



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2008**

**Open to Public  
Inspection**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

**A For the 2008 calendar year, or tax year beginning** , 2008, and ending , 20

**B** Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

**C Name of organization**  
**OUT & UP, INC**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 2046 Felton Avenue  
 City or town, state or country, and ZIP + 4  
 Macon, GA 31201

**D Employer identification number**  
38-3674234

**E Telephone number**

**F Group Exemption Number** . . . ▶

● **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) ▶

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

**I Website:** ▶

**J Organization type** (check only one) -  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶\$ 60,924

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

1	Contributions, gifts, grants, and similar amounts received		1	41,706
2	Program service revenue including government fees and contracts		2	16,778
3	Membership dues and assessments		3	2,400
4	Investment income		4	
5a	Gross amount from sale of assets other than inventory	5a		
b	Less cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <u>STM141</u> )	8		40
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		60,924
10	Grants and similar amounts paid (attach schedule)	10		
11	Benefits paid to or for members	11		1,020
12	Salaries, other compensation, and employee benefits	12		16,829
13	Professional fees and other payments to independent contractors	13		12,909
14	Occupancy, rent, utilities, and maintenance	14		5,770
15	Printing, publications, postage, and shipping	15		1,252
16	Other expenses (describe ▶ <u>STM130</u> )	16		8,740
17	<b>Total expenses.</b> Add lines 10 through 16	17		46,520
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		14,404
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		6,943
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21		21,347

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

(See the instructions for Part II)

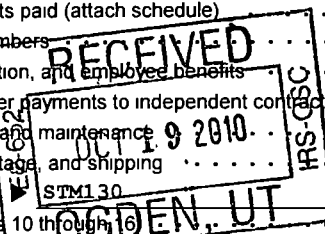
	(A) Beginning of year	(B) End of year		
22	Cash, savings, and investments	5,860	22	13,281
23	Land and buildings		23	3,340
24	Other assets (describe ▶ <u>STM131</u> )	1,404	24	5,797
25	<b>Total assets</b>	7,264	25	22,418
26	<b>Total liabilities</b> (describe ▶ <u>STM132</u> )	321	26	1,071
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,943	27	21,347

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

EEA

Form 990-EZ (2008)

SCANNED NOV 05 2010



Handwritten initials and a mark.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>Provide quality afterschool services</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			
<b>28</b>	To provide quality after school care and services to the community to enhance its educational, physical and economic well being. Efforts are focused primarily on education. (Grants \$ 19,890 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	41,630
<b>29</b>	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) ▶	<b>32</b>	41,630

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PATRICIA WALKER 2046 Felton Avenue Macon GA, 31201	EXECUTIVE DIREC 20	3,285	0	0
BAHEEJAH HAAN 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
BARRY WALKER 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
BERT BIVINS 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
CASS HATCHER 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
CHERYL GADDIS 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
THOMAS DARRISAW 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
H LARRY EASON 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
HAROLD MALLORY 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
HORACE GRAHAM 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
JERRY DANIEL 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
JUANITA SMITH 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
MINNI ROLLINS RICHARDS 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
NIKKI LEE 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
ROSALYN FOSTER 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0
ROSE HERRING 2046 Felton Avenue Macon GA, 31201	BOARD MEMBER 0	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed		
42 a	The books are in care of SHANDRA WALKER Telephone no 478-476-4773 Located at 109 CARRIAGE LAKE COURT Macon, GA ZIP + 4 31210		
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

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

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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

*Patricia Walker* Signature of officer Date 10/15/2010  
**PATRICIA WALKER, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature *Karen Collier* Date 10-15-2010 Check if self-employed  Preparer's Identifying No. (See inst.)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 KAREN COLLIER, CPA, P.C. EIN ▶  
195 SPRING STREET, SUITE E  
Macon, GA 31201 Phone no ▶ 478-254-6185

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	17,276	30,537	32,352	51,345	60,924	192,434
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1-3 . . . . .	17,276	30,537	32,352	51,345	60,924	192,434
<b>5</b> 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) . . . . .						26,764
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						165,670

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	17,276	30,537	32,352	51,345	60,924	192,434
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						192,434
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input checked="" type="checkbox"/>						

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

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

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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h - 18 - %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

**2008**  
Attachment  
Sequence No. **67**

Name(s) shown on return <b>OUT &amp; UP, INC</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>38-3674234</b>
---	--	---

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

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

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . . .	<b>5</b>	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>6</b>		
<b>7</b> Listed property Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .		<b>8</b>
<b>9</b> Tentative deduction Enter the smaller of line 5 or line 8 . . . . .		<b>9</b>
<b>10</b> Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .		<b>10</b>
<b>11</b> Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		<b>11</b>
<b>12</b> Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .		<b>12</b>
<b>13</b> Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	

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

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

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

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .		<b>17</b>
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		3,600	5	HY	S/L	360
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27.5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28 . . . . .		<b>21</b>
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr . . .		<b>22</b> <span style="float: right;">360</span>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**Federal Supporting Statements**

**2008**

Name(s) as shown on return

FEIN

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

<u>Description</u>	<u>Amount</u>
Supplies	2,681
Commerical Insurance	1,633
Travel expense	90
Membership dues	315
List rental	131
Advertising expense	487
Other expense	2,101
Bad debt	899
Other Miscellaneous	43
Depreciation	360
<b>Total</b>	<b>8,740</b>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts receivable	_____	5,797
<b>Total</b>	<b>_____</b>	<b>5,797</b>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
prior period revenue adj	1,404	_____
<b>Total</b>	<b>1,404</b>	<b>_____</b>

**Federal Supporting Statements**

**2008**

Name(s) as shown on return

FEIN

**Form 990EZ, Part II, Line 26  
Other Liabilities Schedule 3**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
payroll liabilities	305	860
Accounts payable	16	211
Total	<u>321</u>	<u>1,071</u>

**Form 990EZ, Part I, Line 8  
Other Revenues Schedule 2**

<u>Description</u>	<u>Amount</u>
Miscellaneous	40
Total	<u>40</u>