# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org. anizations 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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED JUN 1 2 2009

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	For	the 2008 calendar	year, or tax year beginning	, 2008, an	d en	ding		·		
В							D Em	ployer 1	dentification number	
	Addre	Please						38-3653368		
	Name	I shallor I shal							number	
$\perp$	Initial	return   type.	96 YATES SPRINGS ROAD		l				638-3664	
$\vdash$	Termi	Specific	City or town, state or country, and ZIP + 4		<u> </u>			700)	030-3004	
H		ded return Instruc- tions.							xemption	
Щ	Applic	cation pending	RINGGOLD		30			mber . I	<u></u>	
		• Section 501(c)(3 must atta	l) organizations and 4947(a)(1) nonexempt charitabl ach a completed Schedule A (Form 990 or 990-EZ).	le trusts	_	G Accounting r Other (specif		a. <u>X</u>	Cash	
ı	Web	site: ► N/A				H Check ► X			ganization is <b>not</b> dule B (Form 990,	
i			ıly one) — 🗶 501(c) ( 3 ) ◄ (ınsert no.) 🔲 4947(ı	a)(1) or 5	<del></del>	990-EZ, or 9	90-PF	5)	aaio	
K										
••			of required, but if the organization chooses to file a						not more than	
L	Add	lines 5b, 6b, and	b, to line 9 to determine gross receipts; if \$1,000,0	00 or more,	file f	Form 990				
D:	inste art I	ead of Form 990-E	∠ Expenses, and Changes in Net Assets or	Fund Ral	anc	es (See the II	netri	►\$ iction	74,635.	
11.6	1		its, grants, and similar amounts received	i uilu Dal	anc	<u>ra (ace ilie il</u>	i i Sti L	1	32,331.	
	2	-	revenue the fact in government fees and contracts				ŀ	2	32,331.	
	3	Membership d	50 best ments 2				ŀ	3		
	Δ	Investment meon					ŀ	4	236.	
	5.		nn sale obasebantler than inventory	ا	a i	•		-	230.	
		Less costs of	er basis and sales expenses		b		-	>		
R	;	Gain or (loss from s	ale of assets other than inventory (Subtract In 5b from in 5a) (att		, ,	-		5 c		
E	6		resignate and cable parts of Schedule G) If any amount		chec	k here ►[	7 t			
REVERU	,   ا	Gross revenue (r	-							
Ü	١ '	reported on line		1	a		i			
-	١,		enses other than fundraising expenses		, a 5 b			1		
		•	from special events and activities (Subtract line 6b from line 6a)		וטי		<del></del>	6c		
			ventory, less returns and allowances	7	a	42,0	I			
		Less: cost of goo			b b	14,4				
			oss) from sales of inventory (Subtract line 7b from I		D <sub>1</sub>	17,7.		7c	27,612.	
	8	Other revenue (descri	• •				、	8	27,0121	
	9	•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			<del>.</del> .	⁻╯⊾┟	9	60 170	
	<del>-</del>				•		-		60,179.	
	10		ar amounts paid (attach schedule)			•	·}	10		
Ê	11	Benefits paid to				•	F	11		
P	12	•	ompensation, and employee benefits				-	12	10 150	
E N	13		and other payments to independent contractors	•		•	-	13	18,150.	
S	15		utilities, and maintenance ions, postage, and shipping.		•		⊦	15	17,680.	
S	16		ribe ► See Other Expenses Statement	•		,	-	16	24 060	
	17		(add lines 10 through 16)			,	▶	17	24,969. 60,799.	
	18		t) for the year (Subtract line 17 from line 9)		<u>.                                    </u>	· · ·		18	-620.	
A		•					ŀ	10	-020.	
N S E E	19	Net assets or fun	ld balances at beginning of year (from line 27, colui n prior year's return)	mn (A)) (mu:	st ag	ree with end-of-	year	19	15,051.	
ŦĘ	20		net assets or fund balances (attach explanation)				F	20	13,031.	
S	21		id balances at end of year Combine lines 18 through	th 20		•	▶	21	14,431.	
Pa	irt II		heets. If Total assets on line 25, column (B) are \$		mor	e, file Form 990	ınste			
			(See the instructions for Part II.)	_,500,500		(A) Beginning			(B) End of year	
22	Ca	sh, savings, and ir	•		1	12,			1,946.	
23		nd and buildings			ŀ		0.		0.	
24			pe > See L-24 Stmt )	•	ŀ	2.	849.		12,485.	
25		tal assets	/		. t		051.		14,431.	
26		tal liabilities (desc	rribe ► )		ľ			26	0.	
27			alances (line 27 of column (B) must agree with line	21)		15,			14,431.	

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

Form 990-EZ (2008)



Form	1 990-E2	Z (2008) HERE	I AM, _INC.			38	-365	3368 Page 2
Par	t III	Statement o	of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
				SISTING ELDERLY &			(Rea	uired for 501(c)(3)
							and	(4) organizations and
desc	ribe the	services provide	ed, the number of	ne organization's exempt purp f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts; optional thers)
28	SERV	ED 3,498 F	AMILIES REP	RESENTING 9,748 IN	DIVIDUALS WITH			
	FOOD	, CLOTHES,	AND HOUSEH	OLD NECESSITITES D	URING THE			
		NDAR YEAR		354322332222		. – – – – – –		
	(Grants	<del></del>	<b></b>	nis amount includes foreign gr	rants check here		28 a	60,799.
	<u>(Grants</u>	3 <del>4</del>	0.711 (1)	ils amount includes loreign gi	iains, check fiele		20 a	00,733.
29				<del>-</del>				
	(Grants	s <b>\$</b>	) If th	nis amount includes foreign gr	rants, check here	<u>.,                                    </u>	29 a	
30								
		<b>-</b>						
	(Grants	s <b>\$</b>	) If th	nis amount includes foreign gi	rants, check here		30 a	
31			s (attach schedule					
	(Grants	_	•	nis amount includes foreign gr	rants, check here	. ▶□	31 a	
32	<u> </u>			nes 28a through 31a).	unity official field		32	60,799.
Par				, Trustees, and Key Em	nlovees /list soch s	no over if not co-		
ı al	. 17	LISCOI OIIIC	cia, Directors					
		(a) Name and ad	ldress	(b) Title and average hours per week devoted	not paid, enter -0)	(d) Contributions employee benefit plan	ns and	(e) Expense account and other allowances
				to position		deferred compensa	tion	
DEO	N PH	LLIPS						
74	YATES	S SPRINGS F	ROAD	CHAIRMAN				
	GGOLI		GA 30736	32.00	18,150.		ο.	
			GR 30730	52.00	10,130.	<u> </u>	<u> </u>	<del></del>
	K JO							
		IPERANCE H		PRESIDENT				
ROC	K SPI	RING	GA 30739	10.00	0.		0.	
JOE	KIL	PATRICK						
136	3 HW	7 151		SEC/TREAS				
LAF	AYETT	LB 	GA 30728	2.00	0.		Ο.	
DON	AT.D Z	AUTRY						
		VMAN RD		DIRECTOR				
	GGOLI			0.00	0.		ο.	
		· <b>'</b> — — · —	GA 30736	0.00			υ.	
		K. HOOPER	. – – – – – –					
		K 1651		DIRECTOR				
RIN	GGOLI	Ο,	GA 30736	10.00	0.		0.	
				]				
			·					
		<del> </del>						-
	- <b></b> -	_ <b></b>						
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_								
<b>-</b>	- <b>-</b> -	<del>-</del>						
					·	<del></del>		<del></del>
		<b></b>	. <b></b>	!				
			. <b></b>					
								· ————————

Forn	990-EZ (2008) HERE I AM, INC. 38-3653368		_ P	age 3
Pa	Other Information (Note the statement requirement in General Instruction V.)			r
	Γ		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		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	34		Х
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			
;	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
ı	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		х
ı	If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on line 9		, ,	٠
ı	Gross receipts, included on line 9, for public use of club facilities			
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		٠	
_	section 4911 ►, section 4912 ►; section 4955 ►		4	* `
ŀ	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	40 b		x
		10.0		
`	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		٠	
•	Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		x
41	List the states with which a copy of this return is filed ▶			
42 a	The books are in care of F KENDRA PHILLIPS & PAT WILSON  Telephone no F (706)	638-	-231	.4
	Located at ► 74 YATES SPRINGS ROAD RINGGOLD GA ZIP + 4 ► 30736			
		Г	Yes	No
t	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)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country.	1		
			i	
	Con the contraction for accordance and filter accounts for Ferry TD F 00 20 1 B, and af a Ferry TD F 0.0 20 1 B, and af a Ferr			
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
`	If 'Yes,' enter the name of the foreign country.►	4201	1	
			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı		
	and enter the amount of tax-exempt interest received or accrued during the tax year.			
	_		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ .	44		x
45	ls any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x
BAA			-EZ (	(2008)

	and complete the tables for line	es 50 and 51.					
<b>46</b> Did f	the organization engage in direct or indire	ct political campaign a	ctivities on behalf of or	in opposition to candidates		Yes N	No
for p	public office? If 'Yes,' complete Schedule (	C, Part I		•	46	2	X_
	the organization engage in lobbying activi	•		• • •	47	2	<b>X</b>
-	e organization operating a school as desc	***	,,,,,	olete Schedule E	48	3	<u>x</u>
<b>49 a</b> Did 1	the organization make any transfers to an	exempt non-charitable	related organization?		49a	2	<u>x_</u>
<b>b</b> If 'Ye	es,' was the related organization(s) a sect	tion 527 organization?			49Ь		
	plete this table for the five highest comperved more than \$100,000 of compensation				rees) wh	no each	
(e	n) 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 and deferred compensation	(e) Exp accour other allo	nt and	
NONE -							
						· · · · ·	
							—
Total number	r of other employees paid over \$100,000 .						
Total Harrison	of other employees paid over \$100,000 .	1.		<u> </u>			
	plete this table for the five highest compe the organization of there is none, enter "		ntractors who each rec	eived more than \$100,000 o	f compe	ensation	l
	(a) Name and address of each independent contr	ractor paid more than \$100,000	)	(b) Type of service	(c) Comp	ensation	
NONE							
<b>-</b>							
	<b></b>						
		<del></del>					
<b></b>		· <b></b>					
Total aven	har of alless independent contractors was	£100.000	<u> </u>				—
Total num	ber of other independent contractors rece Under penalties of perjury, I declare that I have exam		· i	nents, and to the best of my knowled	ne and he	haf it is	
	true, correct, and complete Declaration of preparer (	other than officer) is based on	all information of which prepare	r has any knowledge	90 0 00.	,	
Sian	White and which			05/13/00	i		
Sign Here	Signature of officer	1 July 1		Date	<b>/</b>		—
11010	Type or print name and title	ER/DIREC	TOR	<del>-</del> .			
	Preparer's No.11	11	Date	Check if Prepare	er's Identify	ying Numbi	er
Paid Pre-	signature / COUCK	William	05/12/09	self- employed			
parer's	vours if self-	CPA, P.C.					
Use	employed), address and	Street	·	EIN •			
Only	ZIP + 4 Ringgold		GA 30736	Phone no ► (706)	937-7	<del> </del>	
May the IF	RS discuss this return with the preparer sh	nown above? See instru	uctions	<u> </u>	Yes	No	
				r	JIIII <b>33</b> 0	- <b></b> (20	,00)

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of	fthe	organia	zation						-							Employe	r identıficat	tion number	·	
HERE	3 :															38-3653368				
Part	I	Rea	sor	for P	ublic	: Cha	rity Statu	us (/	All orga	anızat	tions	must o	comple	ete this	part.	(see	ınstruct	tions)		
The or	rga	nızatıd	on is	not a p	rıvate	found	lation beca	use if	ıs: (Ple	ease ch	neck c	nly one	organiz	ation)						
1		A chu	urch,	conver	ition c	f chur	ches or ass	social	ion of c	hurche	s des	cribed in	n sectio	n 170(b)	(1)(A)(i)	).				
2	П	A sch	nool (	describe	ed in s	section	n 170(b)(1)(	(A)(ii)	. (Attac	h Sch	edule	E.)								
3	П	A hos	spital	or coo	perati	ve hos	spital service	e org	janizatio	n des	cribed	ın <b>secti</b>	ion 170	b)(1)(A)	(iii). (At	tach Scl	hedule H	)		
4	П	A me	dical	resear	ch org	anızai	tion operate	ed ın	conjunc	tion w	ith a h	nospital (	describe	ed in sec	tion 17	0(b)(1)(A	A)(iii). En	nter the hos	spital's	S
		name	e, city	, and s	tate.															
5		An or <b>170(</b> b	rgani <b>)(1)</b> (	zation ( <b>A)(iv).</b>	perat (Com	ed for plete F	the benefit Part II.)	t of a	college	or uni	versit	y owned	or ope	rated by	a gove	rnmenta	l unit des	scribed in	sectio	n
6																				
7	in section 170(b)(1)(A)(vi). (Complete Part II)																			
8	닏			•				•			•		•							
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)																			
10	Ц		•		U		nd operated		•				•							
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h																			
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other																			
е																				
f		•	orga	anizatio	n rece	ived a	written de	termi	nation f	rom th	e IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting o	organizatio	n,	
g		Since	: Aug	just 17,	2006	has t	he organiza	ation	accepte	d any	gift o	r contrib	oution fr	om any	of the f	ollowing	persons	,7		
																			Yes	No
		(i)	a pe	rson w	no dire	ectly o	r indirectly ody of the s	conti	ols, eith	ner alo	ne or	together	r with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		(ii)			-	-	person des		_	•								11g (ii)		
		٠.		•		•	of a persoi		• • •			hovo?						11 g (iii)		<u> </u>
h						_	· <del>-</del>								• •	• • •		i iig (iii)	J.	<u> </u>
	-				virig ii		ition about	Υ —				T		T				4.24		
	(0,	Name Orga	of Sup anizati	on on		(11)	) ÉIN	(	ii) Type of described above or (see inst	on lines IRC sect	1- <del>9</del> ion	organizat (i) listed	Is the tion in col. d in your erning ment?	the organ	(v) Did you notify the organization in col (i) of your support?		s the ion in col zed in the S ?	(vii) Amount of Support		port
												Yes	No	Yes	No	Yes	No			
														1						
								1						l	l					
								<u> </u>							l			_		
								<u>L</u>				<u></u>		<u></u>						
																		<del></del>		
Total								<u> </u>								[ ]				
BAA I	For	Priva	су А	ct and	Paper	work I	Reduction	Act N	otice, s	ee the	Instru	uctions (	for Form	n 990.		Schedul	e A (For	m 990 or 9	90-EZ	) 2008

Pal	Complete only five a pool	-			D)(I)(A)(IV) an	α ινυ(Β)(	ІДАЛ	(VI)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	: 5, 7, 0: 6 01 Pai	(1)	<u> </u>	<u>-</u>		
Cale	endar year (or fiscal year inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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)	4. g 2,	në në	* *	, 3º · ·	- Au-		
6	Public support. Subtract line 5 from line 4		*	\$ · · · · · · · · · · · · · · · · · · ·	,			
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2005	(c) 2006	(c) 2006 (d) 2007		8	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		:					
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)	!						
11	Total support. Add lines 7 through 10				,			
12	Gross receipts from related activ	rities, etc. (see ins	structions)	•			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 5	501(c)	(3)
	tion C. Computation of Pul	<del></del>					1	
	Public support percentage for 20		-	ne 11, column (f)	•• ••		14	<u>%</u>
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f		•	[	15	<u>%</u>
	16 a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	and stop here. The organization  10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est — 2008. If the omeets the 'facts-a	organization did r	not check a box or s' test, check this	box and stop her	e. Explain ii	n Part	IV how
t	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain ii	n Part	
18 BAA	Private foundation. If the organi				, or 17b, check th	is box and	see in	structions

| 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 yr beginning in)► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 **(e)** 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 19,964. 33,176. 51,482 32,331 136,953. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 13,456. 37,097. 51,888 42,068 144,509. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 33,420. 70,273. 103,370. 74,399. 281,462. 7a Amounts included on lines 1 2, 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 10,000. 10,000. c Add lines 7a and 7b 10,000. 10,000. 8 Public support (Subtract line 7c from line 6) 271,462. Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 33,420. 70,273. 103,370 74,399 281,462. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 ins 9, 10c, 11, and 12) 281,462. 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  $\blacksquare$ Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 96.45% 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 100.00% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . 17 % 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 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

Schedule A	(Form 990 or 9	990-EZ) 2008	HERE	I AM,	INC.			38-3653368	Page 4
Part IV	Supplemen Part II, line	tal Informat 17a or 17b;	t <b>ion.</b> Cor or Part	nplete III, line	this pai 12. Pr	rt to provide to	he explanation re er additional info	equired by Part II, lind prmation. (see instru	ne 10; ctions)
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Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2008

Attachment Sequence No

Identifying number

Name(s) shown on return HERE I AM, INC. 38-3653368 Business or activity to which this form relates Form 990 / Form 990EZ 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 Maximum amount. See the instructions for a higher limit for certain businesses \$250,000. 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions). 3 \$800,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-... 4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 6 (C) Elected cost (a) Description of property (b) Cost (business use only) 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 Tentative deduction Enter the smaller of line 5 or line 8 9 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 instrs) 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 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 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) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 814 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (a) (C) Basis for depreciation (b) Month and (d) (g) Depreciation (e) Classification of property (business/investment use year placed in service Recovery period Convention deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs S/L MM i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year S/L 12 yrs c 40-year 40 yrs MM S/L Part IV Summary (See instructions.)

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

21 Listed property. Enter amount from line 28

550.

1,364.

21

22

Ferm 4562 (2008) HERE I AM, 38-3653368 Page 2 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.) X Yes No 24b If 'Yes.' is the evidence written? No 24 a Do you have evidence to support the business/investment use claimed? (c) Business/ investment (i) (a) (b) (d) (e) **(f)** (h) (g) Elected section 179 cost Type of property (list vehicles first) Basis for depreciation (business/investment Depreciation deduction Date placed Cost or Recovery Method/ Convention in service other basis use use only) percentage 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) Property used more than 50% in a qualified business use: 1998 BOX TRUCK 11/21/08 100.00 11,000. 11,000. 5.00 200DB/MQ 550. 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 550. 28 29 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) **(f)** 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year 31 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 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). No 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? 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) (a) (c) (d) (e) **(f)** Description of costs Date amortization Amortizable Code Amortization Amortization period or percentage amount Amortization of costs that begins during your 2008 tax year (see instructions): 43 Amortization of costs that began before your 2008 tax year. 43 Total. Add amounts in column (f) See the instructions for where to report 44

# **Other Assets and Liabilities**

2008

Employer Identification No.			
1			

Line 24 - Other Assets:	Beginning of Year	End of Year
FIXED ASSETS NET OF ACCUMULATED DEPRECIATION	2,849.	12,485.
Totals to Form 990-EZ, Part II, line 24	2,849.	12,485.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

TEEW1801 SCR 04/21/08

Form 990-EZ, Part I, Line 16

Other	<b>Expenses</b>	Statement
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Other expenses (describe)	
JOB MATERIALS	1,993.
TRAVEL - AUTOMOBILE EXPENSES	7,128.
INSURANCE	2,404.
TAXES AND LICENSES	883.
MISCELLANEOUS	1,891.
TELEPHONE	1,384.
OFFICE/JANATORIAL SUPPLIES	7,922.
Depreciation	1,364.
Total	24,969.