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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH AUSTIN FOUNDATION		D Employer identification number 74-2456806
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1000 PRAIRIE TRL		E Telephone number 512-339-0584
		City or town, state or country, and ZIP + 4 AUSTIN TX 78758-4344		F Group Exemption Number ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.NORTHAUSTINFOUNDATION.COM

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **895,955**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19,484
	2	Program service revenue including government fees and contracts	2	25,217
	3	Membership dues and assessments	3	530
	4	Investment income	4	470
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	848,779
b	Less direct expenses other than fundraising expenses	6b	729,449	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	119,330	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <u>SEE STATEMENT 2</u>)	8	1,475	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	166,506	
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	80,268
	13	Professional fees and other payments to independent contractors	13	4,566
	14	Occupancy, rent, utilities, and maintenance	14	40,218
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <u>SEE STATEMENT 3</u>)	16	22,337
	17	Total expenses. Add lines 10 through 16	17	147,389
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,117
	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	108,093
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	43,159
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	170,369

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,218	35,704
23 Land and buildings	91,567	100,138
24 Other assets (describe ▶ <u>SEE STATEMENT 5</u>)	8,018	38,387
25 Total assets	111,803	174,229
26 Total liabilities (describe ▶ <u>SEE STATEMENT 6</u>)	3,710	3,860
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,093	170,369

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

Form **990-EZ** (2008)

DAA

69 23

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b _____		
39	Section 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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The books are in care of ▶ CAROL LONGMAN Telephone no ▶ 512-339-0584 1000 PRAIRIE TRAIL Located at ▶ AUSTIN, TX ZIP + 4 ▶ 78758		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		

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

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

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is 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 each receiving over \$100,000 ▶

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

Pinkie Henderson 09/02/10
 Signature of officer Date
PINKIE HENDERSON **TREASURER**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date **04/30/10** Check if self-employed Preparer's Identifying Number (See instr.) **P00146216**

Firm's name (or yours if self-employed), address, and ZIP **JOHN F. LEWIS P.C.**
3613 WILLIAMS DRIVE, STE 501
GEORGETOWN, TX 78628-1371

EIN **▶ 74-2594500**
 Phone no **▶ 512-863-5720**

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)organization, check this box and stop here ▶ **Section C. 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 from 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ **b 33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ **17a 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ **b 10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal 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.")	3,821	8,980	8,120	22,054	3,014	45,989
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	61,180	79,410	103,398	106,311	125,483	475,782
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	65,001	88,390	111,518	128,365	128,497	521,771
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	65,001	88,390	111,518	128,365	128,497	521,771

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	65,001	88,390	111,518	128,365	128,497	521,771
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12	567	427	7	470	1,483
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	12	567	427	7	470	1,483
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)				1,850	1,475	3,325
13 Total support. (Add lines 9, 10c, 11, and 12)	65,013	88,957	111,945	130,222	130,442	526,579

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.0869 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	26.7457 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.2816 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.2509 %

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

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

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

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

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER REVENUE \$ 3,325

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		(event type)	(event type)	NONE (total number)	(Add col (a) through col (c))	
Revenue	1 Gross receipts					
	2 Less Charitable contributions					
	3 Gross revenue (line 1 minus line 2)					
Direct Expenses	4 Cash prizes					
	5 Non-cash prizes					
	6 Rent/facility costs					
	7 Other direct expenses					
	8 Direct expense summary Add lines 4 through 7 in column (d)					
9 Net income summary Combine lines 3 and 8 in column (d)						

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
		1 Gross revenue	494,957	352,462		847,419
Direct Expenses	2 Cash prizes	317,114	254,933		572,047	
	3 Non-cash prizes					
	4 Rent/facility costs	61,516	55,200		116,716	
	5 Other direct expenses	29,883	8,902		38,785	
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)						727,548
8 Net gaming income summary Combine lines 1 and 7 in column (d)						119,871

9 Enter the state(s) in which the organization operates gaming activities **TX**
a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	<input checked="" type="checkbox"/>	
10a		<input checked="" type="checkbox"/>
11		<input checked="" type="checkbox"/>
12		<input checked="" type="checkbox"/>

- 13 Indicate the percentage of gaming activity operated in
 - a The organization's facility
 - b An outside facility

13a		%
13b	100.00	%

- 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ **RIVER CITY BINGO**
900 E BRAKER LN, STE 180
 Address ▶ **AUSTIN**

TX 78753

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$
- c If "Yes," enter name and address

and the

Name ▶
 Address ▶

- 16 Gaming manager information

Name ▶ **GARY HELLO**

Gaming manager compensation ▶ \$ **9,880**

Description of services provided ▶ **BOOKKEEPING, ADMINISTRATION**

Director/officer Employee Independent contractor

- 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 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 ▶ \$ **108,000**

	Yes	No
15a		X
17a	X	

Depreciation and Amortization
 (Including Information on Listed Property)

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

Name(s) shown on return **NORTH AUSTIN FOUNDATION** Identifying number **74-2456806**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	15,223
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	5,423
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		3,115	5.0	HY	200DB	622
c	7-year property						
d	10-year property						
e	15-year property		12,106	15.0	HY	150DB	605
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	21,873
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
BUILDING AND EQUIPMENT	\$ 129,126	\$ 37,559	\$ 159,570	\$ 59,432
TOTAL	\$ 129,126	\$ 37,559	\$ 159,570	\$ 59,432

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBER DUES	\$ 530
TOTAL	<u>\$ 530</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
REC ROOM INCOME	\$ 1,460
OTHER INCOME	15
TOTAL	<u>\$ 1,475</u>

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
VENDING MACHINE INCOME	\$
OTHER EXPENSES	4,709
EXPENSES	
INTEREST EXPENSE	88
ADVERTISING EXPENSE	120
AUTO EXPENSES	385
BANK SERVICE CHARGES	470
BINGO REP	1,200
COFFEE SUPPLIES	1,662
DRUG TESTING	115
DUES & SUBSCRIPTIONS	70
EDUCATION EXPENSE	60
INSURANCE EXPENSE	3,208
JANITORIAL SUPPLIES	2,592
KITCHEN SUPPLIES	90
MAINTENANCE & REPAIRS	2,095
MEALS & ENTERTAINMENT	1,272
MEDICAL EXPENSE	90
MISCELLANEOUS EXPENSE	726
OFFICE EXPENSES	281
OFFICE SUPPLIES	1,299
PERSONAL SUPPLIES	654
PRINTING & PUBLICATIONS	476
SMALL EQUIPMENT	354
T-SHIRT COSTS	102
WEBSITE EXPENSE	119
WEEKEND MONITOR	100
TOTAL	<u>\$ 22,337</u>

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR PERIOD ADJUST FOR INVESTMENT IN BINGO P/S	\$ 43,159
TOTAL	<u>\$ 43,159</u>

Federal Statements

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 8,018	\$ 1,381
DESIGNATED CONTRIBUTIONS		
INVESTMENT		37,006
	<u>8,018</u>	<u>38,387</u>

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,589	\$ 2,044
CREDIT CARDS	770	359
PAYROLL LIABILITIES	1,351	1,457
	<u>3,710</u>	<u>3,860</u>

Federal Statements**Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

PROVIDE HOUSING, COUNSELING, TRAINING FOR PEOPLE WITH DRUG AND ALCOHOL ADDICTIONS

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service AccomplishmentsDescription

MAINTAIN BUILDING AS A 24 HOUR FACILITY DEDICATED TO HELPING THOSE WITH DRUG AND ALCOHOL ADDICTIONS, PROVIDING SPACE FOR AA MEETINGS, AND PROVIDING COUNSELING AND ASSISTANCE IN PLACEMENT OF DETOX PROGRAMS AND HALFWAY HOMES.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
5-year GDS Property:											
24	PINBALL MACHINE, JUKE BOX	11/03/08	4,116			X	2,058	5	HY 200DB	0	2,470
25	REFRIGERATOR	11/10/08	977			X	488	5	HY 200DB	0	586
26	GAS RANGE	2/03/09	744			X	372	5	HY 200DB	0	446
27	MICROWAVE VENT HOOD	2/03/09	394			X	197	5	HY 200DB	0	236
			<u>6,231</u>				<u>3,115</u>			<u>0</u>	<u>3,738</u>
15-year GDS Property:											
23	REC ROOM IMPROVEMENTS	3/05/09	1,113			X	556	15	HY 150DB	0	584
28	BUILDING IMPROVEMENTS	1/01/09	23,100			X	11,550	15	HY 150DB	0	12,128
			<u>24,213</u>				<u>12,106</u>			<u>0</u>	<u>12,712</u>
Prior MACRS:											
1	BUILDING	7/01/07	100,000				100,000	39	MMS/L	28,205	2,564
2	AWNING	10/20/07	556				556	15	HY S/L	19	37
3	FLOORING	3/05/06	1,668				1,668	15	HY S/L	334	111
4	FLOORING	4/26/07	618				618	15	HY S/L	82	42
5	STORAGE SHED	5/30/08	402			X	201	15	HY S/L	203	13
6	PATIO	11/01/07	1,799				1,799	15	HY S/L	60	120
7	FENCING	2/21/08	476			X	238	15	HY S/L	244	16
8	REC ROOM	5/30/08	5,599			X	2,800	15	HY S/L	2,823	187
9	SECURITY SYSTEM	7/23/07	449				449	15	HY S/L	26	30
10	LIGHTING	12/06/05	325				325	15	HY S/L	65	22
11	VENTILATION	12/31/04	990			X	739	15	HY S/L	251	49
12	VENTILATION	12/23/05	4,300				4,300	15	HY S/L	860	287
13	VENTILATION	9/22/06	1,485				1,485	15	HY S/L	198	99
15	COMPUTERS	7/01/06	810				810	5	HY 200DB	421	156
16	COMPUTERS	7/01/07	1,335				1,335	5	HY 200DB	467	347
17	EQUIPMENT	7/01/06	4,350				4,350	5	HY S/L	1,740	870
18	EQUIPMENT	7/01/07	597				597	5	HY S/L	104	119
19	FURNITURE	7/01/07	312				312	7	HY 200DB	78	67
20	OFFICE EQUIPMENT	7/01/06	491				491	5	HY S/L	196	98
21	OFFICE EQUIPMENT	7/01/07	429				429	5	HY S/L	75	86
22	UTILITY ROOM	3/10/08	2,135			X	1,067	15	HY 150DB	1,108	103
			<u>129,126</u>				<u>124,569</u>			<u>37,559</u>	<u>5,423</u>
Grand Totals			159,570				139,790			37,559	21,873
Less: Dispositions			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>159,570</u>				<u>139,790</u>			<u>37,559</u>	<u>21,873</u>