



Corrected FINAL version
mailed to IRS 5/8/09

OMB No. 1545-1150

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

2008

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 6/24/2008 , and ending 12/31/2008	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FINDINGbalance, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 284 City, town, or country State ZIP + 4 Franklin TN 37065
D Employer identification number 80-0210456	
E Telephone number 615-599-6948	
F Group Exemption Number ▶	
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ www.findingbalance.com	
J Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 30,159**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	6,475
	2 Program service revenue including government fees and contracts	2	21,797
	3 Membership dues and assessments	3	
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> ▶		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	1,887	
b Less: cost of goods sold	7b	845	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,042	
8 Other revenue (describe ▶)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,314	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,260
	14 Occupancy, rent, utilities, and maintenance	14	10,974
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See attached statement)	16	8,571
17 Total expenses. Add lines 10 through 16	17	22,805	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,509
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-20,837
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-14,328

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	825	4,475
23 Land and buildings	0	
24 Other assets (describe ▶ Chickering Piano)	750	750
25 Total assets	1,575	5,225
26 Total liabilities (describe ▶ See attached statement)	22,412	19,553
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-20,837	-14,328

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

(HTA)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses
(Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts;
optional for others.)

What is the organization's primary exempt purpose? Assisting individuals with dieting and body image issues
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,
describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 FINDINGbalance, Inc. proclaims a message of love, hope, and truth to all

who are in bondage to eating and body image issues, to find freedom to love others
and embrace God's purpose for their lives. See page of accomplishments.

(Grants \$ 0) If this amount includes foreign grants, check here ☐ 28a 30,015

29

(Grants \$ 0) If this amount includes foreign grants, check here ☐ 29a 0

30

(Grants \$ 0) If this amount includes foreign grants, check here ☐ 30a 0

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here ☐ 31a 0

32 Total program service expenses. (add lines 28a through 31a) 32 30,015

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Constance Rhodes Str PO Box 284 City Franklin ST TN ZIP 37065	Title President Hr/WK 35.00	0	0	0
Name Ann Capper, RD, CDt Str 7 Crestwood Road City Corning ST NY ZIP 14830	Title Vice President Hr/WK Various	0	0	0
Name Jennifer A. Walker, M. Str 2893 Blue Creek Road City Lynnville ST TN ZIP 38472	Title Treasurer Hr/WK Various	0	0	0
Name Marian C. Eberly, RN Str 9135 W. Saddlehorn City Peoria ST AZ ZIP 85383	Title Director Hr/WK Various	0	0	0
Name Judy Wardell Halliday Str 673 Benvenue Avenue City Los Altos ST CA ZIP 94024	Title Director Hr/WK Various	0	0	0
Name AJ Rhodes Str 3105 Traviston Drive City Franklin ST TN ZIP 37064	Title Director Hr/WK Various	0	0	0
Name Leanne Spencer, M.A Str 4904 Hibiscus City Austin ST TX ZIP 78739	Title Secretary Hr/WK Various	0	0	0
Name Amos Taylor Str 35 Estate City Anderson ST IN ZIP 46013	Title Director Hr/WK Various	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	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 on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b 10,000		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. ▶ 39a		
b Gross receipts, included on line 9, for public use of club facilities. ▶ 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Enter amount of tax on line 40c reimbursed by the organization. ▶		
e 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.		X
41 List the states with which a copy of this return is filed. ▶		
42 a The books are in care of ▶ Name Constance Rhodes Telephone no. ▶ 615-599-6948		
Located at ▶ 219 Cummins Street City Franklin ST TN ZIP + 4 ▶ 37065		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

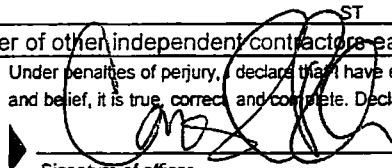
- | | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete 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 | 48 | X |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | X |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

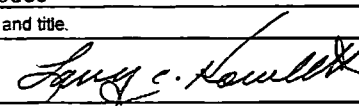
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶	0	0

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 Here  President
 Signature of officer
 Date 5-8-09
 Constance Rhodes
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature  Date 4/10/2009 Check if self-employed ☐
 Preparer's Identifying Number (See instructions) P00122443
 Firm's name (or yours if self-employed), address, and ZIP +4 LARRY C. HOWLETT, CPA PLLC EIN ▶ 61-1355460
 631 NEWBERRY ST, BOWLING GREEN, KY 42103-0911 Phone no. ▶ (270) 842-4242

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



FINDING

We exist 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. Your support makes our work possible. Thank you.

Date: February 19, 2009
 To: Larry Howlett, CPA
 From: Constance Rhodes
 Re: Non-profit Activity Update, FINDINGbalance, Inc. | EIN #: 80-0210456

Dear Mr. Howlett:

Per your request, following is a list of some of our key non-profit activities in 2008:

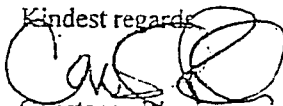
- Partnered with Remuda Ranch to launch the True Campaign – to end the crisis of distorted self-image by challenging cultural ideals about beauty and identity (www.truecampaign.org)
- Co-wrote, co-directed and appeared in "I Have Eating Issues" video which played for 450,000 women at the Women of Faith regional conferences.
- Hosted two national broadcasts for the Church Communication Network: "Diet Wars" with Dr. Walt Larimore and "A Crimson Stain" (self-injury)
- Presented on eating and body image issues to more than 5,000 college students, faculty and staff
- Piloted "Finding Balance with Food" curriculum for church usage
- Appeared twice on Focus on the Family (220 million listeners daily)
- Co-hosted Remuda Ranch's "Hungry for Hope" eating disorders conference
- Partnered with Food for the Hungry to launch true:shift humanitarian campaign, "shifting" money from diets/appearance related items to ending worldwide hunger (www.fh.org/trueshift)
- Published article on eating disorders in Lifeway's Collegiate magazine
- Established a board of directors and conducted two fully-attended meetings
- Established advisory and auxiliary boards
- Hosted 50 free support groups at our downtown Franklin, TN office



Fb is a proud partner
 of the True Campaign
www.truecampaign.org

If you need additional information please don't hesitate to contact me directly at (615) 599-6948 or constancer@findingbalance.com.

Kindest regards


 Constance Rhodes

www.findingbalance.com

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

Name of the organization

Employer identification number

FINDINGbalance, Inc.

80-0210456

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions.)					12	19,250
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0		6,475	6,475
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	0	0	0		21,797	21,797
3 Gross receipts from activities that are not an unrelated trade or business under section 513					1,887	1,887
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	30,159	30,159
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						30,159

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	30,159	30,159
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						30,159
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶ ☒
- b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ▶ ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

Employer identification number

FINDINGbalance, Inc.

80-0210456

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Constance Rhodes Provide operating capital	X		10,000	10,000		X	X		X	
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
Total				\$ 10,000						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
		0			
		0			
		0			
		0			
		0			
		0			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	6,475
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	6,475

Part I, Line 16 (990-EZ) - Other Expenses

8,571

1	Travel, Meals and Entertainment		
	a Travel	1a	467
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	1,100
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	628
8	Supplies	8	1,489
9	Telephone	9	1,235
10	Unrelated business income taxes	10	0
11	Advertising	11	1,525
12	Internet	12	1,579
13	Taxes	13	207
14	Miscellaneous	14	341
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

		750	750
Description		Beginning	End
1	Chickering Piano		
2		750	750
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		22,412	19,553
Description		Beginning	End
1	Credit Cards	11,412	9,553
2	Loans	11,000	10,000
3			
4			
5			
6			
7			
8			
9			
10			

FINDINGbalance, Inc.
Three Year Projected Budget



Income	2009	2010	2011
Earned Income			
Fb Class Fees (Franklin, TN)	0.00	1,800.00	6,705.00
Cash Reserve (balance forward)	0.00	1,774.41	4,998.58
Class Curriculum (Nat'l/Int'l usage)	2,000.00	6,250.00	18,750.00
Counseling Services	0.00	9,600.00	39,000.00
Interest Income	0.00	0.00	0.00
Merchandise sales (t-shirts, jewelry, CD's)	500.00	5,000.00	10,000.00
Seminars	0.00	4,000.00	10,000.00
Speakers Bureau	1,500.00	2,000.00	3,500.00
Sponsorships: Fb.com	57,600.00	40,000.00	40,000.00
Sponsorships: Fb Gathering	0.00	5,500.00	7,500.00
Subscriptions: Fb Gathering Webcast	600.00	5,688.00	27,243.00
Sub-Lease of Space	14,000.00	14,000.00	3,200.00
Sub-total Earned Income	76,200.00	95,612.41	170,896.58
Contributed Income			
Donations - Corporate Contributions	0.00	5,000.00	10,000.00
Donations - Private/Individual	3,000.00	7,500.00	15,000.00
Grants - Foundation	0.00	10,000.00	25,000.00
Fundraisers: Yard Sale (quarterly)	3,500.00	5,000.00	10,000.00
Fundraisers: Butterfly Ball	0.00	5,000.00	10,000.00
Sub-total Contributed Income	6,500.00	32,500.00	70,000.00
Total Income	\$ 82,700.00	\$ 128,112.41	\$ 240,896.58
Expenses			
Personnel Expenses			
Salaries	18,000.00	38,433.72	110,000.00
Benefits @ 14% of Salaries	2,520.00	5,380.72	15,400.00
Independent Contractors/Consultants	5,000.00	7,500.00	8,250.00
Sub-total Personnel	25,520.00	51,314.44	133,650.00
Non-Personnel Expenses			
Advertising & Promotion	200.00	5,124.50	10,000.00
Books and Magazines	150.00	300.00	500.00
Credit Machine/Processing	480.00	850.50	1,599.08
Debt Payoff: Capital One (\$10K balance)	3,600.00	5,000.00	0.00
Debt Payoff: Line of Credit (\$10K balance)	0.00	0.00	7,500.00
Dues and Subscriptions	200.00	500.00	1,000.00
Interest Expense (Line of Credit)	1,121.91	1,200.00	700.00
Internet/Web Expense	1,500.00	4,500.00	6,000.00
Meals and Entertainment	300.00	900.00	1,200.00
Office Expenses: Insurance	363.68	1,500.00	2,000.00
Office Expenses: Rent	28,800.00	28,800.00	28,800.00
Office Expenses: Utilities	2,400.00	2,400.00	2,400.00
Office Supplies	500.00	1,000.00	3,000.00
Postage and Delivery	1,000.00	1,000.00	1,500.00
Printing	500.00	2,500.00	5,000.00
Production Expenses	1,000.00	1,500.00	2,000.00
Professional Fees: Accounting	2,500.00	8,000.00	8,000.00
Professional Fees: Legal	3,500.00	3,500.00	6,000.00
Program Materials/COGS	2,500.00	2,500.00	5,750.00
Telephone: Cell	650.00	600.00	1,200.00
Telephone: Office Phone/Fax	1,140.00	1,250.00	2,000.00
Trade Shows/Conventions	2,500.00	2,000.00	5,000.00
Travel	500.00	1,500.00	3,000.00
Sub-total Non-Personnel	55,405.59	76,425.00	104,149.08
Total Projected Income:	82,700.00	128,112.41	240,896.58
Total Projected Expenses:	80,925.59	127,739.44	237,799.08
Projected Balance	1,774.41	372.97	3,097.51
Proj. Avg. Monthly Cash Flow Req.	4,617.13	6,368.75	8,679.09