

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)

2008

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

Header section A-M containing organization name (BALANCE4Kids), EIN (75-2994317), address (4500 Soquel Drive), and other identifying information.

Part I Summary table with columns for Revenue and Expenses, and rows for mission statement, governance, and financial data (lines 1-22).

Part II Signature Block containing a declaration of preparer, signature of officer (VICTORIA GEORGE), and preparer information (CHRIS B. MIZAR).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

See attachment #3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,292,505 including grants of \$ ) (Revenue \$ 2,039,173 )

See attachment #4

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 2,292,505 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV .....	X	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV .....		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		X
<b>33</b> 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 .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....		X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 211		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		X
<b>4a</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
<b>b</b>	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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? N/A		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		X
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-11. Includes questions about voting members, family relationships, management control, organizational changes, and meeting documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b. Includes questions about conflict of interest policies, whistleblower policies, document retention, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows 17-20. Includes questions about state filing requirements, public inspection of forms, and availability of governing documents.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, or 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
VICTORIA GEORGE OFFICER/ EXEC DIRECTOR	60.00	X		X	X	X	104,940	0	0	
MARY WILLIS OFFICER	0.00			X			0	0	0	
SHANNON CRANE OFFICER	1.00			X			0	0	0	
ASHLEY ZANINOVICH BOARD MEMBER/RESPITE COORDINATOR	24.00	X					35,580	0	0	
KATHY FRANNDLE BOARD MEMBER	1.00	X					0	0	0	
PAMELA ERIKSSON BOARD MEMBER	1.00	X					0	0	0	
WENDY HARRISON BOARD MEMBER	1.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**(continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE			
<b>1b Total</b> .....							140520	0	0	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶



<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	42,897					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	582,164					
	<b>f</b> All other contributions, gifts, grants, & similar amounts not included above	<b>1f</b>	24,444					
	<b>g</b> Noncash contributions included in lines 1a-1f:		\$					
	<b>h Total.</b> Add lines 1a-1f			649,505				
PROGRAM SERVICE REVENUE	<b>2a</b> FUNDING OF ONE ON ONE	<b>Business Code</b>	611710	2,048,631				
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			2,048,631				
OTHER REVENUE	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			532	532			
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	<b>a</b>						
		<b>b</b> Less: direct expenses						
		<b>c</b> Net income or (loss) from fundraising events						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses								
<b>c</b> Net income or (loss) from gaming activities								
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d								
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				2,698,668	532			

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	40,256	40,256		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,042,528	1,904,816	137,712	
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	177,218	155,796	21,422	
11 Fees for services (non-employees):				
a Management				
b Legal	11,580		11,580	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	58,199		58,199	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	17,916	13,254	4,662	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	413		413	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a HEALTH INSURANCE	90,395		90,395	
b W/C INSURANCE	60,416	60,416		
c OCCUPANCY	56,952	38,552	18,000	400
d PROGRAM DIRECTOR	48,346	48,346		
e GENERAL LIAB INSURANCE	30,956		30,956	
f All other expenses	74,891	31,069	33,390	10,432
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>2,710,066</b>	<b>2,292,505</b>	<b>406,729</b>	<b>10,832</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

<b>Part X</b>		<b>Balance Sheet</b>		(A)		(B)	
				Beginning of year		End of year	
<b>A S S E T S</b>	<b>1</b>	Cash -- non-interest bearing .....		26,763	<b>1</b>	55,888	
	<b>2</b>	Savings and temporary cash investments .....			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net .....			<b>3</b>		
	<b>4</b>	Accounts receivable, net .....		69,755	<b>4</b>	20,146	
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....			<b>5</b>		
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net .....		650	<b>7</b>		
	<b>8</b>	Inventories for sale or use .....			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges .....		9,624	<b>9</b>	19,773	
	<b>10a</b>	Land, buildings, and equipment: cost basis .....	<b>10a</b>				
	<b>b</b>	Less: accumulated depreciation. Complete Part VI of Schedule D .....	<b>10b</b>		413	<b>10c</b>	
	<b>11</b>	Investments -- publicly traded securities .....			<b>11</b>		
	<b>12</b>	Investments -- other securities. See Part IV, line 11 .....			<b>12</b>		
	<b>13</b>	Investments -- program-related. See Part IV, line 11 .....			<b>13</b>		
	<b>14</b>	Intangible assets .....			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 .....			<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		107,205	<b>16</b>	95,807		
<b>L I A B I L I T I E S</b>	<b>17</b>	Accounts payable and accrued expenses .....			<b>17</b>		
	<b>18</b>	Grants payable .....			<b>18</b>		
	<b>19</b>	Deferred revenue .....			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities .....			<b>20</b>		
	<b>21</b>	Escrow account liability. Complete Part IV of Schedule D .....			<b>21</b>		
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties .....			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable .....			<b>24</b>		
<b>25</b>	Other liabilities. Complete Part X of Schedule D .....			<b>25</b>			
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 .....			<b>26</b>			
<b>F U N D A S S E T S O R S</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets .....			<b>27</b>		
	<b>28</b>	Temporarily restricted net assets .....			<b>28</b>		
	<b>29</b>	Permanently restricted net assets .....			<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds .....			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds .....		107,205	<b>32</b>	95,807	
<b>33</b>	<b>Total net assets or fund balances</b> .....		107,205	<b>33</b>	95,807		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> .....		107,205	<b>34</b>	95,807		

<b>Part XI</b>		<b>Financial Statements and Reporting</b>		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other				
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....				X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....				X
<b>c</b>	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? .....			N/A	
<b>3a</b>	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? .....				X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? .....			N/A	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

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

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

<b>Name of the organization</b> BALANCE4Kids	<b>Employer identification number</b> 75-2994317
---	---

**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
<b>11g(i)</b>		X
<b>11g(ii)</b>		X
<b>11g(iii)</b>		X

(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	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.")	35,858	281,574	423,971	525,282	649,505	1,916,190
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	1,173,484	1,728,919	1,689,092	2,087,390	2,048,631	8,727,516
4 <b>Total.</b> Add lines 1-3	1,209,342	2,010,493	2,113,063	2,612,672	2,698,136	10,643,706
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 <b>Public support.</b> Subtract line 5 from line 4.						10,643,706

**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	1,209,342	2,010,493	2,113,063	2,612,672	2,698,136	10,643,706
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			379	1,636	532	2,547
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						10,646,253
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years:</b> 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 <b>stop here</b> ▶ <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	99.9800	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a <b>33 1/3 % support test -- 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3 % support test -- 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10%-facts-and-circumstances test -- 2008.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test -- 2007.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>			

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization  
BALANCE4Kids

Employer identification number  
75-2994317

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		HUMAN RACE (event type)	EVENING FU (event type)	(total number)	3 Add col. (a) through col. (c)
1	Gross receipts .....	20,794	13,558	8,545	42,897
2	Less: Charitable contributions .....				
3	Gross revenue (line 1 minus line 2) .....	20,794	13,558	8,545	42,897
DIRECT EXPENSES	4	Cash prizes .....			
	5	Non-cash prizes .....			
	6	Rent/facility costs .....			
	7	Other direct expenses .....			
8	Direct expense summary. Add lines 4 through 7 in column (d) .....				( )
9	Net income summary. Combine lines 3 and 8 in column (d) .....				42,897

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) thru col. (c))
		1	Gross revenue .....		
DIRECT EXPENSES	2	Cash prizes .....			
	3	Non-cash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

9	Enter the state(s) in which the organization operates gaming activities: _____		Yes	No
a	Is the organization licensed to operate gaming activities in each of these states? .....	9a		X
b	If "No," Explain: _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a		X
b	If "Yes," Explain: _____			
11	Does the organization operate gaming activities with nonmembers? .....	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12		X

- 13** Indicate the percentage of gaming activity operated in:
- a** The organization's facility ..... **13a** \_\_\_\_\_ %
  - b** An outside facility ..... **13b** \_\_\_\_\_ %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a** \_\_\_\_\_
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address:
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a** \_\_\_\_\_
  - b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>15a</b>		X
<b>17a</b>		X



**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, lines 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**

<b>Name of the organization</b> BALANCE4Kids	<b>Employer identification number</b> 75-2994317
---	---

**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, lines 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

**Total** ..... ▶ \$ \_\_\_\_\_

**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, lines 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
See attachment #6					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

BALANCE4Kids

Employer identification number

75-2994317

Victoria George, whom is a board member is also a salaried director

# Depreciation and Amortization (Including Information on Listed Property)

**2008**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return <b>BALANCE4Kids</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>75-2994317</b>
--	--	---

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	<b>3</b>	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	250,000
<b>6 (a) Description of property</b>	<b>(b) Cost (busn. use only)</b>	<b>(c) Elected cost</b>
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	<b>11</b>	250,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ... ▶	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 .....	<b>17</b>	413
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 .....	<input type="checkbox"/>	

**Section B -- Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 <b>Total.</b> 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 .....	<b>22</b>	413
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

**PRINCIPAL OFFICER NAME AND ADDRESS**

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2008, or tax period beginning	, and ending
---------------------------	---	--------------

Name of Organization BALANCE4Kids	Employer Identification Number 75-2994317
--------------------------------------	--

990, Page 1, Line F

Principal officer name .....

or

Business Name:

Street Address .....

U.S. Address:

Zip code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

## PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	<b>For calendar year 2008 or tax period beginning</b> _____ <b>, and ending</b> _____.
<b>Name of Organization</b> BALANCE4Kids	<b>Employer Identification Number</b> 75-2994317

Primary Purpose

The BALANCE organization will address the needs of children with severe disabilities in a collaborative model with private organizations, parents and public schools working together. Individuals will benefit from support in the areas of nutrition, educational therapies, and alternative education.

## PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	<b>For calendar year 2008 or tax period beginning</b> _____ <b>, and ending</b> _____ .
<b>Name of Organization</b> BALANCE4Kids	<b>Employer Identification Number</b> 75-2994317

Primary Purpose

The BALANCE organization will address the needs of children with severe disabilities in a collaborative model with private organizations, parents and public schools working together. Individuals will benefit from support in the areas of nutrition, educational therapies, and alternative education.

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2008, or tax period beginning	, and ending
---------------------------	---	--------------

Name of Organization BALANCE4Kids	Employer Identification Number 75-2994317
--------------------------------------	--

Part III - Statement of Program Service Accomplishments

Code:	Expenses: 2,292,505	including Grants of:	Revenue: 2,039,173
Exempt Purpose Achievements			

GOVERNMENT INCOME WERE RECEIVED FOR SPECIFIC ONE-ON-ONE TUTORING OF SPECIAL NEEDS CHILDREN

**BOOKS ARE IN CARE OF**

Attachment 5: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection **For calendar year 2008 or tax period beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_.

**Name of Organization**  
BALANCE4Kids **Employer Identification Number**  
75-2994317

Part VI - Line 91a

Individual Name ..... Victoria George  
or  
Business Name:

Street Address ..... 4500 Soquel Drive

U.S. Address:

Zip code 95073 City Soquel State CA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (831) 464-8669

Fax Number .....



**SCHEDULE L - PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS**

Attachment 6: Sch L, Part IV - Business Transactions Involving Interested

Open to Public Inspection	For calendar year 2008 or tax period beginning _____, and ending _____.
---------------------------	---

Name of Organization BALANCE4Kids	Employer Identification Number 75-2994317
--------------------------------------	--

**Part IV Business Transactions Involving Interested Persons**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
VICTORIA GEORGE	VICTORIA GEORGE IS A DIRECTOR	18,000	THE ORGANIZATION PAYS COMPARABLE RENTS FOR OFFICES TO MRS. GEORGE		X

## 2008 Federal Depreciation Schedule

BALANCE4Kids  
75-2994317

04-28-2009

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>General</b>										
Computer Software	03-01-03	S/LHY	5	7,900	0	0	0	7,900	7,487	413
1 Asset			Totals:	7,900	0	0	0	7,900	7,487	413
1 Asset			Grand Totals:	7,900	0	0	0	7,900	7,487	413

\* Asset disposed this year  
 -C Carryover basis in like-kind exchange transaction  
 -B Excess basis in like-kind exchange transaction

## 2008 AMT Depreciation Schedule

BALANCE4Kids  
75-2994317

04-28-2009

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
General								
Computer Software	03-01-03	S/LHY	5	7,900	6,320	790	413	-377
1 Asset		Totals:		7,900	6,320	790	413	-377
1 Asset		Grand Totals:		7,900	6,320	790	413	-377

\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

BALANCE4Kids  
4500 Soquel Drive  
Soquel CA 95073

FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0701

TWF  
 TAXABLE YEAR **2008** **California Exempt Organization**  
**Annual Information Return**

FORM  
**199**

Calendar Year 2008 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

**A** First Return Filed?  Yes  No **B** Type of organization Exempt under Section 23701 (insert letter) \_\_\_\_\_  
 IRC Section 4947 (a)(1) trust

CORP # **2400502**

Corporation/Organization Name **BALANCE4KIDS** FEIN **75-2994317**

Address **4500 SOQUEL DRIVE**

City **SOQUEL** State **CA** ZIP Code **95073**

**C** Amended Return?  Yes  No **H** Accounting method used (1)  Cash (2)  Accrual (3)  Other

**D** Are you a subordinate/affiliate in a group exemption?  Yes  No  
**(a)** Is this a group filing for affiliates? See General Instruction L  Yes  No  
**(b)** If "Yes," enter the number of affiliates \_\_\_\_\_  
**(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See Instructions.)  
**(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**(e)** Federal Group Exemption Number \_\_\_\_\_  
**(f)** Is a roster of subordinates attached?  Yes  No

**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No

**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No

**E** Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)  
 If a box is checked, enter date \_\_\_\_\_

**K** Is this organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter amt. of gross receipt from nonmember sources \$ \_\_\_\_\_

**L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**F** Check the box if the organization filed: (1)  990T (2)  990PF (3)  990H **M** Is the organization a Limited Liability Company?  Yes  No

**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required

**N** Did the organization file Form 100 or Form 109 to report taxable Income?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. ....	<b>1</b>	2,698,668
	<b>2</b> Gross dues and assessments from members and affiliates. ....	<b>2</b>	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. ....	<b>3</b>	
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. ....	<b>4</b>	2,698,668
	<b>5</b> Cost of goods sold .....	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold .....	<b>6</b>	
	<b>7</b> Total costs. Add line 5 and line 6 .....	<b>7</b>	
	<b>8</b> Total gross income. Subtract line 7 from line 4 .....	<b>8</b>	2,698,668
<b>Ex-penses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18 .....	<b>9</b>	2,710,066
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ....	<b>10</b>	-11,398
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F .....	<b>11</b>	10
	<b>12</b> Total payments .....	<b>12</b>	
	<b>13</b> Penalties and Interest. See General Instruction J .....	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K .....	<b>14</b>	
<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result .....	<b>15</b>	10	

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **DIRECTOR** Title Date Telephone

Preparer's signature Date Check if self-employed  Preparer's SSN/PTIN **P00921155**

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address **CHRIS B. MIZAR, CPA**  
**23282 MILL CREEK DR STE 235**  
**Laguna Hills CA 92653** FEIN **33-0857261**  
 Telephone **949-951-3530**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	● 1	2,698,655
	2	Interest	● 2	7
	3	Dividends	● 3	6
	4	Gross rents	● 4	
	5	Gross royalties	● 5	
	6	Gross amount received from sale of assets (See Instructions)	● 6	
	7	Other income. Attach schedule	● 7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,698,668
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	40,256
	10	Disbursements to or for members	● 10	
	11	Compensation of officers, directors, and trustees. Attach schedule	● 11	2,219,746
	12	Other salaries and wages	● 12	
	13	Interest	● 13	
	14	Taxes	● 14	
	15	Rents	● 15	
	16	Depreciation and depletion (See Instructions)	● 16	413
	17	Other. Attach schedule	● 17	449,651
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,710,066

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		26,763	●	55,888
2	Net accounts receivable		69,755	●	20,146
3	Net notes receivable. Attach schedule		650	●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach schedule			●	
7	Investments in stock. Attach schedule			●	
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	413			
b	Less accumulated depreciation	( )	413	( )	
11	Land			●	
12	Other assets. Attach schedule		9,624	●	19,773
13	<b>Total assets</b>		107,205		95,807
<b>Liabilities and net worth</b>					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule			●	
19	Capital stock or principle fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		107,205	●	95,807
22	<b>Total liabilities and net worth</b>		107,205		95,807

<b>Schedule M-1 Reconciliation of income per books with income per return</b>				
1	Net income per books	● -11,398	7	Income recorded on books this year not included in this return.
2	Federal income tax	●		Attach schedule
3	Excess of capital losses over capital gains	●	8	Deductions in this return not charged against book income this year.
4	Income not recorded on books this year. Attach schedule	●		Attach schedule
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	9	Total. Add line 7 and line 8
6	Total.		10	Net income per return.
	Add line 1 through line 5	-11,398		Subtract line 9 from line 6
				-11,398

## 2008 California Depreciation Schedule

BALANCE4Kids  
75-2994317

04-28-2009

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
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