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Form 990-EZ

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)

- Sponsoring organizations 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.

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 01-01-2008

, and ending 12-31-2008

B Check if applicable

 Address change Name change Initial return Termination Amended return Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
Eastern Area Community Ministries IncNumber and street (or P O box, if mail is not delivered to street address) Room/suite
9104 Westport RoadCity or town, state or country, and ZIP + 4
Louisville, KY 40242D Employer identification number
61-0891896E Telephone number
(502) 426-2824

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) ►

I Website: ► eacmonline.org

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 ► \$ 493,655

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	390,813
2	Program service revenue including government fees and contracts	2	32,745
3	Membership dues and assessments	3	
4	Investment income	4	4,526
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 ►	6c	41,891
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	65,571
b	Less direct expenses other than fundraising expenses	6b	23,680
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
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)	8	
8	Other revenue (describe ►)	9	469,975
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	218,858
13	Professional fees and other payments to independent contractors	13	16,960
14	Occupancy, rent, utilities, and maintenance	14	22,453
15	Printing, publications, postage, and shipping	15	3,320
16	Other expenses (describe ►)	16	144,296
17	Total expenses (add lines 10 through 16)	17	405,887
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	64,088
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	0
20	Other changes in net assets or fund balances (attach explanation) ►	20	124,545
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	188,633

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	0 22	178,736
23 Land and buildings	23	
24 Other assets (describe ►)	0 24	9,957
25 Total assets	0 25	188,693
26 Total liabilities (describe ►)	0 26	60
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	188,633

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? Eastern Area Community Ministries provides assistance to individuals in need. This includes direct financial assistance and services in other areas, such as counseling, transportation, etc.				
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 Provided direct assistance and other resources to individuals through Neighborhood Visitor, Latino Outreach, Older Adult Ministries, and other miscellaneous programs (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			28a 326,760
29				
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			29a
30				
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			30a
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			31a
32 Total program service expenses (add lines 28a through 31a) ►			32 326,760
Part IV List of Officers, Directors, Trustees, and Key Employees. 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
See Additional Data Table				

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		33	No
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		34	No
35	<i>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</i>			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	► 37a	0	
b	Did the organization file Form 1120-POL for this year?		37b	
38a	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?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		38b	
39	<i>501(c)(7) organizations. Enter</i>		39a	
a	Initiation fees and capital contributions included on line 9		39b	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	<i>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</i>		40b	No
b	<i>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.</i>			
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		► 0	
d	Enter amount of tax on line 40c reimbursed by the organization		► 0	
e	<i>All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?</i>		40e	No
41	List the states with which a copy of this return is filed ► KY			
42a	The books are in care of ► The Organization Telephone no ► (502) 426-2824			
	9104 Westport Road Located at ► Louisville, KY ZIP + 4 ► 40242			
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)?		42b	No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?		42c	No
	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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44	Did the organization maintain any donor advised funds? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	<i>Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", <i>Form 990 must be completed instead of Form 990-EZ.</i></i>		45	No

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.

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

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
NONE		
Total number of other independent contractors receiving over \$100,000 ►		

Please 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			
	***** Signature of officer Rev Carrie Gerard Executive Director Type or print name and title	2010-06-21 Date		
Paid Preparer's Use Only	Preparer's signature Smith Financial Services PLLC	Date 2010-06-21	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Smith Financial Services PLLC 408 Blankenbaker Parkway Louisville, KY 40243	EIN ►		Phone no ► (502) 254-8881

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

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public
Inspection****Name of the organization**

Eastern Area Community Ministries Inc

Employer identification number

61-0891896

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)

4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

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 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 organizations the organization supports

	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	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)
Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
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 Total Support (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 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		
b 33 1/3% Test - 2007. If the organization did not check the 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 - 2008. 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 - 2007. 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					390,813	390,813
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					32,745	32,745
3 Gross receipts from activities that are not an unrelated trade or business under section 513					65,571	65,571
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 1-5					489,129	489,129
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					900	900
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b					900	900
8 Public Support (Subtract line 7c from line 6)						488,229

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6					489,129	489,129
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					4,526	4,526
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b					4,526	4,526
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)						493,655
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 900 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0 920 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	
19a 33 1/3% 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% 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		►□

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 61-0891896
Name: Eastern Area Community Ministries Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Mike Gatton 9104 Westport Road Louisville, KY 40242	Chair 1 00	0	0	0
Carolyn Hoskins 9104 Westport Road Louisville, KY 40242	Chair elect 1 00	0	0	0
Steven Farr 9104 Westport Road Louisville, KY 40242	Vice-chair 1 00	0	0	0
Elwood Sturtevant 9104 Westport Road Louisville, KY 40242	Secretary 1 00	0	0	0
Homer Lacy 9104 Westport Road Louisville, KY 40242	Treasurer 1 00	0	0	0
Reverend Carrie Gerard 9104 Westport Road Louisville, KY 40242	Executive Director 40 00	4,934	0	0

TY 2008 Other Assets Schedule

Name: Eastern Area Community Ministries Inc**EIN:** 61-0891896

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	0	9,957

TY 2008 Other Changes in Net Assets Schedule**Name:** Eastern Area Community Ministries Inc**EIN:** 61-0891896

Description	Amount
Beginning net assets	124,545

TY 2008 Other Expenses Schedule

Name: Eastern Area Community Ministries Inc

EIN: 61-0891896

Description	Amount
Dues	575
Volunteer appreciation	1,396
Education and seminars	259
Miscellaneous	3,459
Travel	2,670
Supplies	3,973
Direct assistance to individuals	118,792
Program services	13,172

TY 2008 Other Liabilities Schedule

Name: Eastern Area Community Ministries Inc**EIN:** 61-0891896

Description	Beginning of Year Amount	End of Year Amount
Withheld payroll taxes	0	60

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: Eastern Area Community Ministries Inc

EIN: 61-0891896

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.