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DLN: 93493244000020

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Open to Public

Internal I	Revenue	Service F The or	rganization may have to use a	copy of this return to satisfy s	tate reporting	g requirements	Inspection
A Fo	r the :	2008 calendar yea	ar, or tax year beginning 07-01	-2008 and ending 06-30-2009)		
B Che	ck ıf a	pplicable Please	C Name of organization HELP & EMERGENCY RESPONSE	INC		D Employer ide	entification number
┌ Add	ress ch			IIVC		52-134982	
┌ Nar	ne cha	nge print or	Doing Business As			E Telephone nu	umber
┌ Init	al retu	rn Specific	Number and street (or D.O. boy	If mail is not delivered to street addres	na) Doom /suito	(757) 485-	1445
Ten		Instruc-	PO BOX 2187	ii maii is not delivered to street addres	ss) Room/suite	G Gross receipts	\$ 664,375
, one			City or town, state or country, ar	od 7ID ± 4			
_			PORTSMOUTH, VA 237022187	IU ZIP + 4			
J App	lication	n pending]	
			me and address of principal of CROSS	ficer		ıs a group return	
			X 2187		affilia	ites?	ΓYes Γ No
		PORTS	SMOUTH, VA 23702		H(b) Are al	l affiliates include	ed?
					If"No	o," attach a list	(see instructions)
I Tax	k-exem	npt status 🖊 501(c)	:) (3) ◀ (Insert no)	1) or 527	H(c) Grou	ıp exemptıon nuı	mber 🟲
J W	ebsit e	e: ► WWW HERSHE	ELTER com				
K Tyne	e of or	anization 🔽 Cornorat	tion Trust Association Othe	r b -	L Year of fo	ormation 1983	¶ State of legal domicile VA
	rt I	Summary	tion must Association othe		L rear or re	illation 1905 I	1 State of legal dofficile VA
			ne organization's mission or m	ost significant activities			
		DOMESTIC VIOL	ENCE SHELTER				
Governance							
E							
₹	2	Check this box		ued its operations or disposed	of more than	25% of its asse	ets
ទី	3	•		y (Part VI, line 1a)			13
2 6	4			overning body (Part VI, line 1b			13
Activities &	5		mployees (Part V, line 2a)		,		
5	6		olunteers (estimate if necessa			6	
a ब			ated business revenue from Pa				
		_	iness taxable income from For		•	71	
		Tree difference busi	or Year	Current Year			
	8	Contributions and	d grants (Part VIII line 1h)			633,668	655,100
9	9		revenue (Part VIII, line 2g)		033,000	0 0 0 0 0	
Revenue	10	3	, ,,	es 3, 4, and 7d)		3,054	2,703
Ω.	11					29,030	2,703
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 12 Total revenue—add lines 8 through 11 (must equal Part VIII,					23,030	
						665,752	657,803
	13	Grants and simila	ar amounts paıd (Part IX, colu	mn (A), lines 1-3)			0
	14	Benefits paid to o	or for members (Part IX, colun	nn (A), line 4)			0
ø	15		ompensation, employee benef	its (Part IX, column (A), lines 5	i –	474 227	470.000
Expenses		10)		(4)		474,227	478,980
<u>₹</u>	16a		draising fees (Part IX, column				0
五	ь		penses (Part IX, column (D), line 25)				
	17			a-11d, 11f-24f)		222,558	217,460
	18	•	Add lines 13-17 (must equal			696,785	696,440
. 09	19	Revenue less exp	penses Subtract line 18 from	line 12		-31,033	-38,637
Net Assets or Fund Balances					Beginni	ing of Year	End of Year
10 kg	20	Total assets (Par	rt X, line 16)			199,238	173,990
AB BB	21	Total liabilities (F	Part X, line 26)			22,288	35,677
2 2 2 3	22	Net assets or fun	nd balances Subtract line 21 i	from line 20		176,950	138,313
Par	t II	Signature Blo	ock			<u> </u>	
				d this return, including accompanying	schedules and s	statements, and to t	the best of my knowledge
		and belief, it is true,	correct, and complete Declaration o	f preparer (other than officer) is based	d on all informat	tion of which prepar	er has any knowledge
Sign		***** Signature of office			2010 Date	-08-26	
Here	•	signature of office	er er		Date		
		BETH CROSS EXE	CUTIVE DIRECTOR				
		T Type of print nam	ic and thic				
		Preparer's RENEE	E PENDLETON		Check If self-	Preparer's identifications	
Paid		signature RENEE	- , EMPLETON		empolyed 🕨 🦵	(22 mondetions	,
Prepa		Firm's name (or yours	S CHERRY BEKAERT & HOLLAND	LLP		EIN Þ	
Use (Only	ıf self-employed), address, and ZIP + 4	222 CENTRAL PARK AVENUE SU	JITE 1400		LIN F	
			VIRGINIA BEACH, VA 23462			Phone no 🕨 (7	757) 456-2400
May t	he IR	s discuss this retii	irn with the preparer shown ab	ove? (see instructions)			✓ Yes

(Code AFTERCARE PROGRAM RE-ADJUSTMENT (519 (Code) (Expenses \$ - IMPLEMENTS AFTERCARE SI 9 women & children assisted)) (Expenses \$	70,303 including gran ERVICES TO WOMEN LEAVING TH 141,060 including gran	o CHILDREN OF ALL) (Revenue \$ AGES IN SHELTER(169 CHILDRE) (Revenue \$ PORT LONG TERM CHANGE AND 1) (Revenue \$)
(Code AFTERCARE PROGRAM RE-ADJUSTMENT (519	- TO OFFER CREATIVE AND E) (Expenses \$ - IMPLEMENTS AFTERCARE SI 9 women & children assisted)	TO,303 INCluding gran	O CHILDREN OF ALL	AGES IN SHELTER(169 CHILDRE) (Revenue \$ PORT LONG TERM CHANGE AND) TO ASSIST IN COMMUNITY
(Code AFTERCARE PROGRAM RE-ADJUSTMENT (519	- TO OFFER CREATIVE AND E) (Expenses \$ - IMPLEMENTS AFTERCARE SI 9 women & children assisted)	TO,303 INCluding gran	O CHILDREN OF ALL	AGES IN SHELTER(169 CHILDRE) (Revenue \$ PORT LONG TERM CHANGE AND) TO ASSIST IN COMMUNITY
CHILDRENS PROGRAM	- TO OFFER CREATIVE AND E) (Expenses \$	EDUCATIONAL OPPORTUNITIES TO	O CHILDREN OF ALL	AGES IN SHELTER(169 CHILDRE) (Revenue \$)
•	, , ,	,	·	, ,) N ASSISTED)
•	, , ,	,	·	, ,)
CRISIS SERVICES- 10	PROVIDE SHELIER, FOOD AN		:N AND CHILDREN (298 WOMEN AND CHILDREN HOL	JSED IN THE SHELTER)
•	, , ,			, ,)
ection 501(c)(3) a	and 501(c)(4) organizati	ons and section 4947(a)(1	.) trusts are requ	ured to report the amount o	
f "Yes," describe th	nese changes on Schedu	le O			
	- ·	nake significant changes in	how it conducts		es 🗸 No
f "Yes," describe th	nese new services on Sc	hedule O			
					es 🗸 No
OVIDE SHELTER F	OR BATTERED WOME	N AND CHILDREN			
Briefly describe the	e organization's mission				
	ovide shell the ovide the ovide shell the organization of the ovides?	ovide the organization's mission ovide shelf or any signification of the organization undertake any signification prior form 990 or 990-EZ?	OVIDE SHELTER FOR BATTERED WOMEN AND CHILDREN Indication undertake any significant program services during the prior Form 990 or 990-EZ?	OVIDE SHELTER FOR BATTERED WOMEN AND CHILDREN Indicate the organization undertake any significant program services during the year which the prior Form 990 or 990-EZ?	In the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Part IV Checklist o) f	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
Pa	Statements Regarding Other IRS Finings and Lax Compliance		V -	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Yes	No
	1a C	,		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		
a		9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

(757) 485-1445

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ection A. Governing Body and Management			
36	Action At Coverning Dody and Planagement		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			.10
	process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 13	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
a b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	1 63	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	9a 9b		INU
10	affiliates, and branches to ensure their operations are consistent with those of the organization?		Vac	
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο
Se	ection B. Policies		· ·	. .
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t BOOKKEEPER	he orga	ınızatıor	n -

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)						(D)	(E)	(F) Estimated
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	amount of other compensation from the organization and related organizations
SANDRA BECKER EXECUTIVE DIRECTOR	40 00	Х				Х		50,783	0	15,909
KAREN SEYMOUR SECRETARY	30	Х						0	0	0
EILEEN Gwaltney TREASURER	30	Х						0	0	0
ROYCE AMBROSE DIRECTOR	30	Х						0	0	0
Thomas Atherton DIRECTOR	30	Х						0	0	0
JennIFER BIGGS DIRECTOR	30	Х						0	0	0
Don Britt DIRECTOR	30	Х						0	0	0
Eileen Gwaltney DIRECTOR	30	Х						0	0	0
BerNADETTE HOGGE DIRECTOR	30	Х						0	0	0
Debbie MOLLURA DIRECTOR	30	Х						0	0	0
Oliver B Wilson Jr DIRECTOR	30	Х						0	0	0
BarBARA DESLER PRESIDENT	30			х				0	0	0
JoanNA GWALTNEY 1ST VICE PRESIDENT	30			х				0	0	0
David HANSON 2ND VICE PRESIDENT	30			х				0	0	0

from the organization 🗠 0

VIT	Section A. Of	fficers. Directors	. Trustees, K	ev Employees	, and Highest Com	nensated Employ	ees (continued
	OCCUPII AT OT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cy Lilipioyccs	, and inquest com	pensacea Employ	ccs (continued

		(C) Position (check all that apply)						(D)	(E)		(F Estim	
(A) Name and Tit	(B) Average hours		Institut		Xe)	Highest employe		Reportable compensation from the	Reportable compensation from related		amou oth compen	nt of er
Maine and Tit	per week	x Individual	Institutional Trustee	Officei	employee	Highest compensated employee	Former	organization (W- 2/1099- MISC)	organization (W- 2/1099 MISC)		from organiz and re organiz	zatıon lated
										_		
										\perp		
					<u> </u>					_		
										_		
					-					_		
										+		
lb Total					<u> </u>	>		50,783	(0		15,909
	per of individual tion from the org	s (including those in 1a) who red ganization ⊩ 0	eived m	ore	thar	\$100	0,00	0 in reportable				
B Did the ord	angation list o	ny former officer, director or tru:	staa kay		nla		r b.a	hast sampansatas	t amplayed [Yes	No
		ete Schedule J for such individual			•	• •	•	nest compensated	• •	3		Νo
	n and related o	n line 1a, is the sum of reportab rganizations greater than \$150,							m the	_		N.
5 Did any pe	rson listed on li	ne 1a receive or accrue comper on? If "Yes," complete Schedule J				unrela	ated	organization for s	ervices	5		No No
L Complete	this table for yo	t Contractors ur five highest compensated ind in from the organization	ependen	t co	ntra	ctors	that	received more th	an			
<u> </u>	or compensation	(A) Name and business address							(B) n of services		(C) Compen	
										\perp		
										\bot		

			(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a 135,643				
E in	b	Membership dues 1b				
%.g	С	Fundraising events 1c 21,994				
ar e	d	Related organizations 1d				
% 100 100 100 100 100 100 100 100 100 10	e	Government grants (contributions) 1e 372,810				
Si.	f	All other contributions, gifts, grants, and 1f 124,653				
er er	•	similar amounts not included above				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$				
ပိုင်း	h	Total. Add lines 1a-1f	655,100			
Program Service Revenue	2a	Business Code				
94.e	ь					
e F	с					
rwc	d					
38						
E I	e	Allahaman				
4Bo.	f	All other program service revenue				
₹	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	2,703			2,703
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	С	Rental income				
	d	or (loss) Net rental income or (loss)				
	<u> </u>	(i) Securities (ii) Other				
	7a	Gross amount (1) Securities (11) Other				
	/ u	from sales of assets other				
		than inventory				
	b	Less cost or other basis and				
		sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
tþ€	b	Less direct expenses b 6,572				
•	С	Net income or (loss) from fundraising events •				
	9a	Gross income from gaming activities See Part IV, line 19				
		а				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory •				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	С					
	d	All other revenue				
	۾ ا	T-4-1 Add				
	12	Total Revenue. Add lines 11, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	657,803	0	0	2,703

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organiz

_	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
			(B), (C), and	(D).	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	61,174	54,445	6,729						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	332,444	295,875	36,569						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,798	11,390	1,408						
9	Other employee benefits	42,410	37,745	4,665						
10	Payroll taxes	30,154	26,837	3,317						
11	Fees for services (non-employees)									
а	Management									
b	Legal									
c	Accounting	19,250	17,133	2,117						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	9,521	8,474	1,047						
12	Advertising and promotion									
13	Office expenses	20,933	18,630	2,303						
14	Information technology									
15	Royalties									
16	Occupancy	57,682	51,337	6,345						
17	Travel	6,168	5,490	678						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	11,265	10,026	1,239						
23	Insurance	13,207	11,754	1,453						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	OTHER CLIENT SERVICES	23,980	21,342	2,638						
b	EMERGENCY FOOD AND SHEL	23,792	21,175	2,617						
c	SUPPLIES	16,488	14,674	1,814						
d	MISCELLANEOUS	15,174	12,782	2,392						
е										
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	696,440	619,109	77,331	0					
26	Joint Costs. Check here ▶ ┌ If following SOP 98-2									
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
	-				rm 990 (2008)					

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(E End o	B) fyear
	1	Cash—non-interest-bearing			32,881	1		59,053
	2	Savings and temporary cash investments			87,363	2		59,471
	3	Pledges and grants receivable, net			26,347	3		15,166
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, leading other related parties. Complete Part II of Schedule L		ployees or		5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc				6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
88	9	Prepaid expenses and deferred charges			12,728	9		11,647
⋖	10a	Land, buildings, and equipment cost basis	10a	98,891				
	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	70,238	39,919	10c		28,653
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11		-		12		
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11		_		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			199,238	16		173,990
	17	Accounts payable and accrued expenses .	22,288	17		35,677		
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
Liabilities	21	Escrow account liability Complete Part IV of Schedule D				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.e</u>		persons Complete Part II of Schedule L			22			
_	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			22,288	26		35,677
		Organizations that follow SFAS 117, check here ▶ and complete through 29, and lines 33 and 34.	te line	s 27				
Balance	27	Unrestricted net assets			176,309	27		122,021
<u> </u>	28	Temporarily restricted net assets			641	28		16,292
	29	Permanently restricted net assets				29		,
Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	comple	te				
9	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
355	32	Retained earnings, endowment, accumulated income, or other fund		• •		32		
	33	Total net assets or fund balances	,		176,950	33		138,313
Net	34	Total liabilities and net assets/fund balances			199,238	34		173,990
Pa	rt XI				133,230	34		173,330
	ICAL	i muncial Statements and Reporting						N
1	Acco	unting method used to prepare the Form 990	ccrual	┌ O ther			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							No
ь	b Were the organization's financial statements audited by an independent accountant?							
c		es" to 2a or 2b, does the organization have a committee that assum , review, or compilation of its financial statements and selection of				2c	Yes	
3a	Singl	result of a federal award, was the organization required to undergo a e Audit Act and OMB Circular A-133?			t forth in the	3a		No
b	If "Y∈	es," did the organization undergo the required audit or audits? $. $				3b		

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As Filed Data -

DLN: 93493244000020

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

HELP 8	EMER	GENCY RESPO	NSE INC										
									-1349827				
	rt I			harity Status (to be co					Instruct	ions)			
	rganiz			ation because it is (Please									
1	<u> </u>	•		urches, or association of ch			Section	L/U(B)(1)(A)(I).				
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac		•							
3	<u> </u>	-	•				-)(iii). (Attach Schedule H)				
4	ı		-	•	on with a l	hospital d	escribed ii	n Section :	n 170(b)(1)(A)(iii). Enter the				
	_	•	name, city, and										
5	ı	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	overnmental unit described in				
	_	Section 170)(b)(1)(A)(iv).	(Complete Part II)									
6	<u>_</u>	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).				
7	~	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public	:	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)								
8		A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Par	tII)						
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS	
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bus	sinesses		
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)				
10	Γ	An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See						ee instruct	ions)				
11	Γ	_	=	and operated exclusively fo					•	•			
		one or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e thro							Section 5	09(a)(3).	. Check		
		a T					nes lle t nally Integ		n d	□ Type	III - Otl	her	
e	Г		•	rtify that the organization is			-						
_	•	•		agers and other than one or			•			•	•		
		section 50		-	·		_					•	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	g organız	ation,	
		check this		as the organization accepted	d any gift	or contrib	ution from	any of the				ı	
g		following pe		as the organization accepted	u any gni	or continu	ution nom	any or the					
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No	
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)		
		(ii) a family	member of a p	erson described in (i) above	?					11g(ii)		
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)		
h		Provide the	following inforn	nation about the organizatio	ns the org	janization	supports					<u> </u>	
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Am	nount of	
		orted		(described on lines 1-9	_	ation in	_	inization		ation in	supp	ort?	
(Organ	ıızatıon		above or IRC section (See Instructions))		listed in		i) of your oort?		rganized US?			
				(See Instructions))	your go	nent?	Supp	ייייייייייייייייייייייייייייייייייייייי	in the	057			
					Yes	No	Yes	No	Yes	No			
						1				1			
				l	I	I	1	I	I	I	l		

Total

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.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	o oi Part I.)				
	ublic Support		<u>.</u>		<u>.</u>			
Cal	endar 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")	610,124	648,703	632,366	633,668		633,106	3,157,967
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	610,124	648,703	632,366	633,668		633,106	3,157,967
5	The portion of total contribution by each		-	·	·			<u>-</u>
J	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							3,157,967
T	otal Support	<u> </u>		I	I		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	610,124	1,874	632,366	633,668	(-/	633,106	3,157,967
8	Gross income from interest, dividends,	,						<u> </u>
	payments received on securities loans, rents, royalties and income from similar sources	1,781	1,874	404	3,054		2,703	9,816
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)							3,167,783
12	Gross receipts from related activities, etc	(See instruction	s)			12		124,532
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perce	entage			tax year as a 50	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.690 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		99.820 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly suppo d not check the b	orted organizati oox on line 13 o	on r 16a, and line 1	·			
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "facts and the organization meets the "facts and organization meets and organization me	If the organization its and circumsta	on did not check ances" test, che	a box on line 13 eck this box and	stop here. Expl	aın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organization its and circumsta	on did not check ances" test, che	a box on line 13 eck this box and	3, 16a, 16b, or : stop here. Expl	17a ar Iain in	nd line 15 Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer identification number HELP & EMERGENCY RESPONSE INC

			52-134982/
Par	organizations Maintaining Donor organization answered "Yes" to Form 9		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 .	Aggregate contributions to (during year)		
3 .	Aggregate grants from (durıng year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor adfunds are the organization's property, subject to the		or advised Yes No
	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the bi impermissible private benefit?		
Par	Conservation Easements. Complet	e if the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space	Preservation of ar Preservation of ar	historically importantly land area
	Complete lines 2a-2d if the organization held a qu on the last day of the tax year	alified conservation contribution in the form	Held at the End of the Year
_			
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	nts	2b
С	Number of conservation easements on a certified	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	ed by the organization during
	the taxable year ▶		
4	Number of states where property subject to conse	vation easement is located ►	
	Does the organization have a written policy regard enforcement of the conservation easements it hold	ing the periodic monitoring, inspection, viol	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the y	ear ► \$
	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	e 2(d) above satisfy the requirements of sec	Yes No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	f the footnote to the organization's financia	·
Part	Organizations Maintaining Collect Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or resear	ch in furtherance of public service,
_	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	r public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
	(ii) Assets included in Form 990, Part X		► \$
_	If the organization received or held works of art, his following amounts required to be reported under SF	·	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	t, HIS	tori	<u>cai ir</u>	easur	es, or O	tne	r Similar	Asset	S (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	that are	a sıgnıfıca	nt us	se of its col	ection		
а	Public exhibition		d	Γ	Loan	orexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	r the or	ganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	ΓY	es	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						ıızatıon aı	ารพ	ered "Yes"	to For	m 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions or	other ass	ets r	not	┌ Y	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le				Г			A moun	t	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				L				es	┌ No
b	If "Yes," explain the arrangement in Part XIV											
	Endowment Funds. Complete		n ans	were	ed <u>"Y</u> e	s" to Fo	orm <u>990,</u>					
		(a)Current Year	(b)	Prior `	⁄ear	(c)Two	Years Back	(d)	Three Years Ba	ck (e) F	our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment 🕨											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and ad	mınıstered	for	the	_		
	organization by								Г		Yes	No
	(i) unrelated organizations			•				•	_	3a(i) 3a(ii)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization							• .	<u>[</u>	3b	 	
4	Describe in Part XIV the intended uses of th	•				•		•				
Par	t VI Investments—Land, Buildings					90, Pai	t X, line	10.				
	<u> </u>				a) Cost o		(b)Cost or o		(c) Donne	ation	(d) n-	ok ualus
	Description of investment				sis (ınve		basis (oth		(c) Depreci	auon	(u) Bo	ook value
	and											
1a 1							1		1			_
	Buildings		•									
b i	Buildings		•									
b 6	, and the second	· · · · · · · · · · · · · · · · · · ·	•				98	,891		70,238		28,653
b 6 c 6	_easehold improvements						98	,891		70,238		28,653

(a) Description of security or category		(c) Method of valuation	
(including name of security)	(b)Book value	Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
7 1 1 (0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. S		13	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,			
(a) Desci	ription	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount	4	
Federal Income Taxes		_	
		_	
		_	
		4	
		_	
		4	
		_	
		4	
		4	
		_	
		_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	•		

2 5 6 6 6 6 6 6 6 6 6	0 3,637 0 3,637
Second S	08,637
A	03,637
5	3,637
	3,637
Prior period adjustments Nother (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Total adjustments (net) Add lines 4 - 8 Total adjustments (net) Add lines 4 - 8 Total evenue, gains, and other support per audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements	3,637
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	3,637
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	3,637
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	3,637
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	3,562
Total revenue, gains, and other support per audited financial statements	3,562
a Net unrealized gains on investments 2a b Donated services and use of facilities 2b 89,187 c Recoveries of prior year grants 2c 3 d Other (Describe in Part XIV) 2d 2e 89 a Subtract line 2e from line 1 3 664 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 3 664 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIV) 4b -6,572 c Add lines 4a and 4b 4c -6 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 657	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
Add lines 2a through 2d	
3 Subtract line 2e from line 1	
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	,187
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	,375
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	
	5,572
Doub VIII De conciliation of Francesco new Audited Financial Chatemante With Francesco new Detrois	,803
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	,199
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	,759
3 Subtract line 2e from line 1	,440
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	0
	,440
Part XIV Supplemental Information	

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

Ident if ier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		DIRECT FUNDRAISING EXPENSES -6572
Part XIII, Line 2d - Other Adjustments		DIRECT FUNDRAISING EXPENSES 6572

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OMB No 1545-0047

2008

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ. line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service		, ,			•	Inspection								
Name of the organization HELP & EMERGENCY RES	PONSEINC					ntification number								
D. 17 F. 11 1111		- 611			52-1349827									
Part I Fundraising	g Activities. Complete	e if the oi	rganizat	ion answered "Yes" i	to Form 990, Part IV	, line 17.								
1 Indicate whether the	organization raised funds	through a	ny of the	following activities Che	eck all that apply									
a Mail solicitations				e Solicitation of r	_									
b Email solicitation				· · · · · · · · · · · · · · · · · · ·	government grants									
c Phone solicitation				g Special fundrais	sing events									
d In-person solicita	ations													
or key employees list	have a written or oral agre ted in Form 990, Part VII)) or entity	ın connec	tion with professional f	fundraising activities?	Г Yes Г N								
	nighest paid individuals or t least \$5,000 by the orga													
		(iii) Did fundraiser have custody or control of contributions?				fundraiser have				fundraiser have			(v) A mount paid to	(vi) A mount paid to
(i) Name of individua or entity (fundraiser)	I (III) A ctivity			(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization								
					col (i)									
		1.05	"											
Total	I	1	<u> </u>											
10441			F	I.	ı	L								

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Comp more than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lır eıpts greater than \$5,	าе 18, ,000.	or r	eport	ted
			(a) Event #1 OVER THE HILL BOWL	(b) Event #2 VARIOUS FUNDRAISERS	(c) O ther Events (total number)		col (al Eve (a) the (c))	nts rough
			(event type)	(event type)	(total namber)	 			
ΕE	1	Gross receipts	19,291	9,275	5			28	8,566
Revenue	2	Less Charitable contributions	15,745	6,249				2:	1,994
	3	Gross revenue (line 1 minus line 2)	3,546	3,026	5				6,572
	4	Cash Prizes							
ses	5	Non-cash Prizes							
Expenses	6	Rent/Facility costs	675						675
	7	Other direct expenses	2,871	3,026	5				5,897
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)				(6,572
_	9	Net income summary Combine lin	es 3 and 8 in column (d)						0
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted r	nore	than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			jaming ough co	
<u>~</u>	1	Gross revenue							
See	2	Cash prizes							
Expenses	3	Non-cash prizes							
Direct E	4	Rent/facility costs							
直	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌ Yes%_ ┌ No				
	7	Direct expense summary Add lines	2 through 5 in column (d)					
	8	Net gaming income summary Comb	bine lines 1 and 7 in colu	mn (d)					
9 a		er the state(s) in which the organizat he organization licensed to operate (9a	Yes	No
b	If "N	No," Explain							
10a b		e any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?		10a		
11 12		s the organization operate gaming a he organization a grantor, beneficiar				\exists	11		
- -		ned to administer charitable gaming?					12 990-E	Z) 20	008

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493244000020

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Non-Cash Contributions

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Internal Revenue Service Employer identification number Name of the organization HELP & EMERGENCY RESPONSE INC 52-1349827 Part I Types of Property

		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermı	nıng	
	A 1 M 1 C 1	applicable		1 g				
	Art—Works of art							
_	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods	X		89,187	DONORADVISED	FMV		
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at		, , , , ,			 	 	
	least three years from the date of for the entire holding period?	or the initial	contribution, and which is	not required to be used for 6	exempt purposes	_		No
						30a		No
b	If "Yes", describe the arrangem							
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		N o
b	If "Yes", describe in Part II							
33	If the organization did not report	revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	1				

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

Name of the organization HELP & EMERGENCY RESPONSE INC **Employer identification number**

52-1349827

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Other Programs Expenses \$ 141060 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		TWO BOARD MEMBERS ARE RELATED THROUGH MARRIAGE AN EMPLOYEE AND BOARD MEMBER ARE IMMEDIATE FAMILY MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A copy of the 990 is provided to the Board of Directors for review

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization is currently in the process of developing and implementing plans for annual review & MONITORING of potential conflicts of interest

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Executive Director and key employee compensation is determined using comparability date obtained through review of other organization's Form 990's and is approved by the Board of Directors on an annual basis

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes it's governing documents, conflict of interest policy and financial statements available to the public upon request

ldentifier	Return Reference	Explanation
PART XI, LINE 2		THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 1C	COMPLIANCE WITH BACKUP WITHHOLDING RULES	THE ORGANIZATION WAS NOT REQUIRED TO COMPLY WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND REPORTABLE GAMING WINNINGS TO PRIZE WINNERS

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 7G	FILING OF FORM 8899	THE ORGANIZATION WAS NOT REQUIRED TO FILE FORM 8899 AS IT HAD NO CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 1H	FILING OF FORM 1098-C	THE ORGANIZATION WAS NOT REQUIRED TO FILE A FORM 1098-C AS IT HAD NO CONTRIBUTIONS OF CARDS, BOATS, AIRPLANES OR OTHER VEHICLES

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

Cat No 51056K

Schedule O (Form 990) 2008

Part I Identification of Disregarded Entities

DLN: 93493244000020

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization HELP & EMERGENCY RESPONSE INC **Employer identification number**

52-1349827

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sec	(E) Public charity st (if section 501(c	atus (F) Direct controlling entity
HELP AND EMERGENCY RESPONSE FOUNDATION PO BOX 2187 PORTSMOUTH, VA23702 52-1726702	LONGTERM FACILITY MAINTENANCE	VA	501C(3)	501C(3)	N/A
For Danaguark Reduction Act Notice see the Instructions for Form 000		Cat No E013	EV		Schodulo D / Form 000) 2009

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?			
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ıty	Ī	1a	No	
b	Gıft, g	rant, or capital contribution to other organization(s)		1	1b	No	
c	Gıft, g	rant, or capital contribution from other organization(s)		1	1c	No	
d	Loans	or loan guarantees to or for other organization(s)		1	1d	No	
e	Loans	or loan guarantees by other organization(s)		[1	1e	No	
f	Sale o	fassets to other organization(s)		1	1f	No	
g	Purch	ase of assets from other organization(s)		ا	1g	No	
h	Excha	inge of assets		1	1h	No	
i 1	Lease	of facilities, equipment, or other assets to other organization(s)		<u>[</u>	1i	No	
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	ganization(s)	_1	1k	No	
1 1	Perforr	mance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	11	No	
m	m Sharing of facilities, equipment, mailing lists, or other assets						
n	Sharır	ng of paɪd employees		_1	1n	No	
o	Reımb	oursement paid to other organization for expenses		1	10	No	
р	Reımb	oursement paid by other organization for expenses		_1	1p	No	
q	Other	transfer of cash or property to other organization(s)		_1	1q	No	
r	O ther	transfer of cash or property from other organization(s)		Ŀ	1r	No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds			
		(A)	(B) Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
<u> </u>							
(3)							
(4)							
(+)							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Sabadula	D / Form					

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DLN: 93493244000020

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

		See separate instruction	s. 🟲 Attach	to your tax	ret urn.			Sequence No 67
Name(s) shown on return		Business or a	activity to which	this form re	elates	Iden	tifyin	g number
HELP & EMERGENCY RES	PONSE INC							
Dowl T	F. F	Form 990 Pa	-	170		52-1	13498	27
	-	Certain Property Ur isted property, comple			mnlete D:	art I		
1 Maximum amount See				ne you co	inpicte i t	11 (1 .	1	250,000
		-				•	2	250,000
2 Total cost of section 1			22222					
3 Threshold cost of sect	•	3	800,000					
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-				4	
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -0	O- If marrie	d filing			
separately, see instruc	tions						5	
(a) D	escription of pro	perty		(business u	se (c) E	Elected	cost	
<u> </u>		<u> </u>		only)				
6								
					<u> </u>			
7 Listed property Enter				. 7				
8 Total elected cost of s	ection 179 prop	erty Add amounts in col	umn (c), lines 6	and 7.			8	
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .					. 9	
10 Carryover of disallowed	d deduction from	line 13 of your 2007 Fo	rm 4562 .				10	
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)			11	
12 Section 179 expense of	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11			12	
13 Carryover of disallowed				.▶ 13				
Note: Do not use Part.			<u> </u>					
		Allowance and Othe			t include	listed ni	ropert	V) (See instructions)
14 Special depreciation al								(See mistractions)
tax year (see instruction	•	illied property (other than	instea property) placed iii .	service dui	ing the	14	
15 Property subject to sec	•	election				_	15	
16 Other depreciation (inc						-	16	
		Do not include listed i	property 1 (Se	o instructi	one \	• •	10	
POTENTI MACKS DE	preciation (ection A	e msa aca	0113.)			
17 MACRS deductions for	assets placed i			008 -			17	11,265
18 If you are electing t	•	·	-		to one or	moro.		11,200
,		•	_	•				
general asset accou							<u> </u>	tion System
Section b-Asse	is Placed III	(c) Basis for	oo lax tear	Using the	e Genera	прер	recia	tion system
	(b) Month and	depreciation						
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Conve	ntion (f) Metho	od	(g) Depreciation deduction
property	service	use	period					deduction
		only—see instructions)					\longrightarrow	
19a 3-year property							\rightarrow	
b 5-year property							\longrightarrow	
c 7 - year property								
d 10-year property							\rightarrow	
e 15-year property							$-\!+$	
f 20-year property							\rightarrow	
g 25-year property			25 yrs			S/L	-+	
h Residential rental			27 5 yrs	MM		S/L	\longrightarrow	
property			27 5 yrs	ММ		S/L	\rightarrow	
i Nonresidential real			39 yrs	MM		S/L	\longrightarrow	
property	_		_	MM		S/L		
	n C—Assets Pla∉	ced in Service During 200	8 Tax Year Using	gthe Altern	ative Depr		1 Syste	em
20a Class life						S/L	\longrightarrow	
b 12-year			12 yrs			S/L	\rightarrow	
c 40-year	<u> </u>		40 yrs	MM		S/L		
	y (See instruc							
21 Listed property Enter a						•	21	
22 Total. Add amounts fro					ne 21 Ent	er here	22	11,265
		urn Partnerships and So						11,205
23 For assets shown abov portion of the basis att		=		23				
portion of the basis att	ייהמימחוה וח Sec.	11011 203A CUSIS .	<u> </u>	23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44