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## 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

2009

Open to Public  
Inspection

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

A For the 2009 calendar year, or tax year beginning 7/1/2009, and ending 6/30/2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization A Better Way, Inc. Doing Business As Number and street (or P O box if mail is not delivered to street address) 3200 Adeline Street City or town, state or country, and ZIP + 4 Berkeley CA 94703	D Employer identification number 93-1190792
	E Telephone number (510) 601-0203	
	F Name and address of principal officer Shahnaz Mazandarnani, 3200 Adeline Street, Berkeley, CA 94703	G Gross receipts \$ 4,662,129
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
J Website: ► <a href="http://www.abetterwayinc.net">www.abetterwayinc.net</a>	H(b) Are all affiliates included? N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1996	M State of legal domicile CA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: To help children and families develop the insights, life skills and permanent relationships to promote their social, emotional, educational and economic well being		
-----		
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of employees (Part V, line 2a)	5	87
6 Total number of volunteers (estimate if necessary)	6	22
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0
-----		
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	4,813,737	4,619,533
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	21,300
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,969	8,317
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,310	12,979
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,833,016	4,662,129
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,944,539	3,166,034
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	RECEIVED	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,734,795	1,486,371
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,679,334	4,652,405
19 Revenue less expenses Subtract line 18 from line 12	153,682	9,724
-----		
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	2,256,122	2,096,018
22 Net assets or fund balances Subtract line 21 from line 20	1,455,266	1,284,101
	800,856	811,917

## 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  
Here

Signature of officer

ROBERT L. SEYMOUR, TREASURER

Type or print name and title

16 May 2011

Date

Paid  
Preparer's  
Use Only

Preparer's signature ► <i>Ghaffari Zaragoza LLP</i>	Date 5/5/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Ghaffari Zaragoza LLP 1330 Broadway, Suite 430, Oakland, CA 94612	EIN 57-1155648	Phone no (510) 834-6542	1/

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission.

To help children and families develop the insights, life skills and permanent relationships to promote their social emotional, educational and economic well being.

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 \$ 2,938,367 including grants of \$ 0 ) (Revenue \$ 21,300 )

Mental Health - A Better Way provided Mental Health Services to 347 children in Foster Care or at risk of entering Foster Care in San Francisco and Alameda Counties. All of them are referred to us by the respective County Social Service departments. Mental Health Services are provided in the areas of Therapeutic Visitation, Reunification, In-Home, and Pre or Post Adoption.

4b (Code: ..... ) (Expenses \$ 675,330 including grants of \$ 0 ) (Revenue \$ 0 )

Foster care/adoption services - A Better Way found Foster Care homes for 48 children and provided the related services to make sure the homes were properly maintained and the children well taken care of. Our intention with all of our Foster Care children is to find permanency and accordingly, we finalized 15 adoptions. We are currently licensed by the state to place children in six counties and we accept children from all parts of the state.

4c (Code ..... ) (Expenses \$ 135,865 including grants of \$ 0 ) (Revenue \$ 0 )

Training - A Better Way provided 583 trainings to service providers of children in Foster Care. Service providers consist of County Social Workers, Clinicians (both A Better Way and other Non-profit Agencies), Foster Parents, Adoptive Parents, and Birth Parents.

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

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ► 3,749,562

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

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 . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

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 . . . . .

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 . . . . .

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .

- 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. . . . .

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. . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

    b 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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

	Yes	No
1	X	
2	X	
3		X
4		X
5	N/A	
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21		X
22		X
23		X
24a		X
24b	N/A	
24c	N/A	
24d	N/A	
25a		X
25b		X
26		X
27		X
28		
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35	N/A	
36		X
37		X
38		X

## Part 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 U S. Information Returns Enter -0- if not applicable	1a 17	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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	2a 87	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
b	If "Yes," enter the name of the foreign country ► N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d N/A	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a N/A	
b	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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b N/A	

**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.

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body . . . . . **1a** 12  
 b Enter the number of voting members that are independent . . . . . **1b** 11

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** X

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** X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . **4** X

5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . **5** X

6 Does the organization have members or stockholders? . . . . . **6** X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . **7a** X  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . **7b** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? . . . . .  
 a The governing body? . . . . . **8a** X  
 b Each committee with authority to act on behalf of the governing body? . . . . . **8b** X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . **9a** X

	Yes	No
1a	12	
1b	11	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9a	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? . . . . .  
 b 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? . . . . .

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .  
 a The organization's CEO, Executive Director, or top management official . . . . .  
 b Other officers or key employees of the organization . . . . .  
 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? . . . . .  
 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? . . . . .

	Yes	No
10a	X	
10b	N/A	
11	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	N/A	
16a	X	
16b	N/A	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Roger Ailshie, CPA (510) 601-0203 Ext. 335  
 3200 Adeline Street, Berkeley, CA 94703-2407

## **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.

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

1b Total . . . . . ► 133,076 0 5,585

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

	Yes	No
3 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 . . . . .	3	X
4 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 . . . . .	4	X
5 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 . . . . .	5	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
<b>None</b>			0
			0
			0
			0
			0
			0
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received		
	more than \$100,000 in compensation from the organization ►	0	

## Part VIII Statement 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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0			
	<b>1b</b> Membership dues . . . . .	<b>1b</b> 0			
	<b>1c</b> Fundraising events . . . . .	<b>1c</b> 0			
	<b>1d</b> Related organizations . . . . .	<b>1d</b> 0			
	<b>1e</b> Government grants (contributions) . . . . .	<b>1e</b> 4,570,731			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 48,802			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<b>g</b> 0			
	<b>h</b> <b>Total. Add lines 1a-1f</b> . . . . .	<b>4,619,533</b> ►			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> Rental income . . . . .	<b>900099</b>	<b>21,300</b>	<b>21,300</b>	<b>0</b>
	<b>b</b> . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>c</b> . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>d</b> . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>e</b> . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>f</b> All other program service revenue . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . .		<b>21,300</b> ►		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		<b>8,317</b>	<b>0</b>	<b>0</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>5</b> Royalties . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>6a</b> Gross Rents . . . . .	(i) Real 0	(ii) Personal 0		
	<b>b</b> Less: rental expenses . . . . .	0	0		
	<b>c</b> Rental income or (loss) . . . . .	0	0		
	<b>d</b> Net rental income or (loss) . . . . .		► 0	0	0
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities 0	(ii) Other 0		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	0	0		
	<b>c</b> Gain or (loss) . . . . .	0	0		
	<b>d</b> Net gain or (loss) . . . . .		► 0	0	0
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 0			
	<b>b</b> Less: direct expenses . . . . .	b 0			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		► 0	0	0
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	a 0			
	<b>b</b> Less: direct expenses . . . . .	b 0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		► 0	0	0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a 0			
	<b>b</b> Less: cost of goods sold . . . . .	b 0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		► 0	0	0
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11a</b> Miscellaneous receipts . . . . .	<b>900099</b>	<b>12,979</b>	<b>0</b>	<b>12,979</b>
	<b>b</b> . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>c</b> . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>d</b> All other revenue . . . . .		<b>0</b>	<b>0</b>	<b>0</b>
	<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . .		<b>12,979</b> ►		
	<b>12</b> <b>Total revenue. See instructions</b> . . . . .		<b>4,662,129</b> ►	<b>21,300</b>	<b>0</b>
					<b>21,296</b>

## 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 . . . . .	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	156,203	0	156,203	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	2,270,235	1,966,582	303,653	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0	0	0	0
9	Other employee benefits . . . . .	501,781	412,808	88,973	0
10	Payroll taxes . . . . .	237,815	193,270	44,545	0
11	Fees for services (non-employees):				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	4,477	4,477	0	0
c	Accounting . . . . .	6,600	0	6,600	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees . . . . .	0	0	0	0
g	Other . . . . .	104,296	60,049	44,247	0
12	Advertising and promotion . . . . .	4,902	2,094	2,808	0
13	Office expenses . . . . .	236,996	208,253	28,743	0
14	Information technology . . . . .	35,588	37,232	-1,644	0
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	200,967	198,126	2,841	0
17	Travel . . . . .	122,930	118,182	4,748	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	0	0	0	0
20	Interest . . . . .	69,694	61,021	8,673	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	132,343	128,124	4,219	0
23	Insurance . . . . .	39,009	35,191	3,818	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.)				
a	Foster family payments . . . . .	236,466	236,466	0	0
b	EPSDT allowance and bad debt . . . . .	191,349	-7,360	198,709	0
c	Title IV-E training expenses . . . . .	66,428	66,428	0	0
d	Dues and subscriptions . . . . .	11,569	10,127	1,442	0
e	Training-continuing education . . . . .	10,700	9,401	1,299	0
f	All other expenses Miscellaneous expenses . . . . .	12,057	9,091	2,966	0
25	<b>Total functional expenses.</b> Add lines 1 through 24f	4,652,405	3,749,562	902,843	0
26	Joint costs. 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 . . . . .	0	0	0	0

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing . . . . .	145,248	1	115,678
	2 Savings and temporary cash investments . . . . .	0	2	36,684
	3 Pledges and grants receivable, net . . . . .	839,991	3	700,082
	4 Accounts receivable, net . . . . .	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	5	0
	6 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 . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	0	7	0
	8 Inventories for sale or use . . . . .	0	8	0
	9 Prepaid expenses and deferred charges . . . . .	60,154	9	63,396
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,871,734		
	b Less: accumulated depreciation . . . . .	10b 708,569	1,210,729	10c 1,163,165
	11 Investments—publicly traded securities . . . . .	0	11	0
	12 Investments—other securities. See Part IV, line 11 . . . . .	0	12	0
	13 Investments—program-related. See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .	0	14	0
	15 Other assets. See Part IV, line 11 . . . . .	0	15	17,013
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,256,122	16	2,096,018
Liabilities	17 Accounts payable and accrued expenses . . . . .	347,029	17	283,672
	18 Grants payable . . . . .	0	18	0
	19 Deferred revenue . . . . .	116,750	19	0
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	991,487	23	1,000,429
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25 Other liabilities. Complete Part X of Schedule D . . . . .	0	25	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,455,266	26	1,284,101
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	788,741	27	811,917
	28 Temporarily restricted net assets . . . . .	12,115	28	0
	29 Permanently restricted net assets . . . . .	0	29	0
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	30		
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	31		
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32		
	33 Total net assets or fund balances . . . . .	800,856	33	811,917
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	2,256,122	34	2,096,018

**Part XI Financial Statements and Reporting**

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 Were the organization's financial statements audited by an independent accountant? . . . . .  
 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? . . . . .  
 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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  
 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.

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b	N/A	

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

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization

A Better Way, Inc.

Employer identification number

93-1190792

**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 (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).  
 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).  
 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?  
 h Provide the following information about the supported organization(s)

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
<b>Total</b>									0

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	44,776	69,389	274,948	4,813,737	4,619,533	9,822,383
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 . . . . .	44,776	69,389	274,948	4,813,737	4,619,533	9,822,383
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)						0
6 Public support. Subtract line 5 from line 4.						9,822,383

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	44,776	69,389	274,948	4,813,737	4,619,533	9,822,383
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	78	1,048	1,739	1,969	8,317	13,151
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	17,310	12,979	30,289
11 Total support. Add lines 7 through 10 .						9,865,823
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	8,723,980
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.56%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	99.60%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

N/A

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .

3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .

5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .

6 **Total.** Add lines 1 through 5 . . . . .

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 . . . . .

c Add lines 7a and 7b . . . . .

8 **Public support** (Subtract line 7c from line 6.) . . . . .

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						0
2						0
3						0
4						0
5						0
6	0	0	0	0	0	0
7a						0
b						0
c	0	0	0	0	0	0
8						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

9 Amounts from line 6 . . . . .

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .

c Add lines 10a and 10b . . . . .

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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	0	0	0	0	0	0
10a						0
b						0
c	0	0	0	0	0	0
11						0
12						0
13	0	0	0	0	0	0
14						0

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . 15 0.00%

16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . . 16 0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . 17 0.00%

18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . 18 0.00%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ►

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ►

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

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part II, Line 10 - Miscellaneous receipts**

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

A Better Way, Inc.

Employer identification number

93-1190792

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6. N/A

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7 N/A

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 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.	
a Total number of conservation easements . . . . .	Held at the End of the Tax Year
b Total acreage restricted by conservation easements . . . . .	2a
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2b
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► . . . . .	2d
4 Number of states where property subject to conservation easement is located ► . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ . . . . .	
8 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8 N/A

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 . . . . .	► \$ . . . . .
(ii) Assets included in Form 990, Part X . . . . .	► \$ . . . . .
2 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:	
a Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
b Assets included in Form 990, Part X . . . . .	► \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): **N/A**

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. **N/A**

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **N/A**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	0	0			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	225,000		225,000
b Buildings . . . . .	0	196,508	196,508	0
c Leasehold improvements . . . . .	0	1,139,238	311,344	827,894
d Equipment . . . . .	0	310,988	200,717	110,271
e Other . . . . .	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 1,163,165

**Part VII Investments—Other Securities. See Form 990, Part X, line 12.**

N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .	0	
Closely-held equity interests . . . . .	0	
Other . . . . .	0	
	0	
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**Part VIII Investments—Program Related. See Form 990, Part X, line 13.**

N/A

**Part IX Other Assets. See Form 990, Part X, line 15**

N/A

Part IX	Other Assets. See Form 500, Part X, line 10	N/A
(a) Description		(b) Book value
		0
		0
		0
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**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

**Part X      Other Liabilities. See Form 990, Part X, line 25**

N/A

1.	(a) Description of liability	(b) Amount
	Federal income taxes	C
		C
		C
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**3 FIN 48 Footnote. In Part XIV, provide the**

**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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	4,662,129
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	4,652,405
3	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	9,724
4	Net unrealized gains (losses) on investments . . . . .	4	0
5	Donated services and use of facilities . . . . .	5	0
6	Investment expenses . . . . .	6	0
7	Prior period adjustments . . . . .	7	0
8	Other (Describe in Part XIV.) . . . . .	8	0
9	Total adjustments (net). Add lines 4 through 8 . . . . .	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	10	9,724

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	4,662,129
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments . . . . .	2a	0
b	Donated services and use of facilities . . . . .	2b	0
c	Recoveries of prior year grants . . . . .	2c	0
d	Other (Describe in Part XIV.) . . . . .	2d	0
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	4,662,129
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	4,662,129

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .	1	4,652,405
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	0
b	Prior year adjustments . . . . .	2b	0
c	Other losses . . . . .	2c	0
d	Other (Describe in Part XIV.) . . . . .	2d	0
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	4,652,405
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	0
b	Other (Describe in Part XIV.) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	4,652,405

**Part XIV Supplemental Information**

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

N/A

**Part XIV** **Supplemental Information (continued)**

N/A

## Supplemental Information to Form 990

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

2009

Open to Public  
Inspection

Name of the organization  
A Better Way, Inc.

Employer identification number  
93-1190792

### Form 990, Part I, Line 22

Net assets as of June 30, 2010 included \$1,337 correction of prior year error from recording of capital leases for equipment.

### Form 990, Part VI, Section A, Line 1a

During the fiscal year, the Executive Committee acted on behalf of the governing body and included 1) Jennifer Dolin, Chairperson  
2) Sharon Wright, Vice Chairperson 3) Robert Seymour, Treasurer 4) Shirley Dean, Secretary 5) Barbara Dunlap, Program  
Committee Chair 6) Greg Martin, Admin Committee Chair 7) Shahnaz Masandarani, President

The Committee has full authority except for the following:

- (a) The approval of any action which, under law or the provisions of these Bylaws, requires the approval of the members or of a majority of all of the members;
- (b) The filling of vacancies on the Board or on any committee which has the authority of the Board;
- (c) The amendment or repeal of Bylaws or the adoption of new Bylaws;
- (d) The amendment or repeal of any resolution of the Board which by its express terms is not so amendable or repealable;
- (e) The appointment of committees of the Board or the members thereof;
- (f) The expenditure of corporate funds to support a nominee for Director after there are more people nominated for Director than can be elected;
- (g) The approval of any transaction to which this Corporation is a party and in which one or more of the Directors has a material financial interest, except as expressly provided in Section 5233(d)(3) of the California Nonprofit Public Benefit Corporation Law.

### Form 990, Part VI, Section B, Line 11A

Form 990 is reviewed by the audit and finance committees who then recommend the tax return for approval or disapproval by the board. After final review by the board, a vote is taken for final approval.

### Form 990, Part VI, Section B, Line 12c

Board and staff members are asked to sign the conflict of interest policy and questionnaire each year in June. New Board members and staff members are given the policy and questionnaire during their orientation. In the event that A Better Way solicits bids for services or products and a Board or staff member or a relative are interested in submitting a proposal, the Board or staff member will not be allowed to participate in the decision making process.

Name of the organization

A Better Way, Inc.

Employer identification number

93-1190792

**Form 990, Part VI, Section B, Line 15a**

The compensation package for the president/CEO is determined by the board of directors based on an annual review of performance. Performance on annual goals established during the year is evaluated by the executive committee and reported to the board each year. Prior to conducting the performance review members of the executive committee or their designees will research compensation plans of other organizations who provide similar services and who have budgets in the same range as A Better Way, Inc.

**Form 990, Part VI, Section C, Line 19**

Governing documents, conflict of interest policy, and Financial Statements are available to the public upon request

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.  ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>A Better Way</b>	Employer Identification number <b>93-1190792</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3200 Adeline Street</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Berkeley, CA 94703</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► **A Better Way** Telephone No. ► **(510) 601-0203** FAX No. ► **N/A**
- If the organization does not have an office or place of business in the United States, check this box.  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box.  ►  If it is for part of the group, check this box.  ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **5/15/2011**

5 For calendar year , or other tax year beginning **7/1/2009** and ending **6/30/2010**

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension. Additional time is needed to gather sufficient information in order to file a complete informational return

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

**CPA**

Date ► **2/10/11**

Form **8868** (Rev 4-2009)