
| | condidates for public office? If "Yes " complete Schoolule C. Deet I | | | | 46 | | X | |
| | Did the organization engage in lobbying activities? If "Yes," complete Schedule C | , Part II | | | 47 | | X | |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related orga | anization? | (State Batile Batile | d that the use see that | 49a | | X | |
| b | f "Yes" was the related organization a section 527 organization? | | | | 49b | | | |
| 50 | Complete this table for the organization's five highest compensated employees (or | other than officers, | directors, trustees | and key | | | | |
| | employees) who each received more than \$100,000 of compensation from the or | | | | | | | |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | acc | Expense ount and allowanc | | |
| NONE | | | | | | | | |
| | era das esta deservaciones esta das esta esta esta esta esta esta esta es | | | | | | | |
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| | <i></i> | | | | | | | |
| | *************************************** | | | | | | | |
| f | otal number of other employees paid over \$100,000 | • | | | | | | |
| | Complete this table for the organization's five highest compensated independent \$100,000 of compensation from the organization. If there is none, enter "None." | contractors who ea | ch received more t | than | | | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | ch received more t | | ompens | ation | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | | | ompens | ation | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | | | ompens | ation | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | | | ompens | ation | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | | | ompens | ation | | |
| | (a) Name and address of each independent contractor paid more than \$100,000 | | | | ompens | ation | | |
| NONI | (a) Name and address of each independent contractor paid more than \$100,000 | | | | ompens | ation | | |
| d T | (a) Name and address of each independent contractor paid more than \$100,000 (b) Name and address of each independent contractor paid more than \$100,000 (c) Otal number of other independent contractors each receiving over \$100,000 Under penalties of perjury, declare that I have examined this return, including accand belief, it is true, corred, and complete. Declaration of preparer (other than office) | (b) | Type of service | (c) C | wledge | ation | | |
| NONI | (a) Name and address of each independent contractor paid more than \$100,000 contractor paid more than \$100,000 | companying schedules cer) is based on all info | Type of service | (c) C | wledge | ation | | |
| d T | (a) Name and address of each independent contractor paid more than \$100,000 (b) The state of other independent contractors each receiving over \$100,000 Under penalties of perjury, declare that I have examined this return, including accand belief, it is true, corred, and complete. Declaration of preparer (other than office CONSTANCE RHODES Type or print name and title. | companying schedules cer) is based on all inf | Type of service and statements, and primation of which pre Date IDENT Check if self- | (c) C | vledge ge. | | str.) | |
| d T | (a) Name and address of each independent contractor paid more than \$100,000 (b) Name and address of each independent contractor paid more than \$100,000 (c) Otal number of other independent contractors each receiving over \$100,000 Under penalties of perjury, declare that I have examined this return, including accand belief, it is true, correct, and complete. Declaration of preparer (other than office CONSTANCE RHODES Type or print name and title. Preparer's signature | companying schedules cer) is based on all inf | Type of service and statements, and primation of which pre Date IDENT Check if self- | to the best of my know parer has any knowled Preparer's Identic P00038 | vledge ge. fying Num | ber (See in | | |
| d T Sign Here | (a) Name and address of each independent contractor paid more than \$100,000 Under penalties of perjury, declare that I have examined this return, including accorded and belief, it is true correct, and complete. Declaration of preparer (other than office CONSTANCE RHODES Type or print name and title. Preparer's signature Firm's name (or yours BLANKENSHIP CPA GROUP, | companying schedules cer) is based on all inf | Type of service and statements, and ormation of which pre Date IDENT Check if self- | to the best of my know parer has any knowled Preparer's Identic P00038 | vledge ge. fying Num | ber (See in | | |
| d T | (a) Name and address of each independent contractor paid more than \$100,000 Otal number of other independent contractors each receiving over \$100,000 Under penalties of perjury, declare that I have examined this return, including acc and belief, it is true, corred, and complete. Declaration of preparer (other than office CONSTANCE RHODES Type or print name and title. Preparer's signature Firm's name (or yours if self-employed), 109 WESTPARK DRIVE, SU | companying schedules cer) is based on all inf PRES Date 5-10-20 PLLC ITE 430 | Type of service and statements, and ormation of which pre Date IDENT Check if self- | to the best of my know parer has any knowled Preparer's Idention P00038 | vledge ge. fying Num 3531 5-04 | ber (See in | 42 | |
| d Taid Prepa | (a) Name and address of each independent contractor paid more than \$100,000 Under penalties of perjury, declare that I have examined this return, including accorded and belief, it is true correct, and complete. Declaration of preparer (other than office CONSTANCE RHODES Type or print name and title. Preparer's signature Firm's name (or yours BLANKENSHIP CPA GROUP, | companying schedules cer) is based on all inf PRES Date 5-10-20 PLLC ITE 430 | Type of service and statements, and ormation of which pre Date IDENT Check if self- | to the best of my knowled parer has any knowled Preparer's Identify P00038 EIN Phone no. 615 | vledge ge. fying Num 3531 5-04 | ber (See in | 42 | |

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

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

2009

Open to Public Inspection

Employer identification number

Name of the organization

FINDINGBALANCE, INC. 80-0210456 for Public Charity Status (All organizations must complete this part.) See instructions

| Part | | | Status (All organization) | | | this p | art.) S | See ins | struction | IS. | | |
|----------|---------------|--|---|--------------|----------------------|------------|--------------|---------------|---------------------|------------|-----|--------|
| The orga | | | se it is: (For lines 1 through 11, o | | | | | | | | | |
| 1 📋 | A church, co | nvention of churches, or as: | sociation of churches described | in section | 170(b)(1)(| (A)(i). | | | | | | |
| 2 | A school des | scribed in section 170(b)(1) | (A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | A hospital or | a cooperative hospital serv | ice organization described in se | ction 170(I | b)(1)(A)(iii |). | | | | | | |
| 4 | | | ed in conjunction with a hospital | | | |)(A)(iii) | . Enter t | he hospita | ıl's name. | | |
| | city, and sta | 0. | | | | | | | | (4) | | |
| 5 | An organiza | ion operated for the benefit | of a college or university owned | or operate | d by a gov | ernment | al unit d | lescribe | d in | | | |
| | | (b)(1)(A)(iv). (Complete Par | | - For all | , - go. | | ar armi a | | 9 11.1 | | | |
| 6 | | | governmental unit described in s | ection 170 | (b)(1)(Δ)(| v) | | | | | | |
| 7 | | | substantial part of its support from | | | | m the a | operal n | ublio | | | |
| | | section 170(b)(1)(A)(vi). (0 | | om a gover | rimeritai u | int or no | iii tile ge | eneral p | ublic | | | |
| 8 | | | 170(b)(1)(A)(vi). (Complete Par | + 11-5 | | | | | | | | |
| 9 X | | | 1) more than 33 1/3 % of its sup | | ootribution | | h a sa bia i | · | | | | |
| | | | npt functions—subject to certain | | | | | | | | | |
| | | | nd unrelated business taxable in | | | | | | | | | |
| | | | 30, 1975. See section 509(a)(2) | | | ii lax) i | rom bus | inesses | ii. | | | |
| 10 | | | exclusively to test for public safe | | | (a)(A) | | | | | | |
| 11 | | | exclusively for the benefit of, to | | | | | | | | | |
| •• 🗀 | | | ted organizations described in s | | | | | | -41 | | | |
| | | | the type of supporting organizati | | | | | | ction | | | |
| | a Type | The second secon | c Type III–Functio | | | | | | | | | |
| е П | the said | | ganization is not controlled direct | | | d | | oe III–O | iner | | | |
| • () | | | and other than one or more put | | | | | | ation | | | |
| | | section 509(a)(2). | and other than one of more par | onciy suppo | iteu organ | iizations | describ | ea in se | Clion | | | |
| f | 505.05 | | ermination from the IRS that it is | a Type I T | ivno II or | Tuno III e | | | | | | |
| • | | check this box | inimation from the INS that it is | a Type I, I | ype II, or | rype iii s | supportii | ng | | | | green. |
| g | | | tion accepted any gift or contribu | ution from r | | | | | | | | إسا |
| 9 | following per | | tion accepted any gift of contribi | ution nom a | arry or trie | | | | | | | |
| | | | ontrols, either alone or together | with manage | . باقىدىداد م | | | | | | | T |
| | | | | | | | | | | [| Yes | No |
| | (ii) A family | member of a person describ | of the supported organization? | | | | | | | | | _ |
| | | | danadhadia (1) (11) -1 0 | | | | | | | 535 (CA) | | - |
| h | | | he supported organization(s). | | | | | t hater teach | | | | |
| - | of supported | (ii) EIN | | C. A.L. 0 | ter and the terms of | | 754 | T | | 100000 | | |
| | anization | (11) = 114 | (iii) Type of organization (described on lines 1-9 | | organization | | ou notify | | Is the tion in col. | (vii) Amo | | |
| | | | above or IRC section | | document? | col. (i) | of your | (i) organ | zed in the | supp | OIL | |
| | | | (see instructions)) | | T | 1000 | port? | 100000 | S.? | | | |
| | | | | Yes | No | Yes | No | Yes | No | | | |
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| Total | | | | Mary Service | | | | - | | | | |
| Total | | The second secon | | P 3 . =- | 7.17 | | | 318 H 3 | 7-265 | | | |

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

Schedule A (Form 990 or 990-EZ) 2009

| P | art II Support Schedule for Or (Complete only if you che | | | | 1)(A)(iv) and 1 | 70(b)(1)(A)(vi) | |
|----------|---|-------------------------|----------------------|---------------------------------------|----------------------|-----------------|---------------|
| Sec | ction A. Public Support | conca the box | 011 11110 0, 7, 01 | o or rait i.) | | | |
| | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | 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 | 12 450 846 1 | | | State of the control | | |
| Sec | tion B. Total Support | L | | | | 20.4 | |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | • | <u> </u> | (0, 2000 | (1) 10141 |
| 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 | | | 9 | | | |
| 10 11 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | | | | | 1000 | |
| 13 | | | | · · · · · · · · · · · · · · · · · · · | | 12 | |
| | First five years. If the Form 990 is for the organization, check this box and stop here | | | | | | (mm 100 mm) |
| Sec | tion C. Computation of Public Sup | nort Percenta | | | | ************ | |
| 4 | Public support percentage for 2009 (line 6 | column (f) divided b | y line 11 asluma (| \\\ | | 1 | |
| 5 | Public support percentage for 2009 (line 6, e Public support percentage from 2008 Sched | tulo A. Port II. line 1 | y line 11, column (1 |)) | | | % |
| | 33 1/3 % support test—2009. If the organiz | | | | | | % |
| ou | and stop here . The organization qualifies a | s a publicly support | od ergenization | | | | |
| b | 33 1/3 % support test—2008. If the organization | | | 160 and line 15 : | - 22 4/2 0/ | | > |
| ~ | box and stop here . The organization qualifie | eauon did not check | a box on line 13 o | Toa, and line 15 is | s 33 1/3 % or more | , check this | |
| 7a | 10%-facts-and-circumstances test—2009 | | | | 401 | | aarreya 🚩 bar |
| | more, and if the organization meets the "fac | ts_and_circumstance | ou not check a po | x on line 13, 16a, o | or 16b, and line 14 | is 10% or | |
| | organization meets the "facts-and-circumsta | inces" tost. The era | es lest, check this | box and stop nere | . Explain in Part Ι\ | now the | |
| b | 10%-facts-and-circumstances test—2008 | If the organization | did not check a be | so a publicly suppo | ited organization | - 45 :- 400′ | |
| | more, and if the organization meets the "fact | ts-and-circumstance | uiu not check a bo | x on line 13, 16a, 1 | ion, or 1/a, and lin | e 15 is 10% or | |
| | organization meets the "facts-and-circumsta | nces" test. The co- | es lest, check this | oox and stop nere | . ⊨xpiain in Part I\ | now the | |
| 8 | Private foundation. If the organization did r | not check a have an | amzanon quannes a | is a publicly suppo | rted organization | | |
| | | TOL CHECK & DOX ON | e 13, 16a, 16b, 1 | /a, or i/b, check t | nis box and see in | structions | |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FINDINGBALANCE, INC.

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.)

| _ | etion A. Public Support | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (a) 2009 | (f) Total |
|------|--|--|------------------------|-----------------------|----------------------------------|------------|---|
| | . , | (4) 2003 | (b) 2000 | (6) 2007 | (d) 2006 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | 4,793 | 11,640 | 16,43 |
| 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 | | | | 21,797 | 49,328 | 71,12 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | 1,887 | 10,409 | 12,29 |
| 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 | | | | 28,477 | 71,377 | 99,85 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | 628 | 621 |
| b | Amounts included on lines 2 and 3 received | | | | | | 02. |
| | 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 | | | | | 628 | 621 |
| 8 | Public support (Subtract line 7c from line 6.) | - 18 . 13 | | | | | 99,220 |
| | tion B. Total Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | No. of the second secon | | | 28,477 | 71,377 | 99,854 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 7,210 | 12,850 | 20,060 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | 7,210 | 12,850 | 20,060 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | 0 | 20,000 |
| 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.) | | | | 25 600 | | 2000 E.C. |
| 14 | First five years. If the Form 990 is for the or organization, check this box and stop here | | | N 5777 | A DESCRIPTION OF THE PROPERTY OF | | 119,914 |
| Sect | ion C. Computation of Public Sup | nort Percents | | | | | > X |
| 15 | Public support percentage for 2009 (line 8, c | olumn (f) divided l | y line 12 column (f | · · · | | TT | 75-0 |
| 16 | Public support percentage from 2008 Schedi | ule A Part III line | oy iine 13, column (i) | " | | 15 | % |
| Sect | ion D. Computation of Investment | Income Perc | entage | | | 16 | % |
| 17 | Investment income percentage for 2009 (line | 10c column (f) d | ivided by line 13 col | lump (f)) | | [47] | |
| 8 | Investment income percentage from 2008 Sc | chedule A Part III | | | | | % |
| | 33 1/3 % support tests—2009. If the organi | | | and line 15 is re- | ore than 22 1/2 0/ on | 18 | % |
| | 17 is not more than 33 1/3 %, check this box | and ston here T | he organization and | r, and interiors mo | eupported are == :- " | iu line | |
| b | 33 1/3 % support tests—2008. If the organia | zation did not cho | ck a hov on line 14 a | unics as a publicly s | supported organizati | 001 | P |
| - | line 18 is not more than 33 1/3 %, check this | box and stop box | e The organization | auglifies as a sub- | ich cupacitati | 1/3 %, and | |
| 0 | Private foundation. If the organization did n | ot check a boy an | line 14 100 oc 101 | qualifies as a publi | iciy supported organi | ization | <u>}</u> |
| | | or officer a box off | mic 14, 19a, 01 19b | , CHECK THIS DOX an | u see instructions | | |

| | orm 990 or 990-EZ) 2009 | | | | | 80-0210456 | Page 4 |
|---|--|--|--|---|---|---|--|
| Part IV | Supplemental Info | ormation. Comple | te this part | to provide the | e explanations req | uired by Part II, line 10; mation. See instructions. | |
| 8 | | , | | ovide diriy etin | or additional inform | nation. Coo motractions. | |
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Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No.

Name(s) shown on return Identifying number FINDINGBALANCE, INC. 80-0210456 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 250,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 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 instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 375 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 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 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 375 HY 7-year property 200DB 54 d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. S/L MM property 27.5 yrs. MM S/L Nonresidential real MM 39 yrs. SI property MM Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/I 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 429 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

FINDBAL FINDINGbalance, Inc.

80-0210456

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | | Amount |
|----------------------------|-------|--------|
| EXPENSES | \$ | |
| ADVERTISING & PROMOTION | 36. S | 2,366 |
| OFFICE SUPPLIES & EXPENSES | | 1,743 |
| CONFERENCES AND MEETINGS | | 1,982 |
| INTEREST EXPENSE | | 505 |
| TELEPHONE | | 863 |
| FINANCE CHARGES | | 492 |
| MISCELLANEOUS EXPENSES | | 926 |
| TAXES & LICENSES | | 854 |
| TOTAL | \$ | 9,731 |

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beginning of Year | End of Year |
|---|-------------------|------------------|
| FURNITURE LESS ACCUMULATED DEPRECIATION | \$ | \$ 750 429 |
| | | 321 |

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| Description | Beginning of Year | End of Year |
|----------------------------------|--------------------------|-----------------------|
| CREDIT CARDS BANK LINE OF CREDIT | \$ 9,554 10,000 | \$ 7,494 10,000 |
| | 19,554 | 17,494 |

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO REMOVE THE STIGMA SURROUNDING EATING AND BODY IMAGE ISSUES, PROMOTE PREVENTION, AND EMPOWER THOSE WHO STRUGGLE TO FIND A CHRIST-CENTERED PATH TO FREEDOM.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

DEVELOPED AND IMPLEMENTED 12-WEEK SMALL GROUP CURRICULUM, CREATED PODCASTS, SMALL GROUP TOOLS, SECURED SPONSORS FOR PARTNERSHIP WITH FOOD FOR THE HUNGRY AND ADDED VIDEO CLIPS TO THE WEBSITE. ALL ACTIVITIES ARE CENTERED AROUND ASSISTING INDIVIDUALS WITH EATING DISORDERS, BODY IMAGE ISSUES, EDUCATION RELATED TO HEALTHY EATING, FOOD ALLERGIES AND ANTI-OBESITY.