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Short Form Return of Organization Exempt From Income Tax

2008

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 09-01, 2008, and ending 08-31, 2009

B Check if applicable: Address change Name change Initial return Termination Amended return Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LET'S START INC <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 1408 S 10TH ST <hr/> City or town, state or country and ZIP + 4 SAINT LOUIS, MO 63104-3725	D Employer identification number 43-1601320 <hr/> E Telephone number (314) 241-2324 <hr/> F Group Exemption Number . . . ▶
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G Accounting method Cash Accrual
Other (specify) ▶

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

I Website ▶

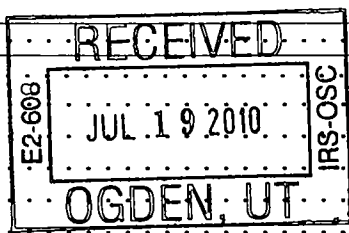
J Organization type (check only one) - 501(c)(3) (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 268,767

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

	Description		Amount
R e v e n u e	1 Contributions, gifts, grants, and similar amounts received	1	233,515
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	2,640
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	32,574
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 2 GHG	6c	32,574	
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 ▶ STM141)	8	38	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	268,767	
E x p e n s e s	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	181,106
	13 Professional fees and other payments to independent contractors	13	4,150
	14 Occupancy, rent, utilities, and maintenance	14	14,214
	15 Printing, publications, postage, and shipping	15	1,508
	16 Other expenses (describe ▶ STM130)	16	51,005
	17 Total expenses. Add lines 10 through 16	17	251,983
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,784	
A s s e t s	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	220,367
	20 Other changes in net assets or fund balances (attach explanation) STM104	20	36
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	237,187



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	220,298	22	254,589	
23	Land and buildings		23		
24	Other assets (describe ▶ STM131)	7,946	24	2,799	
25	Total assets	228,244	25	257,388	
26	Total liabilities (describe ▶ STM132)	7,877	26	20,201	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	220,367	27	237,187	

SCANNED AUG 06 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? HELP FORMERLY INCARCERATED INDIVIDUALS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	THE CORE SUPPORT GROUP HAS SERVED 373 WOMEN, UP FROM 245 LAST YEAR. PARENTING SESSIONS FOR THE WOMEN ARE NOW HELD MONTHLY AND ARE ALSO OFFERED TO THE WOMEN AT THE CLAYTON (Grants \$ 19,200) If this amount includes foreign grants, check here ▶	28a	31,352
29	WE CONTINUE TO OFFER ASSISTANCE WHERE IT IS NEEDED TO THE PARTICIPANTS. WE CONTINUE TO DO TALKS IN THE COMMUNITY & POLICY MAKERS ABOUT CRIMINAL JUSTICE ISSUES. (Grants \$ 29,891) If this amount includes foreign grants, check here ▶	29a	29,689
30	CHILDREN OF THE LETS START PARTICIPANTS ARE OFFERED INDIVIDUAL THERAPY AND GROUP SESSIONS IN SCHOOL SETTINGS. WE HAVE 4 BUS TRIPS A YEAR FOR THEM TO VISIT THEIR MOMS IN (Grants \$ 28,140) If this amount includes foreign grants, check here ▶	30a	22,975
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ▶	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	84,016

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHRISTINE WOODY 1022 SHERBROOK RD SAINT PETERS MO, 63303	SECRETARY 0	0	0	0
VALARIE BROWN 571 STRATFORD AV ST LOUIS MO, 63130	BOARD MEMEBER 0	0	0	0
CORY A ELLIOTT 817 ASTON WAY DR O'FALLON MO, 63368	BOARD MEMBER 0	0	0	0
JANE LAMMERS 11808 FOXBURY CT ST LOUIS MO, 63126	BOARD MEMBER 0	0	0	0
SHIRLEY LESTER 8400 ATHERTON ST LOUIS MO, 63126	BOARD MEMBER 0	0	0	0
SR JACKIE TOBEN 2837 A VICTOR ST LOUIS MO, 63104	EXECUTIVE DIR 0	18,000	0	0
BETTY MITCHELL 4462 LEXINGTON ST LOUIS MO, 63115	BOARD MEMBER 0	0	0	0
KATHERINE M FOWLER 1900 HICKORY ST LOUIS MO, 63104	PRESIDENT 0	0	0	0
PAM ROSS 18 ABERDEEN PLACE ST LOUIS MO, 63105	TREASURER 0	0	0	0
LIZA HORTON 7336 MARRIETTA AVE MAPLEWOOD MO, 63143	BOARD MEMBER 0	0	0	0
SR ELAIN AUBUCHON 4990 PARKER AVE ST LOUIS MO, 63139	CO DIRECTOR 0	31,500	0	0
JAMI L BOYLES 1622 S 18TH STREET SAINT LOUIS MO, 63104	BOARD MEMBER 0	0	0	0
NINA GARCIA 4654 VIRGINIA SAINT LOUIS MO, 63111	BOARD MEMBER 0	0	0	0
TONI JORDAN 4324 DELOR SAINT LOUIS MO, 63116	BOARD MEMBER 0	0	0	0
BETTY MITCHELL 4462 LEXINGTON SAINT LOUIS MO, 63115	BOARD MEMBER 0	0	0	0
PAM PALACIOS 10856 SPRING GARDEN DRIVE SAINT LOUIS, 63137	BOARD MEMBER 0	0	0	0
DENISE THIMES 4601 NEWBERRY TERRACE SAINT LOUIS, 63113	BOARD MEMBER 0	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ MO		
42 a	The books are in care of ▶ SR JACKIE TOBEN Telephone no ▶ 314-241-2324 Located at ▶ 1408 S 10TH ST ST LOUIS, MO ZIP + 4 ▶ 63104-3725		
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)?		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," 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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 46-49a/b and 50.

Table with 5 columns: (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. Includes a 'Total number of other employees paid over \$100,000' row.

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Includes a 'Total number of other independent contractors each receiving over \$100,000' row.

Sign Here section containing a declaration of preparer, a signature of Jackie Toben, and the date 7-13-10.

Paid Preparer's Use Only section containing preparer's signature (Alice James), date (07-11-2010), firm name (PAYDAY TAX AND ACCOUNTING, LLC), address (3551 EVERGREEN LANE, SAINT LOUIS, MO 63125), and phone number (314-487-3731).

May the IRS discuss this return with the preparer shown above? See instructions. X 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")	38,628	138,721	203,977	247,622	266,089	895,037
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	38,628	138,721	203,977	247,622	266,089	895,037
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						895,037

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	38,628	138,721	203,977	247,622	266,089	895,037
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	351	551	1,798	4,018	2,640	9,358
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						904,395
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	98.97 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.38 %
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 ▶ X		
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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 13 Total support. (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private Foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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.

R e v e n u e		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		START MUSIC (event type)	100X100X100 (event type)	OTHER (total number)	Add col (a) through col (c)
1	Gross receipts	17,557	5,390	9,628	32,575
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)	17,557	5,390	9,628	32,575
D i r e c t E x p e n s e s	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	9,998	361	3,412
8	Direct expenses summary Add lines 4 through 7, column (d) ▶				(13,771)
9	Net income summary Combine lines 3 and 8 in column (d) ▶				18,804

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.

R e v e n u e		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
D i r e c t E x p e n s e s	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				()
8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
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		
b	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		
a	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 ▶ \$ _____		

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OPERATIONS	2,160
FUND RAISING	13,771
SPECIAL SERVICES TO PARTICIPANTS	34,653
DEPRECIATION ON EQUIPMENT	<u>421</u>
TOTAL	<u><u>51,005</u></u>

**FORM 990EZ, PART II, LINE 24
OTHER ASSETS SCHEDULE 3**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	500	1,450
PREPAID EXPENSE	6,005	717
NET FURNITURE AND EQUIPMENT	1,053	632
EXPECTED REFUND	238	
ADVANCES TO EMPLOYEE	<u>150</u>	
TOTAL	<u><u>7,946</u></u>	<u><u>2,799</u></u>

**FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
UNEARNED INCOME	7,350	18,663
PAYROLL LIABILITIES	<u>527</u>	<u>1,538</u>
TOTAL	<u><u>7,877</u></u>	<u><u>20,201</u></u>

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DISCOUNTS EARNED	<u>38</u>
TOTAL	<u><u>38</u></u>

FORM 990EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS SCHEDULE

<u>DESCRIPTION</u>	<u>AMOUNT</u>
VOIDED PRIOR YEAR CHECK	<u>36</u>
TOTAL	<u><u>36</u></u>

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and 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
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
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									
DELL COMPUT	20060105	100 %	1,917	1,917	5	200 DB-HY	221		
PRINTER	20070501	100 %	238	238	5	200 DB-HY	46		
27 Property used 50% or less in a qualified business use									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	267	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29	

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	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 during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization 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