

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

| | | | |
|---|--|---|---|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>Please use IRS label or print or type. See Specific Instructions.</p> | <p>C Name of organization BLOGGERPOWER.ORG</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5758 GEARY BLVD., PMB #303</p> <p>City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94121</p> | <p>D Employer identification number 20-4465717</p> <p>E Telephone number 415-287-0569</p> <p>F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p> |
|---|--|---|---|

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

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.NETROOTSNATION.ORG**

J Organization type (check only one) 501(c) (**4**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 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.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **904,992.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | |
|------------|-----|--|----------------|--------------------|
| | 1 | Contributions, gifts, grants, and similar amounts received: | | |
| | a | Contributions to donor advised funds | 1a | |
| | b | Direct public support (not included on line 1a) | 1b | 438,730. |
| | c | Indirect public support (not included on line 1a) | 1c | |
| | d | Government contributions (grants) (not included on line 1a) | 1d | |
| | e | Total (add lines 1a through 1d) (cash \$ 438,730. noncash \$) | 1e | 438,730. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 462,384. |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Interest on savings and temporary cash investments | 4 | |
| | 5 | Dividends and interest from securities | 5 | |
| Revenue | 6a | Gross rents | 6a | |
| | b | Less: rental expenses | 6b | |
| | c | Net rental income or (loss). Subtract line 6b from line 6a | 6c | |
| | 7 | Other investment income (describe) | 7 | |
| | 8a | Gross amount from sales of assets other than inventory | (A) Securities | (B) Other |
| | b | Less: cost or other basis and sales expenses | 8a | |
| | c | Gain or (loss) (attach schedule) | 8b | |
| | d | Net gain or (loss). Combine line 8c, columns (A) and (B) | 8c | |
| | 8d | | 8d | |
| | 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a | Gross revenue (not including \$ 0. of contributions reported on line 1b) | 9a | 2,170. |
| | b | Less: direct expenses other than fundraising expenses | 9b | 2,170. |
| | c | Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | SEE STATEMENT 1 0. |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | 1,332. |
| | b | Less: cost of goods sold | 10b | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | STMT 2 1,332. |
| | 11 | Other revenue (from Part VII, line 103) | 11 | 376. |
| | 12 | Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | 902,822. |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | 713,600. |
| | 14 | Management and general (from line 44, column (C)) | 14 | 128,104. |
| | 15 | Fundraising (from line 44, column (D)) | 15 | 140,862. |
| | 16 | Payments to affiliates (attach schedule) | 16 | |
| | 17 | Total expenses. Add lines 16 and 44, column (A) | 17 | 982,566. |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | <79,744.> |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 139,548. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | 0. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | 59,804. |

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-----------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 329,243. | 256,029. | 14,676. | 58,538. |
| 25b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0. | 0. | 0. | 0. |
| 25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 124,334. | 59,277. | | 65,057. |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a - 27 | 19,729. | 19,729. | | |
| 29 Payroll taxes | 38,079. | 23,429. | 3,768. | 10,882. |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 22,562. | | 22,562. | |
| 32 Legal fees | 31,846. | | 31,846. | |
| 33 Supplies | 3,849. | 2,577. | 1,272. | |
| 34 Telephone | 1,357. | | 1,357. | |
| 35 Postage and shipping | 3,096. | 3,067. | 29. | |
| 36 Occupancy | | | | |
| 37 Equipment rental and maintenance | 108,741. | 108,741. | | |
| 38 Printing and publications | 16,384. | 12,581. | 3,803. | |
| 39 Travel | 75,057. | 52,949. | 22,108. | |
| 40 Conferences, conventions, and meetings | | | | |
| 41 Interest | 718. | | 718. | |
| 42 Depreciation, depletion, etc. (attach schedule) | 6,296. | 3,148. | 3,148. | |
| 43 Other expenses not covered above (itemize): | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g SEE STATEMENT 3 | 201,275. | 172,073. | 22,817. | 6,385. |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 982,566. | 713,600. | 128,104. | 140,862. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | (B) End of year |
|---|--|--------------------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 80,205. | 29,223. |
| | 46 Savings and temporary cash investments | | |
| | 47 a Accounts receivable | | |
| | b Less: allowance for doubtful accounts | | |
| | 48 a Pledges receivable | | |
| | b Less: allowance for doubtful accounts | | |
| | 49 Grants receivable | | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | |
| | 51 a Other notes and loans receivable | | |
| | b Less: allowance for doubtful accounts | | |
| | 52 Inventories for sale or use | 19,343. | 19,343. |
| | 53 Prepaid expenses and deferred charges | | |
| | 54 a Investments - publicly-traded securities | | |
| | b Investments - other securities | | |
| 55 a Investments - land, buildings, and equipment: basis | | | |
| b Less: accumulated depreciation | | | |
| 56 Investments - other | | | |
| 57 a Land, buildings, and equipment: basis | 60,963. | | |
| b Less: accumulated depreciation STMT 6 | 7,915. | | |
| 58 Other assets, including program-related investments (describe | | | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 139,548. | 101,614. | |
| Liabilities | 60 Accounts payable and accrued expenses | | |
| | 61 Grants payable | | |
| | 62 Deferred revenue | | |
| | 63 Loans from officers, directors, trustees, and key employees | | |
| | 64 a Tax-exempt bond liabilities | | |
| | b Mortgages and other notes payable | | |
| | 65 Other liabilities (describe | 0. | 41,810. |
| 66 Total liabilities. Add lines 60 through 65 | 0. | 41,810. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | |
| | 67 Unrestricted | | |
| | 68 Temporarily restricted | | |
| | 69 Permanently restricted | | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74. | | |
| | 70 Capital stock, trust principal, or current funds | 0. | 0. |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | 0. | 0. |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 139,548. | 59,804. |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 139,548. | 59,804. |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 139,548. | 101,614. | |

| Part VI Other Information (continued) | | Yes | No |
|---------------------------------------|---|-----|----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b <u>N/A</u> | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | X |
| 85 a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | X | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | X |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c | Dues, assessments, and similar amounts from members 85c <u>N/A</u> | | |
| d | Section 162(e) lobbying and political expenditures 85d <u>N/A</u> | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u> | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u> | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a <u>N/A</u> | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u> | | |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a <u>N/A</u> | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <u>N/A</u> | | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u> | | |
| b | 501(c)(3) and 501(c)(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," attach a statement explaining each transaction | | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u> | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u> | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 90 a | List the states with which a copy of this return is filed <u>CA</u> | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 90b <u>7</u> | | |
| 91 a | The books are in care of <u>RAVEN BROOKS</u> Telephone no. <u>415-287-0569</u> Located at <u>5758 GEARY BLVD., PMB 303, SAN FRANCISCO, CA</u> ZIP + 4 <u>94121</u> | | |
| 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 <u>N/A</u> | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a ADVERTISING | | | 07 | | 7,400. |
| b CONVENTION REGISTRATION | | | 07 | | 380,725. |
| c EXHIBITORS | | | 07 | | 64,188. |
| d MERCHANDISE SALES | | | 07 | | 10,071. |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | 07 | 1,332. | |
| 103 Other revenue: | | | | | |
| a OTHER INCOME | | | | | 376. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 1,332. | 462,760. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 464,092. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ▼ | SEE STATEMENT 9 |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- | | | |
| b | ----- | | | |
| c | ----- | | | |
| Totals | | | | |

| Yes | No |
|-----|----|
| | |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

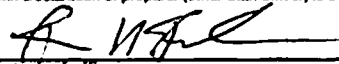
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- | | | |
| b | ----- | | | |
| c | ----- | | | |
| Totals | | | | |


| Yes | No |
|-----|----|
| | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| Yes | No |
|-----|----|
| | |

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.

Please Sign Here  Date 7/1/09
 Signature of officer
RAVEN BROOKS, TREASURER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature  Date 06/22/09 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 **HENRY C. LEVY & CO., CPAS, PROF. CORP.**
5940 COLLEGE AVENUE
OAKLAND, CA 94618
 EIN Phone no. **510-652-1000**

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME OR (LOSS) |
|-----------------------------|----------------|---------------------|---------------|-----------------|----------------------|
| BLOGGERPOWER IN SECOND LIFE | 2,170. | | 2,170. | 2,170. | 0. |
| TO FM 990, PART I, LINE 9 | 2,170. | | 2,170. | 2,170. | 0. |

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

| | | |
|--|-------|-------|
| 1. GROSS RECEIPTS | 1,332 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 1,332 |
| 4. COST OF GOODS SOLD (LINE 13) | | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | | 1,332 |

COST OF GOODS SOLD

| | | |
|--|--------|--------|
| 6. INVENTORY AT BEGINNING OF YEAR | 19,343 | |
| 7. MERCHANDISE PURCHASED | | |
| 8. COST OF LABOR | | |
| 9. MATERIALS AND SUPPLIES | | |
| 10. OTHER COSTS | | |
| 11. ADD LINES 6 THROUGH 10 | | 19,343 |
| 12. INVENTORY AT END OF YEAR | 19,343 | |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). | | |

FORM 990

OTHER EXPENSES

STATEMENT 3

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|-------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| CONTRACTORS | 23,106. | 23,106. | | |
| INSURANCE | 1,852. | 1,852. | | |
| TECHNOLOGY & INTERNET | 410. | 410. | | |
| STORAGE | 26,326. | 26,031. | 295. | |
| CATERING | 91,776. | 91,776. | | |
| MARKETING | 8,420. | | 8,420. | |
| MISCELLANEOUS REGISTRATION | 1,291. | 1,291. | | |
| MATERIALS | 23,072. | 23,072. | | |
| OFFICE EXPENSE | 48. | | 48. | |
| FUNDRAISING EXPENSES | 6,385. | | | 6,385. |
| HUMAN RESOURCES SERVICE | 9,520. | | 9,520. | |
| SOFTWARE | 9,069. | 4,535. | 4,534. | |
| TOTAL TO FM 990, LN 43 | 201,275. | 172,073. | 22,817. | 6,385. |

| FORM 990 | OTHER LIABILITIES | STATEMENT | 7 |
|-------------------------------------|-------------------|-------------|---|
| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR | |
| CREDIT CARDS PAYABLE | | 28,304. | |
| EMPLOYEE ACCRUED PAID TIME OFF | | 13,506. | |
| TOTAL TO FORM 990, PART IV, LINE 65 | | 41,810. | |

| FORM 990 | PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES | STATEMENT | 8 |
|----------|--|-----------|---|
|----------|--|-----------|---|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--|---------------|---------------------------|-----------------|
| REGINA COOPER 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121 | EXECUTIVE DIRECTOR - RESIGNED 40.00 | 104,237. | 107. | 0. |
| JONATHAN SHIFFMAN 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121 | DIRECTOR 1.00 | 0. | 0. | 0. |
| RAVEN BROOKS 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121 | TREASURER/DIRECTOR OF FINA 60.00 | 100,942. | 5,792. | 0. |
| CAROLYN DULCHINOS 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121 | SECRETARY-RESIGNED 20.00 | 8,000. | 7. | 0. |
| NOLAN TREADWAY 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121 | DIRECTOR 50.00 | 44,874. | 1,373. | 0. |
| MARY RICKLES 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121 | DIRECTOR 50.00 | 51,235. | 3,936. | 0. |
| JOHN ARAVOSIS 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121 | DIRECTOR 1.00 | 0. | 0. | 0. |

Depreciation and Amortization 990
(Including Information on Listed Property)

2007

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **67**

| | | |
|--|---|---|
| Name(s) shown on return BLOGGERPOWER.ORG | Business or activity to which this form relates FORM 990 PAGE 2 | Identifying number 20-4465717 |
|--|---|---|

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 | 125,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 | 500,000. |
| 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 2006 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 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 2008. 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.)

| | | |
|---|-----------|--------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | 2,907. |

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 2007 | 17 | |
| 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 2007 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 | | | | | | |
| 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 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 2007 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 | 2,907. |
| 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 | |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | | | | | | 25 |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | : | : | % | | | | | |
| | : | : | % | | | | | |
| | : | : | % | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | 28 |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 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.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | | | |
|--|--|------------|-----------|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | | |

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 2007 tax year: | | | | | |
| SOFTWARE | 051208 | 1,168. | | 36M | 162. |
| WEBSITE DEVELOPMENT | 030108 | 16,596. | | 36M | 3,227. |
| 43 Amortization of costs that began before your 2007 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 3,389. |