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# SCANNED SEP » n 2010

Form 990

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 2009, and ending For the 2009 calendar year, or tax year beginning 20 D Employer Identification number C Name of organization The BodyBuilders, Inc B Check if applicable. Doing Business As 0861654 Address change label or print or Number and street (or P.O box if mail is not delivered to street address) Telephone number Room/suite Name change type. **PO Box 1563** 800) 595-4881 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated ıstruc Conway, AR 72033 G Gross receipts \$ 335,118.16 Amended return F Name and address of principal officer. Steve Shadrach Application pending No No H(a) Is this a group return for affiliates? Yes 473 N Oliver Ave, Fayetteville, AR 72701 H(b) Are all affiliates included? Yes Tax-exempt status. if "No," attach a list. (see instructions) Website: ➤ www.TheBodyBuilders.net H(c) Group exemption number 🕨 Form of organization: 

Corporation □ Trust □ Association □ Other ▶ L Year of formation: 2001 M State of legal domicile: AR Part I Summary Bnefly describe the organization's mission or most significant activities: Boot Camp is an intense two day training seminar to help Christian workers get to their ministry assignment guickly and fully funded. NVision is a mission seminar that shares the four perspectives of world evangelization: Biblical, Historical, Cultural, and Strategic. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 6 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a) . . . . 4 6 15 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII. column (C), line 12. 0 b Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 91,537.00 Contributions and grants (Part VIII, line 1h) . 139,504.00 Program service revenue (Part VIII, line 2g) . 162,829.55 177,894.15 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,532.36 1,396.68 10 21,618.28 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,680.72 Total revenue—add lines 8 two by F1 (must equal Part VIII, column (A), line 12) 279,517.19 325,475.55 13 Grants and similar amounts paid (Part IX, column A), lines 1-3) . 3,750.00 0 0 102,662.31 109,910.76 16a Professional fundraising fees (Part IX, column (A) rdine 11e) . A Section 106,900.35 150,331.23 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 213.312.66 260,241.99 19 Revenue less expenses. Subtract line 18 from line 12 66,204.53 65,233,56 58 Beginning of Current Year **End of Year** 315,236.28 378,614.53 20 Total assets (Part X, line 16) . 6,165.71 4,310.40 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 309,070.57 374,304.13 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Shadrac Type or print name and title Check if Preparer's identifying number Preparer's (see instructions) signature Paid 8-16-10 Preparer's Firm's name (or yours Paul V Hopp ▶ 75 2994201 Use Only address, and ZIP + 4 48 Hill Farm Rd, Conway, AR 72032 269-3489 Phone no ► ( 501 ) May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes 🗌 No

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

917

Cat No 11282Y

Form **990** (2009)

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Pai	t III Statement of Program Service Accomplishments
1 .	Briefly describe the organization's mission.  Our mission is to provide vision and equipping to build up and mobilize the body of Christ to fulfill the  Great Commission.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 140,020.31 including grants of \$ 0 ) (Revenue \$ 143,316.23 )  Boot Camps - Ten Boot Camp seminars were given to Christian organizations to train and equip staff members
	in the area of raising funds. A totol of 502 individuals were trained to raise their ministry support in an effective and efficient manner. A total of 128 ministries / organizations were served.
	44.000.00
4b	(Code: ) (Expenses \$ 11,668.36 including grants of \$ 0 ) (Revenue \$ 11,985.98 )  NVision Seminars - NVision is to educate and equip Christians to become world Christians who fulfill their
	responsibility in world evangelization. NVision exosed 1,165 individuals from 10 churches to the need for world
	Christians during 2009.
4c	(Code: ) (Expenses \$ 35,005.08 including grants of \$ 0 ) (Revenue \$ 22,591.94 )
	Support Raising Solutions (SRS) monthly newsletter is mailed / emailed to aproximately 2,000 ministry leaders.  SRS is a free monthly newsletter focusing on crucial topics in personal support raising.
	Steve Shadrach's book "The Fuel and the Flame" sold approximately 2,500 copies during 2009.
	Another book (Brown Like Coffee) was published (12,000 copies) and 5,266 copies were sold in 2009.
	"5 Keys Support Raising" brochures - approximately 2,500 sold.
	Center for Mission Mobilization
	······································
	i
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
- <u>4e</u>	Total program service expenses ► 186,693.75

Par	Checklist of Required Schedules			
			Yes	No
1`	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	X 44-10
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	!		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			. :
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<b>√</b>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.  12A   Ves No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		✓
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	15		✓
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	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		/
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7

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

Par	t V · Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a`	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1		ĕ	
	U.S. Information Returns. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendo gaming (gambling) winnings to prize winners?	rs and reportable	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.1.			
	Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employments		2b	<b>√</b>	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)	•			
	Did the organization have unrelated business gross income of \$1,000 or more during the this return?		3a_		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedul		3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, account)?	or other financial	<b>4</b> a		<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 and Financial Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the		5a		<b>V</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax she		5b		<b>-v</b> -
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible?	000, and did the	<u>6a</u>		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for goods	7a		<b>√</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provide	ed?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 8282?		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur	ns on a personal			
	benefit contract?		7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal b		7f		<b>✓</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 a		7g	<b>✓</b>	<u> </u>
h	required?		7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a organizations. Did the supporting organization, or a donor advised fund maintained to				
	organization, have excess business holdings at any time during the year?		8		<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<b>V</b>
b	· ·		9b		<b>-</b>
10	Section 501(c)(7) organizations. Enter.	10a N/A			
a		10a N/A 10b N/A			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10/4			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a   N/A			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b N/A			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie if "Yes" enter the amount of tax-exempt interest received or accrued during the year.	u of Form 1041?	12a		<b>✓</b>

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			:
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	<b>√</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	_3_		<b>✓</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		<b>-</b>
6	Does the organization have members or stockholders?	6		<b>-</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7-		./
	of the governing body?	7a 7b		<u> </u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	1	
	The governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	- 0.5	_ <u>-</u> _	
Ū	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	į	1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓_
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	<b>√</b>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406		
	rise to conflicts?	12b		<del></del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
40	describe in Schedule O how this is done	13		1
13	Does the organization have a written whistleblower policy?	14		7
14 15	Does the organization have a written document retention and destruction policy?			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ć.
а	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>	
	Other officers or key employees of the organization	15b		<b>✓</b>
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	,		
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
_	the organization's exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Arkansas	- ) (0) :		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	s)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	orest	
19	policy, and financial statements available to the public.	Or IIII	ei est	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde o	f the	
20	State the name, physical address, and telephone humber of the person who possesses the books and reco	0		

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

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

Check this box if the organization did not co		any o	curr			cer, d	lirec			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Clay Bell Chairman of the Board	2 mtg/yr	1						o	0	0
Bret Hood Director	2 mtg/yr	<b>√</b>						0	0	0
Scott Shadrach Director	2 mtg/yr	1						0	0	0
Todd Wood Director	2 mtg/yr	1						0	0	0
Greg Snapp Director	2 mtg/yr	1						0	0	0
Steve Shadrach President	25	1		1	1	1		72,372.36	0	0
Laura Lacy Director of Ministry Advancement	40				1			31,891.42	0	0
										!

Par	t VII Section A. Officers, Directors, Tru	Employees, and Highe					hest	Compensate	d Employees (co	(continued)		
	(A) (B) (C)					(D)	(E)	(F)				
•	Name and title	Average hours per	<del></del>	r ·			that ap		Reportable compensation	Reportable compensation	Estimated amount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
										_		
										-		
1b		<del></del> _						<u> </u>			<u> </u>	
2	Total number of individuals (including but in reportable compensation from the organization)	not limited	to the	ose	list	ed a	above	) wh	no received mo	ore than \$100,0	000 in	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director						oye	e, or highest o	ompensated	Yes No	
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of repo greater tha	ın \$15	50,0	omp 0007	ens	sation 'Yes,"	and cor	d other compe	nsation from le J for such	4	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comi	oen:	satı edu	on ' ile J	from I for s	any auch	unrelated org	anızatıon for	5 🗸	
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	ent o	contra	acto	rs that receive	d more than \$1	00,000 of	
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation	
No	ne				_							
				<del></del>				_				
2	Total number of independent contractors (i					l to	those	list	ed above) who	received		

Part	VIII	Statement of Revenue			<del></del>		l
		otatement of revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions). 1e  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	0 0 0 0 0 139,504.00	139,504.00			
Program Service Revenue		Boot Camp Seminar Fees  NVision Seminar Fees  Other Seminar Fees  Ctr for Mission Mobilization  All other program service revenue  Total. Add lines 2a–2f	900099 900099 900099 900099	143,316.23 11,985.98 5,112.03 17,479.91	143,316.23 11,985.98 5,112.03 17,479.91		
	4 5	Investment income (including dividends other similar amounts)	► L	1,396.68			1,396.68
	b c d	Gross Rents  Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Other				
	c d	Less. cost or other basis and sales expenses . Gain or (loss)					
Other Revenue	b	Gross income from fundraising events (not including \$	vents ▶				
Ü	9a	Gross income from gaming activities. See Part IV, line 19	vonta P				
	С	Less: direct expenses b Net income or (loss) from gaming activity.  Gross sales of inventory, less					
	b	returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of invento Miscellaneous Revenue	13,931.33 9,642.61 ery ▶ Business Code	4,288.72	4,288.72		
	11a b		900099	2,392.00	2,392.00		
	d	All other revenue					
	e 12	Total. Add lines 11a-11d  Total revenue. See instructions.	· · · · <b>·</b>	2,392.00 325,475.55	324,078.87		1,396.68

Part IX: Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu	ımn (A) but are not	required to comp	olete columns (B), (C	<del></del>
	not include amounts reported on lines 6b, , 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				
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 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages	109,910.76	70,196.39	32,406.57	7,307.79
	_		,		· · · · · · · · · · · · · · · · · · ·
8 9	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	•	3,687.50	0	3,687.50	0
С	Accounting	- 0,001.00		0,001.00	
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del></del>
а	Other	3,194.93	0	3,194.93	0
12	Advertising and promotion	3,236.40	3,236.40	0	0
13	Office expenses	31,623.13	18,515.63	12,434.70	672.80
		516.24	258.12	206.50	51.62
14	Information technology	0.0.2.			
15	Royalties	20,525.08	12,315.05	7,183.78	1,026.25
16	Occupancy	13,815.41	12,433.87	690.77	690.77
17	Travel	13,813.41	12,433.07	690.77	690.77
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		00 4 40 04		
19	Conferences, conventions, and meetings .	69,142.04	69,142.04	0	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	825.27	82.53	742.74	0
23	Insurance	1,093.89	0	1,093.89	0
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.)				
а	Miscellaneous	1,643.91	0	1,643.91	0
b	Hospitality	1,027.43	513.72	513.72	0
_					
C	•				
d					
е					
	All other expenses	000 044 65	400 000 77	62 700 04	
25	Total functional expenses. Add lines 1 through 24f	260,241.99	186,693.75	63,799.01	9,749.24
26	Joint costs. Check here ▶ ☐ 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				

	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		211,950.83	1	273,070.55
	2	Savings and temporary cash investments .		102,356.85	2	102,644.92
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0	4	0
-	5	Receivables from current and former officers				
	-	employees, and highest compensated employ Schedule L	ees. Complete Part II of		5	
	6	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section Part II of Schedule L	4958(c)(3)(B). Complete		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		258.65	8	258.65
∀∀	9	Prepaid expenses and deferred charges .			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,522.67			
	b	•	10b 3,882.26	669.95	10c	2,640.41
	11	· ·			11	
	12	Investments—other securities. See Part IV, III			12	
	13	Investments-program-related. See Part IV, I			13	
İ	14	• •			14	
- 1	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e	equal line 34)	315,236.28	16	378,614.53
	17	Accounts payable and accrued expenses .		6,165.71	17	4,310.40
- 1	18	Grants payable			18	
- 1	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Comple			21	
. E	22	Payables to current and former officers, employees, highest compensated emplo	directors, trustees, key			
<u> </u>			, [		22	
	23	Secured mortgages and notes payable to un	related third parties [		23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities. Complete Part X of Schedule	D	0	25	0
	26	Total liabilities. Add lines 17 through 25.	<u> </u>	6,165.71	26	4,310.40
ces		Organizations that follow SFAS 117, complete lines 27 through 29, and lines 33	check here ▶			
a	27	Unrestricted net assets		206,713.72	27	271,659.21
Ba	28	Temporarily restricted net assets		102,356.85	28	102,644.92
اع	29	•			29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS and complete lines 30 through 34.	T I			
ţ	30	Capital stock or trust principal, or current fur	nds		30	
se	31	Paid-in or capital surplus, or land, building, or			31	
As	32	Retained earnings, endowment, accumulated			32	
<u>ĕ</u>	33			309,070.57	33	374,304.13
		Total liabilities and net assets/fund balances		315,236.28	34	378,614.53

_	4	~
Page	ı	4

Pa	t XI Financial Statements and Reporting				
			Yes	No	
1 `	Accounting method used to prepare the Form 990.   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>2</b> a		<b>√</b>	
b	Were the organization's financial statements audited by an independent accountant?	2b		<b>✓</b>	
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c_			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b			

Form **990** (2009)

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

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 71 0861654 The BodyBuilders, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 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). 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % 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% % 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.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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. c ☐ Type III–Functionally integrated **d** Type III-Other a ☐ Type I **b** Type II e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Nο (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? . . . . . . . . . 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . Provide the following information about the supported organization(s). (vii) Amount of (iii) Type of organization (iv) Is the organization (i) Name of supported (II) EIN (v) Did you notify (vi) Is the the organization in organization in col. (i) listed in your organization in col (described on lines 1-9 support col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) support? US? Yes Yes

Total

Par	(Complete only if you check					and 170(b)(1	)(A)(Vi)
<u>Sec</u>	tion A. Public Support				<u> </u>	,	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,665.00	75,950.00	73,472.60	91,537.00	139,504.00	552,128.60
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 through 3	171,665.00	75,950.00	73,472.60	91,537.00	139,504.00	552,128.60
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	, ,	] [] 2	 			
	shown on line 11, column (f)		<u> </u>			ļ., <sub>-</sub>	262,131.44
6	Public support. Subtract line 5 from line 4.	: !				<u> </u>	289,997.16
	tion B. Total Support	(-) 0005	#1 000C	(-) 0007	(4) 0000	(-) 0000	(6) Tatal
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007 73,472.60	(d) 2008 91,537.00	(e) 2009 139,504.00	(f) Total 552,128.60
7	Amounts from line 4	171,665.00	75,950.00	13,412.00	91,007.00	133,304.00	332,120.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	468.96	4,950.00	6,011.39	3,532.36	1,396.68	16,359.39
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 .	<u>L</u>					568,487.99
12	Gross receipts from related activities, etc	•					551,811.17
13	First five years. If the Form 990 is for organization, check this box and stop he	re					n 501(c)(3)
	tion C. Computation of Public Su			(f)		14	51.01 %
14	Public support percentage for 2009 (line			r, column (i))		15	66.43 %
15	Public support percentage from 2008 Sci						
16a	331/9 support test—2009. If the organi						
b	and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	. Explain in Part	IV how the _
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	facts-and-circum ances" test. The	stances" test, c organization qua	theck this box a difies as a public	and <b>stop here.</b> bly supported or	Explain in Part ganization	IV how the
1Ω	Private foundation If the organization did	t not check a bo	x on line 13, 16:	a 16b 17a or 1	/b check this	pox and see inst	tructions 🕨 📗

Scried	Jule A (Form 990 or 990-EZ) 2009						raye U
	Support Schedule for Orga (Complete only if you checke	nizations De	escribed in S n line 9 of Pa	Section 509(a art I.)	n)(2)		
Sec	tion A. Public Support					<del></del>	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		<u> </u>				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
С	acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	_		on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Perce	ntage			<del></del>	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 S	Schedule A, P	art III, line 15	ne 13, column	(f))	15 16	% %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200			d by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20	008 Schedule	A, Part III, line	17	•	18	%_
19a	331/3 % support tests – 2009. If the org	ox and <b>stop h</b>	<b>ere.</b> The organi	zation qualifies	s as a publicly	supported orga	anization 🕨 🗌
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	nization did not s box and <b>stop</b>	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 s as a publicly	6 is more than supported orga	33⅓ %, and inization ► □

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

chedule A (F	(Form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations Part II, line 17a or 17b; and Part III, line 12. Provide any other additional info	s required by Part II, line 10; ormation. See instructions.
•		
		•••••
• • • • • • • • • • • • • • • • • • • •		

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization 71 : 0861654 The BodyBuilders, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . Aggregate contributions to (during year) 2 Aggregate grants from (during year) . Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete of the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . 2b Total acreage restricted by conservation easements . . . . . 2c Number of conservation easements on a certified historic structure included in (a) . **2d** Number of conservation easements included in (c) acquired after 8/17/06 . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ..... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **•** ...... Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 . \$ ....... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Page	2
raye	-

-	III Organizations Maintaining	Collections of Art, H	listorical Treas	ures, or Ot	ther Similar	Assets (continued)
3 ·	Using the organization's acquisition, accollection items (check all that apply):	cession, and other reco	ords, check any	of the follow	ing that are a	significant use of its
а	Public exhibition	đ	Loan or	exchange pr	rograms	
b	Scholarly research	е				
C	Preservation for future generations	5				
4	Provide a description of the organization Part XIV.	n's collections and exp	olain how they fu	urther the org	ganization's e	xempt purpose in
5	During the year, did the organization solid assets to be sold to raise funds rather that	an to be maintained as p	part of the organiz	zation's colle	ction?	. Yes No
Par	Escrow and Custodial Arra IV, line 9, or reported an amo			tion answere	ed "Yes" to F	orm 990, Part
	Is the organization an agent, trustee, coincluded on Form 990, Part X?				other assets r	oot Yes No
b	If "Yes," explain the arrangement in Par	t XIV and complete the	e following table	:	· · · · · · · · · · · · · · · · · · ·	
						Amount
	Beginning balance			<u>1c</u>	-	
d	Additions during the year			<u>1d</u>		<del> </del>
е	Distributions during the year			<u>1e</u>	<del> </del>	
f				<u>1f</u>		
b	Did the organization include an amount if "Yes," explain the arrangement in Par	t XIV.				Yes   No
Par	t V Endowment Funds. Comp	7				
	(a	a) Current year (b) Pri	or year (c) Two	years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance .					; ;
b	Contributions			·		<del></del>
С	Net investment earnings, gains, and losses					; - #
d	Grants or scholarships		, <u>, , , , , , , , , , , , , , , , , , </u>			
е	Other expenditures for facilities					
	and programs					
	Administrative expenses . End of year balance		·			· # · · · · · · · · · · · · · · · · · ·
2	Provide the estimated percentage of the	e year end balance hel	d as:			
а	Board designated or quasi-endowment	▶%				
b	Permanent endowment ▶	%				
C	Term endowment ▶ %					
За	Are there endowment funds not in the po	ossession of the organiz	zation that are he	eld and admir	nistered for the	
	organization by:					Yes No 3a(i)
	(i) unrelated organizations					· <del>   </del>
	(ii) related organizations					3a(ii)
_b	If "Yes" to 3a(II), are the related organiz Describe in Part XIV the intended uses					. 3b
" Dog	t VI Investments—Land, Buildi				no 10	<del></del> ,
Par		1	1			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		ccumulated preciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					<u>-</u>
d	Equipment		6,522.	.67	3,882.26	2,640.41
	Other					
Tota	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X	(, column (B), line	10(c).) .	▶	2,640,41

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X	, line 12.	
(a) Description of security or category     (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation rket value
Financial derivatives			
Closely-held equity interests			
Other			
			·····
	<u></u>		
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Relate	d. See Form 990, Part X	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			·
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		
	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col		<u> </u>	
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶			

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

		_
	tule D (Form 990) 2009  **Example D (Form 990	Page
		1
٠,	Total revenue (Form 990, Part VIII, column (A), line 12)	2
2	Total expenses (Form 990, Part IX, column (A), line 25)	3
•	Excess or (deficit) for the year. Subtract line 2 from line 1	4
	Net unrealized gains (losses) on investments	5
,	Donated services and use of facilities	6
,	Investment expenses	7
	Other (Describe in Part XIV.)	8
,	Total adjustments (net). Add lines 4 through 8	9
,	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
aı	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return
	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
ļ.	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_
	Other (Describe in Part XIV.)	
C	Add lines 4a and 4b	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
년	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated Services and use of facilities	
	Frior year adjustments	_
C	Other losses	
	Other (Describe III Fait AIV)	2e
e	Add lines 2a through 2d	3
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
-	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIV.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
aı	t XIV Supplemental Information	
٦d	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ai part to provide any additional information.	nd 4b. Also complete

Schedule D (Forr		Page 5
Part XIV	Supplemental Information (continued)	<del></del>
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# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

2009

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

The BodyBuilders, Inc.

71

0861654

Employer identification number

Part VI, Section A, Line 2 - Steve Shadrach (President) and Scott Shadrach (Board Member) are brothers.				
Part VI, Section B, Line 11 - A copy was provided by email to the Board of Directors before it was mailed to the IRS.				
Part VI, Section B, Line 15a - Salary of the Executive Director is reviewed and approved by Board of Directors.				
Part VI, Line 19 - The organization makes its governing documents, conflict of interest policy, and financial statements				
available to the public upon request. The documents are provided by email.				

Schedule O (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
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