SCANNED JUN 1 3 2011

Department of the Treasury Internal Revenue Service

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)

Sponsonng 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 \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public Inspection

Α	For the	2009 calend	ar year,	or tax year beginning	July 1	, 2009,	and ending	J	ıne 30)	, 20	10
В	Check if a	applicable	Please	C Name of organization				D Emplo	yer ide	entifica	rtion numbe	er
	Address	use IRS label or Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth				26-4513862						
Ц	Name ch	•	print or	Number and street (or P.O box, if	mail is not delivered to street	address)	Room/surte	E Telepi	none nu	ımber		
님	Initial retu		type. See	470 27th Street				ŀ	51	D-267-	8840	
H		Specific City or town, state or country, and ZIP + 4					E Grou	n Ever	nntion			
H	Amended return Instruc-						B .	roup Exemption umber ▶				
브			omonis	zations and 4947(a)(1) nonexe	mat aboritable tructe mu	ot ottoob	G Acco				ash 🗹 Ad	ecaral
	• 3ec		_	npleted Schedule A (Form 99)	-	si allaun	,				asıı 🖭 A	Joidai
	, card (specific										otion is no	
H Check ► □										-		
J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 required to attact 990-EZ, or 990-EZ									Headi	3 D () OIII (33U,	
	Check		•									
^			_	zation is not a section 509(a)(3) s turn is not required, but if the o		_		_			II \$25,000.	A
_				e 9 to determine gross receipts; if					<u> </u>	uiri.		
	art I			penses, and Changes in					tions:	for F	Part I)	
	1			ts, grants, and similar amou					4	101 1		06,012
	2			revenue including governme				- F	2			3004
	3	-		s and assessments				· · ·	3			0
	4	Investmen	•						4			
	5a			m sale of assets other than	inventory	1.50	 I	0	*			
	b			er basis and sales expenses	•	5a 5b		0	i			
	c			n sale of assets other than in			ino Eo)		5c			0
9				tivities (complete applicable parts of					30			
Revenue	ر ا			ot including \$	· · · · · · · · · · · · · · · · · · ·	_	ing, oncon nor	~				
Š	a	reported o				6a		o				
•	' I _	•		•		6b						
	b		-	nses other than fundraising	•		line Co\					0
	I _	C Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					٠. ١	6c				
	1 .	7a Gross sales of inventory, less returns and allowances				0	1					
	b		_			7b						•
	C			ss) from sales of inventory (Subtract line 7b from lin	e /a) .		· · : }	7c			<u> </u>
	8	Other reve		dd lines 1, 2, 3, 4, 5c, 6c, 7	and RECEIVED		,	<u>-</u> '	8		20	<u>_</u>
	10	Grante and	d cimila	r amounts paid (attach sche	dulate	- : : :			9			09,016
	11	D . C.			1	<u> </u>		· · ·	11			
c)	1	Benefits paid to or for members						• • •	12		41	62,718
Se	13	Salaries, other compensation, and employee Senefits":						· · ·	13			14,725
penses	14			- ·		Γ		· · · }	14			2,840
ă			Occupancy, rent, utilities, and maintenance						15			2,111
	16	Other expenses (describe See Attachment PartI(A)							16			43,660
	17	Total expe	enses (c	Add lines 10 through 16 .	t and y			<u>`</u>	17			26,054
	40	Excess or	(deficit)	for the year (Subtract line 1	7 from line 9)	· · ·	· · · ·		18			82,962
ē	19			d balances at beginning of								<u> </u>
SS				reported on prior year's ret					19			30,750
Net Assets	20			net assets or fund balances				, <u>, , , , , , , , , , , , , , , , , , </u>	20			0
Ž	21			d balances at end of year. C					21		1.	13,711
E	art II			ets. If Total assets on line 25						d of F		
				(See the instructions for F				eginning of			3) End of year	
2	2 C	ash, savings	, and in	vestments	•				679			88,043
2		and and build					-		0			0
2				e ► See Attachment Part II				30),071		:	37,382
2									,750	$\overline{}$		25,425
2				ribe See Attachment Pa		•	,		0	$\overline{}$		11,714
2				palances (line 27 of column		21) .		30	,750			13,711

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) Cat No 10642I





	(
Par						Expenses		
		Services for sexually exploited youth & professional trainin						
	ribe what was achieved in carrying out the org				I organizations and section			
	nanner, describe the services provided, the number of persons benefited, and other relevant information for							
each program title. for other						ners)		
28	28 Direct Services for Commercially Sexually Exploited Children & Youth							
	The organization provided intensive case mngmnt, or	exploited						
	youth, including court advocacy, basic needs assist							
	(Grants \$ 195,750) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	\$170,152		
29	Training for Youth Services Professionals							
	The organization trained over 300 people working in							
	ren and youth and provided technical assistance to							
		includes foreign grants, che	eck here	. ▶ 🗆	29a	\$25,471		
30	MISSSEY Community Collective Volunteer Program							
	The MCC Volunteer Program raised awareness of the				[
	at over 20 free community events; collected hygiene	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		to serve.	i l			
		includes foreign grants, che	eck here	. ▶ 📙	30a	\$10,000		
31	Other program services (attach schedule)				}			
		includes foreign grants, che	eck here	. ▶ ⊔	31a			
	Total program service expenses (add lines 28a t			▶	32	205,623		
Par	List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week		(d) Contribution employee benefit	plans &	(e) Expense account and		
A L	- 1-1	devoted to position	enter -0)	deferred comper	nsation	other allowances		
	a Johnson	Board President - 5				_		
-	Box 610 Alameda, CA 94501		0		0	0		
	y Hargitt	Board Secretary - 5				•		
	Box 851 Sonoma, CA 95476 tas Foster		0		0	0		
	Pennsylvania Ave. #44 Fremont, CA 94536	Board member - 4				•		
_	les Go		0		0	0		
	arlan St. San Leandro, CA 94577	Board member - 2	0			•		
	een Kaleem				0	0		
	Wayne Avenue #309 Oakland, CA 94606	Board member - 2	0			_		
	Brantley				0	0		
	Oak Road #63 Walnut Creek, CA 94579	Executive Director - 40	\$52,115		o	0		
	y Hamman		Ψ3 <u>Σ,113</u>			<u>_</u>		
	53rd Street Oakland, CA 94609	Ops. & Fncl. Mgr 40	\$18,154		0	0		
			\$10,104					
						· · · · · · · · · · · · · · · · · · ·		
			"					
		-				<u></u>		
								
		l			İ			

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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 why the organization did not report the income on Form 990-T.	34		Ì
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
b	6033(e) notice, reporting, and proxy tax requirements?	35a 35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	ļ	✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		}	
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		i j
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			i i
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			i i
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		
41	List the states with which a copy of this return is filed. ► California		-	
42a	The organization's books are in care of ▶ Emily Hamman Telephone no. ▶	10-26	7-884	
		94612	-2413	
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		Yes	No
	account)?	42b		✓
	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.			
С	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:	42c	L	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Voc	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ	Yes	140
. •	Form 990-EZ	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		V
-	"Yes," Form 990 must be completed instead of Form 990-EZ	45	L	_✓

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt chart	xempt charitab table trusts mus	le trusts only. A t answer questio	II sectio ns 46–4	n l9b	
46	Did the organization engage in direct or indirect	t political campaign activitie	es on behalf of or	in opposition to	Υe	s No	
	candidates for public office? If "Yes," complete Schedule C, Part I				46	1	
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
49a	a Did the organization make any transfers to an exempt non-charitable related organization?						
	- · · · · · · · · · · · · · · · · · · ·					_ ✓	
	Complete this table for the organization's five hi						
	employees) who each received more than \$100,		the organization. I				
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		nt and	
	than \$100,000	devoted to position		deferred compensation	other allo	wances	
None.				•			
		-					
		1					
		†	•				
		1		,			
•	\$100,000 of compensation from the organization				4-) 0		
None.	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	pe of service	(c) Compe	nsation	
					-		
d	Total number of other independent contractors	each receiving over \$100,00	00 •	None.			
-	Under penalties of penury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompant of preparer (other than officer) is b	ying schedules and sta ased on all information	tements, and to the best of which preparer has	at of my kno any knowle		
Sign Here	Signature of officer TM B D D N Son	President	A Ma B	5/3/1	1		
	Type or print name and title						
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nun	nber (See ins	tructions)	
Use On	y yours if self-employed),						
May th	address, and ZIP + 4 Per IRS discuss this return with the preparer show	n abovo? Soo instructions	Ph	one no] V	7	
iviay III	c in o diacosa dila recorri with the preparer snow	in above a See instructions		Fo	Yes L	<u> </u>	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public-Charity-Status-and-Public-Support-

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth, Inc. 4513862 26 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 33⅓ % 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 331/2 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the in col (i) listed in your the organization in organization in col support organization (described on lines 1-9 governing document? col (i) of your (i) organized in the above or IRC section (see instructions)) support? Yes No Yes No Yes

Total

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.)							
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0	0	679	309,016	309,695
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0 309,016	0
4	Total. Add lines 1 through 3	0	U	0	679	309,016	309,695
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)						69 <u>,750</u>
6	Public support. Subtract line 5 from line 4.						239,945
	tion B. Total Support					,	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	679	309,016	309,695
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .			·			309,695
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth	=		in 501(c)(3)
Sec	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2009 (line		-	1, column (f))		14	%
15	Public support percentage from 2008 Sci					15	<u> </u>
16a	33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33%% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test—2009. 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 18	b 10%-facts-and-circumstances test—2008. 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						

FEIN: 26-4513862

Form 990EZ Attachment Part I(A)

06/30/2010

ATTACHMENT PART I(A) LINE 16 - OTHER EXPENSES

Other expenses for MISSSEY, Inc. programs are listed below. The majority of Other Expenses go to support our direct services programs, training programs and volunteer programs. These expenses include program supplies, client incentives and basic needs assistance, office supplies, communications, travel, staff training, and insurance as well as non-capitalized office equipment, payroll and miscellaneous website and license fees.

Other Expenses	6/30/2010
5100 · Office Expenses & Supplies:5101 · Office Supplies	2,499.46
5100 · Office Expenses & Supplies:5105 · Expensed Equipment	1,669.44
5150 · Client Expenses:5151 · Participant Comp & Incentives	8,388.13
5150 · Client Expenses:5155 · Basic Needs Assistance	1,969.19
5150 · Client Expenses:5160 · Client Emergency Funds	1,282.49
5150 · Client Expenses:5165 · Client Travel Expenses	1,027.00
5150 · Client Expenses:5170 · Youth Field Trips	1,184.93
5150 · Client Expenses:5180 · Consumable Supplies	2,898.80
5175 · Program Supplies and Materials	5,324.23
5200 · Communications:5201 · Telephone Expense	3,572.55
5200 · Communications:5205 · Cell Phone	234.95
5300 · Insurance:5301 · Insurance Expense	1,679.76
5350 · Travel, Meals & Mileage:5355 · Meals	54.79
5350 · Travel, Meals & Mileage:5360 · Staff Travel & Mileage	4,215.41
5400 · Staff Training & Development:5401 · Staff Training	1,655.94
5450 · Fees, Licenses & Permits:5451 · Bank Charges	44.00
5450 · Fees, Licenses & Permits:5455 · Credit Card/PayPal fees	30.84
5450 · Fees, Licenses & Permits:5460 · Licenses & Permits	795.00
5450 · Fees, Licenses & Permits:5465 · Other fees	82.40
5450 · Fees, Licenses & Permits:5470 · Payroll Service fees	2,649.38
5500 · Marketing:5501 · E-mail Marketing	309.00
5500 · Marketing:5505 · Advertising	100.00
5500 · Marketing:5510 · Website Hosting	270.80
5600 · Depreciation & Amoritization:5601 · Depreciation	1,619.51
5650 · Other Expenses:5655 · Background Investigation	52.00
5650 · Other Expenses:5660 · Membership Dues	50.00
Total Other Expenses	\$ 43,660.00

FEIN: 26-4513862

Form 990EZ Attachment Part II(A)

06/30/2010

ATTACHMENT PART II(A) LINE 24 – OTHER ASSETS

Line 24A

Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth (MISSSEY) began providing services through a fiscal sponsor, Be A Mentor, Inc., on July 1, 2007 (functioning as "MISSSEY, A Division of Be A Mentor, Inc."). While MISSSEY was under the fiscal sponsor, all of MISSSEY's operations and financial transactions were recorded on their fiscal sponsor's books. As of 06/30/09, MISSSEY, Inc. terminated its relationship with its fiscal sponsor and began operations as its own 501c(3) corporation on 07/01/09. On 07/01/09, MISSSEY, Inc. started recording financial transactions on their own books. When MISSSEY began recording financial transactions on their own books, there were unspent monies left over from the period ending 06/30/09 that were to be transferred to MISSSEY, Inc. from their fiscal sponsor. These were funds that were recorded on our fiscal sponsor's books and were to be transferred to MISSSEY, Inc. when it began its operations as its own 501c(3). These funds are represented on Line 24A and in the "Accounts receivable" line below.

MISSSEY, Inc. did not have any assets, income or activities from the time of July, 1, 2007 to July 1, 2009, with the exception of a single bank account that was opened with a transfer of \$500.00 received from our fiscal sponsor (Line 22A) on June 22, 2009 to satisfy the bank's minimum opening balance as well as a Paypal account set-up to collect on-line donations holding \$179.00 (Line 22A). The amount on Line 24A represents the monies that were owed to MISSSEY, Inc. upon the split from their fiscal sponsor (Accounts receivable) as well as donated computer equipment (Fixed Assets-net) provided to MISSSEY, Inc. to carry out its activities. The breakdown of the total of Other Assets (Line 24) is shown below.

Other Assets	6/30/2009		
Accounts receivable	25,212		
Fixed Assets-net	4,859		
Total Other Assets	\$30,071		

Line 24B

The Other Assets for the fiscal year ending 06/30/10 totals \$37,382 and includes \$33,725 (Accounts receivable) in grants receivables; \$418 (Pre-paid insurance) in prepaid insurance; and \$3,239 (Fixed Assets-net) is representing the computers, less depreciation for one year.

Other Assets	6/30/2010
Accounts receivable	33,725
Pre-paid insurance	418
Fixed Assets-net	3,239
Total Other Assets	\$37,382

Motivating, Inspiring, Supporting and Serving Sexually Exploited Youth, Inc.

FEIN: 26-4513862

Form 990EZ Attachment Part II(B)

06/30/2010

ATTACHMENT PART II(B) LINE 26 — TOTAL LIABILITIES

Line 26A

Due to MISSSEY, Inc. having no activities until 07/01/09, there were no liabilities incurred for the year ending 06/30/09.

Line 26B

The total liabilities incurred through 06/30/10 total \$11,714 and include \$1,443 (Accounts Payable) and \$10,271 in Accrued liabilities (including Accrued Payroll & Accrued Vacation for 5 employees).

Total Liabilities	6/30/2010		
Accounts payable	1,443		
Accrued liabilities	10,271		
w.a.lat.h.			
Total Liabilities	\$11,714		