

**2009 TAX RETURN**

Client Copy

**Client:** 4

**Prepared for:** Northfield Foundation for Eating  
Disorders, Inc.  
5912 Harbour Park Drive  
Midlothian, VA 23112  
804 744-7703

**Prepared by:** FRED J. WINDBIEL  
GENERAL TAX SERVICE  
5912 HARBOUR PARK DR  
MIDLOTHIAN, VA 23112-2163  
(804) 744-7703

**Date:** August 17, 2010

**Comments:**

**Route to:** \_\_\_\_\_

**2009 Exempt Org. Return**  
prepared for:

**Northfield Foundation for Eating  
Disorders, Inc.**  
5912 Harbour Park Drive  
Midlothian, VA 23112

**GENERAL TAX SERVICE**  
5912 HARBOUR PARK DR  
MIDLOTHIAN, VA 23112-2163

**GENERAL TAX SERVICE**

5912 HARBOUR PARK DR  
MIDLOTHIAN, VA 23112-2163  
(804) 744-7703

Client 4  
August 17, 2010

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**Northfield Foundation for Eating  
Disorders, Inc.**  
5912 Harbour Park Drive  
Midlothian, VA 23112  
804 744-7703

**FEDERAL FORMS**

Form 990-EZ  
Schedule A  
Schedule B  
Schedule L  
Form 8879-EO

2009 Return of Organization Exempt from Income Tax  
Organization Exempt Under Section 501(c)(3)  
Schedule of Contributors  
Transactions Involving Interested Persons  
IRS e-file Signature Authorization

**FEE SUMMARY**

Preparation Fee

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	2009	2008	Diff
<b>FORM 990-EZ REVENUE</b>			
Contributions, gifts, and grants.....	148,165	228,238	-80,073
Membership dues and assessments.....	0	228,238	-228,238
Net income (loss) - special events.....	3,023	0	3,023
Total revenue.....	151,188	228,238	-77,050
<b>EXPENSES</b>			
Grants and similar amounts paid.....	8,207	0	8,207
Professional fees/pymt to contractors....	1,809	3,155	-1,346
Occupancy/rent/utilities/maintenance....	121,663	111,682	9,981
Printing, publications, and postage.....	4,753	0	4,753
Other expenses.....	16,954	19,639	-2,685
Total expenses.....	153,386	134,476	18,910
<b>NET ASSETS OR FUND BALANCES</b>			
Excess or (deficit) for the year.....	-2,198	93,762	-95,960
Net assets/fund bal. at beg. of year.....	99,146	5,384	93,762
Net assets/fund bal. at end of year.....	96,948	99,146	-2,198

**2009**

**General Information**  
Northfield Foundation for Eating  
Disorders, Inc.

**Page 1**  
32-0159010

**Forms needed for this return**

Federal: 990-EZ, Sch A, Sch B, Sch L

**Carryovers to 2010**

None

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

### Prior to transmission of the return

**Form 990-EZ**

The organization should review their Federal Return along with any accompanying schedules and statements.

**Paperless e-file**

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

**Even Return**

No payment is required.

### After transmission of the return

**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

**Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.**

**Do not mail:**

Form 8879-EO IRS e-file Signature Authorization

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

### Prior to transmission of the return

**Form 8868**

No signature is required when filing Form 8868 electronically.

**Even Return**

No payment is required.

### After transmission of the return

**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Rental Income Worksheet

Gross Rental Income.....	\$	0.
Expenses		
Total Expenses.....	\$	<u>0.</u>
Net Rental Income or Loss	\$	<u><u>0.</u></u>

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

**2009**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization Northfield Foundation for Eating Disorders, Inc. Employer identification number 32-0159010

Name and title of officer Skip Windbiel CFO

**Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1 a Form 990</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> _____
<b>2 a Form 990-EZ</b> check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> <u>151,188.</u>
<b>3 a Form 1120-POL</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a Form 990-PF</b> check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a Form 8868</b> check here . . . . .	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize GENERAL TAX SERVICE to enter my PIN 00004 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 54532612345  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature FRED J. WINDBIEL Date \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2009**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, **2009, and ending** \_\_\_\_\_,

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Please use IRS label or print or type. See Specific Instructions.</p> <p>Northfield Foundation for Eating Disorders, Inc.                  5912 Harbour Park Drive                  Midlothian, VA 23112</p>	<p><b>D</b> Employer identification number 32-0159010</p> <p><b>E</b> Telephone number 804 744-7703</p> <p><b>F</b> Group Exemption Number..... ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ www.northfieldfoundation.org

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 152,636.

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

<b>R</b> <b>E</b> <b>V</b> <b>E</b> <b>N</b> <b>U</b> <b>E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received.....	<b>1</b>	148,165.
	<b>2</b>	Program service revenue including government fees and contracts.....	<b>2</b>	
	<b>3</b>	Membership dues and assessments.....	<b>3</b>	
	<b>4</b>	Investment income.....	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory.....	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses.....	<b>5b</b>	
	<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... ▶ <input type="checkbox"/>		
	<b>6a</b>	a Gross revenue (not including \$ <u>6,481.</u> of contributions reported on line 1).....	<b>6a</b>	4,471.
<b>6b</b>	b Less: direct expenses other than fundraising expenses.....	<b>6b</b>	1,448.	
<b>6c</b>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	<b>6c</b>	3,023.	
<b>7a</b>	7a Gross sales of inventory, less returns and allowances.....	<b>7a</b>		
<b>7b</b>	b Less: cost of goods sold.....	<b>7b</b>		
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	<b>7c</b>		
<b>8</b>	8 Other revenue (describe ▶ _____).....	<b>8</b>		
<b>9</b>	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶	<b>9</b>	151,188.	
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b>	<b>10</b>	10 Grants and similar amounts paid (attach schedule)..... <u>See Statement 1</u> .....	<b>10</b>	8,207.
	<b>11</b>	11 Benefits paid to or for members.....	<b>11</b>	
	<b>12</b>	12 Salaries, other compensation, and employee benefits.....	<b>12</b>	
	<b>13</b>	13 Professional fees and other payments to independent contractors.....	<b>13</b>	1,809.
	<b>14</b>	14 Occupancy, rent, utilities, and maintenance.....	<b>14</b>	121,663.
	<b>15</b>	15 Printing, publications, postage, and shipping.....	<b>15</b>	4,753.
	<b>16</b>	16 Other expenses (describe ▶ <u>See Statement 2</u> .....)	<b>16</b>	16,954.
<b>17</b>	<b>17 Total expenses.</b> Add lines 10 through 16..... ▶	<b>17</b>	153,386.	
<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>	<b>18</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	<b>18</b>	-2,198.
	<b>19</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	<b>19</b>	99,146.
	<b>20</b>	20 Other changes in net assets or fund balances (attach explanation).....	<b>20</b>	
	<b>21</b>	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	<b>21</b>	96,948.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>22</b>	Cash, savings, and investments.....	69,038.	26,122.
<b>23</b>	Land and buildings.....	<b>23</b>	
<b>24</b>	Other assets (describe ▶ <u>See Statement 3</u> .....)	219,108.	74,826.
<b>25</b>	<b>25 Total assets.</b> .....	288,146.	100,948.
<b>26</b>	<b>26 Total liabilities</b> (describe ▶ <u>See Statement 4</u> .....)	189,000.	4,000.
<b>27</b>	<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	99,146.	96,948.

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)	<b>Expenses</b> (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>See Statement 5</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>See Statement 6</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>
29	<u>See Statement 7</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>
30	<u>See Statement 8</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>
31	Other program services (attach schedule) ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a).....	<b>32</b>

<b>Part IV</b> <b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Gwen Seiler 13202 Broncroft Court Midlothian, VA 23113	Executive Direc 0	0.	0.	0.
Fred J. Windbiel 5912 Harbour Park Drive Midlothian, VA 23112	CFO 0	0.	0.	0.
Trish Harper 10949 Live Oak Court Midlothian, VA 23113	Director 0	0.	0.	0.
Kim Ruth 1418 Harwood Place Midlothian, VA 23114	President 0	0.	0.	0.
Catherine Boyle 305 Redbird Drive Chester, VA 23836	Director 0	0.	0.	0.
Dennis Stone 300 Stillbrook Court Richmond, VA 23236	Director 0	0.	0.	0.
Sherry Shrader 12312 Hollow Oak Terrace Midlothian, VA 23112	Director 0	0.	0.	0.
Sigmund Seiler 13202 Broncroft Court Midlothian, VA 23113	Director 0	0.	0.	0.
Tom Mishoe P.O. Box 1182 Midlothian, VA 23113-1182	Director 0	0.	0.	0.
----- ----- -----				
----- ----- -----				
----- ----- -----				

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 9

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. ....		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes. . .		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? .....		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .....		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .....	X	
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. ....		
<b>38b</b> 4,000.		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 .....		N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....		N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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. ....		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .....		
▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. ....		X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>None</u>		

**42a** The organization's books are in care of ▶ Skip Windbiel Telephone no. ▶ 804 744-7703  
 Located at ▶ 5912 Harbour Park Drive Midlothian VA ZIP + 4 ▶ 23112

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
If 'Yes,' enter the name of the foreign country:.. ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....		X
If 'Yes,' enter the name of the foreign country:.. ▶ _____		

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .....		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>48</b>	X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<b>49 a</b>	X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?.....	<b>49 b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000 ..... ▶ \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000..... ▶ \_\_\_\_\_

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**

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer

▶ Skip Windbiel CFO  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ FRED J. WINDBIEL Date \_\_\_\_\_ Check if self-employed ▶  Preparer's Identifying Number (See instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GENERAL TAX SERVICE  
5912 HARBOUR PARK DR  
MIDLOTHIAN, VA 23112-2163 EIN ▶ N/A Phone no. ▶ (804) 744-7703

May the IRS discuss this return with the preparer shown above? See instructions ..... ▶  Yes  No



**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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 <b>Total.</b> Add lines 1-through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**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.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	

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.

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

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.

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.

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.

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.

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")		111,890.	109,622.	228,238.	148,165.	597,915.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.					3,023.	3,023.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1 through 5.	0.	111,890.	109,622.	228,238.	151,188.	600,938.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						600,938.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.	0.	111,890.	109,622.	228,238.	151,188.	600,938.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.			800.			800.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						601,738.

**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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	%

**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 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 III, Line 12 - Other Income

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization Northfield Foundation for Eating Disorders, Inc.	Employer identification number 32-0159010
--	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Northfield Foundation for Eating

32-0159010

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Susan Carlson ----- 20 Groton School Road ----- Ayer, MA 01432 -----	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Custom Homes Furnishing Academy ----- 13900-F South Lakes Drives ----- Charlotte, NC 28273 -----	\$ 6,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Mac Nuckols ----- 4432 Wakefield Drive ----- Richmond, VA 23113 -----	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	James & Margaret Snyder ----- 2907 Aylesford Drive ----- Midlothian, VA 23113 -----	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>Northfield Foundation for Eating</b>	Employer identification number <b>32-0159010</b>
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**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization **Northfield Foundation for Eating Disorders, Inc.** Employer identification number **32-0159010**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Skip Windbiel	X		500.	500.		X		X		X
501 C (3) Application										
Sigmund Seiler	X		1,750.	1,750.		X	X			X
Operational Funds										
Gwen Seiler	X		1,750.	1,750.		X		X		X
Operational Funds										
<b>Total</b> .....				▶ \$ 4,000.						

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

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

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Amount Given: \$ 8,207.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion.....	\$ 1,459.
Automobile Expense.....	151.
Bank Fees.....	404.
Equipment & Supplies.....	1,317.
Information Technology.....	985.
Insurance.....	6,098.
Meetings.....	136.
Office Expenses.....	1,445.
Organizational Expense.....	225.
Other expenses.....	638.
Rounding.....	6.
Taxes.....	137.
Travel.....	2,528.
Volunteer Development.....	1,425.
<b>Total</b>	<b>\$ <u>16,954.</u></b>

**Statement 3**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
50.....	\$ 2.	\$ 250.
Furniture and Fixtures.....	0.	33,500.
Miscellaneous.....	18,856.	41,076.
Notes and Loans Receivable.....	200,000.	0.
Prepaid Expenses and Deferred Charges.....	250.	0.
<b>Total</b>	<b>\$ <u>219,108.</u></b>	<b>\$ <u>74,826.</u></b>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Payable to Officers, Directors, Etc.....	\$ 4,000.	\$ 4,000.
Unsecured Notes and Loans Payable.....	185,000.	0.
<b>Total</b>	<b>\$ <u>189,000.</u></b>	<b>\$ <u>4,000.</u></b>

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

Northfield Foundation is a non-profit organization dedicated to provide a safe haven for young women experiencing eating disorders or unplanned pregnancies. We provide resources to girls and families needing treatment, counseling, and education through supportive residential care or community-based services, empowering each young woman to "break free" and embrace her future through God's unconditional love and mercy.

**Statement 6**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Northfield Foundation for Eating Disorders is continuing to renovate the future location of its residential facility. Donations of materials, supplies and volunteer service will enable the facility to be completed in 2009.

**Statement 7**  
**Form 990-EZ, Part III, Line 29**  
**Statement of Program Service Accomplishments**

Northfield Foundation for Eating Disorders provides speakers who educate the public about the issues of eating disorders and unplanned pregnancies as well as the the resources available help those dealing with these issues. These speakers have made presentations to numerous church, school, civic and club groups

**Statement 8**  
**Form 990-EZ, Part III, Line 30**  
**Statement of Program Service Accomplishments**

Both girls and their families contact the Norfield Foundation for Eating Disorders for assistance regarding eating disorders and/or unplanned pregnancies. We help them to understand their options. When appropriate, we refer them to residential care facilities, counselors, medical professionals, nutritionists and support groups. We then follow up with the girls and their families to make sure they are both receiving the appropriate services and support and making progress in dealing with their problems.

**Statement 9**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No