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Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Eastern Area Community Ministries Inc		D Employer identification number 61-0891896
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 9104 Westport Road		E Telephone number (502) 426-2824
Name change				
Initial return		City or town, state or country, and ZIP + 4 Louisville, KY 40242		F Group Exemption Number
Termination				
Amended return				
Application pending				

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ **Accounting method** ☒ Cash ☐ Accrual  
 Other (specify) ▶



<b>I Website:</b> <input type="checkbox"/> eacmonline.org		<b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Organization type</b> (check only one)— <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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.

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	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 <input type="checkbox"/>					
	a	Gross revenue (not including \$_____0_____of contributions reported on line 1) . . . . .	6a	65,571		6c	41,891
	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) . . . . .					
	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 <input type="checkbox"/> _____)			8			
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . <input type="checkbox"/>			9	469,975		
Expenses	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 <input type="checkbox"/> _____)		16	144,296		
	17	<b>Total expenses</b> (add lines 10 through 16) . . . . . <input type="checkbox"/>		17	405,887		
Net Assets	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) <input checked="" type="checkbox"/> . . . . .		20	124,545		
	21	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . . <input type="checkbox"/>		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
<b>22</b>	Cash, savings, and investments . . . . .	0	<b>22</b> 178,736
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe  _____)	0	<b>24</b> 9,957
<b>25</b>	<b>Total assets</b> . . . . .	0	<b>25</b> 188,693
<b>26</b>	<b>Total liabilities</b> (describe  _____)	0	<b>26</b> 60
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	0	<b>27</b> 188,633

<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? 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			
<b>28</b> Provided direct assistance and other resources to individuals throughNeighborhood Visitor, Latino Outreach, Older Adult Ministries, and othermiscellaneous programs (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	326,760
<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 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	326,760

<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
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	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 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 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	No		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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 ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file <b>Form 1120-POL</b> 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	501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9 . . . . .	39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b			
40a	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	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. . . . .	40b	No		
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	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .				
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 <b>Form 1041</b> —Check here . . . . . ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
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.	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.

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Eastern Area Community Ministries Inc		Employer identification number 61-0891896
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	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 <b>Section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )
11	<input type="checkbox"/>	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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(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?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	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 <b>Total.</b> 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 <b>Public Support</b> 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 <b>Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 <b>First Five Years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

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 <b>33 1/3% 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>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 <b>stop here.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")					390,813	390,813
2Gross 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
3Gross receipts from activities that are not an unrelated trade or business under section 513					65,571	65,571
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5					489,129	489,129
7aAmounts included on lines 1, 2, and 3 received from disqualified persons					900	900
bAmounts 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						
cTotal of lines 7a and 7b					900	900
8Public 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
9Amounts from line 6					489,129	489,129
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					4,526	4,526
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b					4,526	4,526
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						493,655
14First 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			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 900 %	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16		

Computation of Investment Income Percentage			
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0 920 %	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a33 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			
b33 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			
20Private 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 and 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.