# 2 SCANNED MAY

Form **990-EZ** Department of the Treasury

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)

OMB No 1545-1150

Open to Public Inspection

Form **990-EZ** (2009

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All let 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

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Please Address use IRS HANDS WITH HEART FOUNDATION FOR DEAF label or Name change 62-1741903 print or CHILDREN INC type Number and street (or P.O. box, if mail is not delivered to street address) Initial return E Telephone number Room/suite Specific Termin-ated P.O. BOX 157 (615)726-2737 Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption Application pending PLEASANT SHADE, TN 37145 Number > Cash X Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: Schedule A (Form 990 or 990-EZ). Other (specify) H Check X if the organization is not Website: ► N/A Tax-exempt status (check only one) -  $\times$  501(c) ( 3 )  $\triangleleft$  (insert no.)  $\longrightarrow$  4947(a)(1) or Check 🕨 🔀 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 6,416. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 6,411 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here of contributions Gross revenue (not including \$ 6a reported on line 1) b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 64) 6с Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe MISC 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 Grants and similar amounts paid (attach schedule) Benefits paid to or for members 11 11 12 12 Salaries, other compensation, and employee benefits 400. 13 Professional fees and other payments to independent contractors 176. SEE STATEMENT 2 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 4,832. SEE STATEMENT 1 16 16 Other expenses (describe 6,408. 17 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 1,907. (must agree with end-of-year figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 915 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 1,074. 657 Cash, savings, and investments 22 22 23 23 Land and buildings 833 258 Other assets (describe > OTHER DEPRECIABLE ASSETS 24 24 907. 25 915 25 Total assets 26 26 Total liabilities (describe 907 915. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

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

orm 9	990-EZ (2009) CHILDREN INC.			62-	17419	03 Page 2
Par		nts (See the instructions for	Part III.)		E	cpenses
What i	is the organization's primary exempt purpose? SEE STATEMENT	5				r section 501(c)(3)
Desci	ribe what was achieved in carrying out the organization's exempt purp	poses. In a clear and cond	ise manner, desci	ıbe		i) organizations and 7(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and other relevan	t information for each pro-	gram title		for others)	
28 _	SEE STATEMENT 4				1 1	
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	Grants \$ ) If this amount includes foreign g	rants, check here			28a	5,404.
29 _					1 1	
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_	Note that the same of the factor					
	Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	29a	
30 _				——		
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-	Dennis C				200	
	Grants \$ ) If this amount includes foreign g	rants, check here			30a	
	other program services (attach schedule)		_		045	
_	Grants \$ ) If this amount includes foreign g	rants, check nere			31a 32	5,404.
	otal program service expenses (add lines 28a through 31a) t IV List of Officers, Directors, Trustees, and Key E	mnlovees Listant and	uan if not semi-aparted	(San the		5,404.
- 01	tive circumstations, birectors, tractees, and respectively	LIST BACH ONE B	ven ii itot compensated		ontributions	J Partiv)
	· ·	(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0)		leferred ipensation	other allowances
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		VICE PRESIDEN		$\vdash$		
	REFREESBORO , TN 37129	0.00	ο.		0.	0.
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32172	40	<u></u>	<u> </u>	1	Form	<b>990-EZ</b> (2009)
-∠•UH-1					i unili	

Р	art V 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	<u> </u>	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			1
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
;	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		1	
	and proxy tax requirements?	35a		X
t	If "Yes," has it filed a tax return on Form 990-T for this year?	35b_	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	7		l
	Did the organization file Form 1120-POL for this year?	37b	<u></u>	X_
38 8	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	<del> </del>	X
	of f"Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	_		
	· · · · · · · · · · · · · · · · · · ·	4		1
4U 8	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			1
	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		x
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		<u> </u>
٠	or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			Į.
Ì	organization O.		1	
,	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. > TN			
42 a	The organization's books are in care of ► CHRIS SANDEFUR  Telephone no. ► 615-72	6-2	737	
	Located at ▶ P.O. BOX 157, PLEASANT SHADE, TN ZIP+4 ▶ 3	714	5	
ŧ	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	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
(	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•_		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<b>├</b> ─	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	<u>.</u> _		-
_	completed instead of Form 990-EZ	45 Form 6		(2000)
		rorm \$	990-EZ	(2009)

6 Did t	he organization engage in direct or indirect political campaign activ	ities on behalf of or in opposition to	candidates for public			Yes	No.			
	e? If "Yes," complete Schedule C, Part I	nico di Bonan di di in apposicion to	Janaiaatoo ioi pabiio		46	1.00	X			
47 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										
	he organization make any transfers to an exempt non-charitable rel	·-			48 49a		_ <u>X</u>			
	es," was the related organization a section 527 organization?	ated organization:			49b	_	_21			
	plete this table for the organization's five highest compensated emp	ployees (other than officers, directors	tructoes and key er	nnlovees) who		rewed	more			
	\$100,000 of compensation from the organization. If there is none,	•	s, ir usices and key or	iipioyees/ wiio	Cacinic	COIVEU	11010			
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans deferred compensation	& ( & a oth	e) Expe ecount er allow	and			
f Total	I number of other employees paid over \$100,000									
	ploto tino taglo for the organization o me mgmoot compensation mat	ependent contractors who each recei	ved more than \$100,	,000 of compen	sation	from the	•			
orga	nization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid r	ependent contractors who each recei	(b) Type of ser			rom the				
orgal	nization. If there is none, enter "None."  NONE		T							
orgal	nization. If there is none, enter "None."  NONE		T							
	nization. If there is none, enter "None."  NONE	more than \$100,000	T							
	nization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid r	0,000 ling accompanying schedules and statement on all information of which preparer has any	(b) Type of ser	vice	(c) Cor	npensat				
d Total	Inumber of other independent contractors each receiving over \$10  Under penalties of perjury, I declare that I have examined this return, include correct, and complete Declaration of prediate (other than officer)  MS. CHRIS SANDEFUR, PRESID Type or print name and title  Preparer's signature	0,000  ling accompanying schedules and statement on all information of which preparer has any period of the preparer of the preparer of the preparer of the preparer has any period of the preparer has a perio	(b) Type of ser	vice	(c) Cor	s true,	ion			
d Total	Inumber of other independent contractors each receiving over \$10  Under penalties of perjury, I declare that I have examined this return, include correct, and complete Declaration of prediater (other than officer) is based of Signature of officer  MS. CHRIS SANDEFUR, PRESID Type or print name and title  Preparer's signature  RAYBURN, BATES & FIT is sti-employed).  \$200 MARYLAND WAY, S	0,000  ling accompanying schedules and statement all information of which preparer has any president.  DENT  CA Date 4/26/2010 emit and accompanying schedules and statement all information of which preparer has any president.	(b) Type of ser	y knowledge and by 427 Date Date Date of the property of the p	cellef, it	s true,	ion			
d Total	Inumber of other independent contractors each receiving over \$10  Under penalties of perjury, I declare that I have examined this return, include correct, and complete Declaration of preparer (other than officer) is based of the penalties of officer  MS. CHRIS SANDEFUR, PRESID Type or print name and title  Preparer's signature RAYBURN, BATES & FIT	ing accompanying schedules and statement of which preparer has any president.  DENT  CA Date 4/26/2010 Cheem  ZGERALD, P.C.	(b) Type of ser	y knowledge and b	cellef, it 2	s true,	ion			

# **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

HANDS WITH HEART FOUNDATION FOR DEAF

Open to Public Inspection

Employer identification number

		CHILDRE	N INC.						62	<u>-1741</u>	<u>903</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	ox)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach So	hedule E.)								
з 🗀			tal service organization			170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter th	e hospital	's nam	ıe,
	city, and stat	e										
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)	•								
6 🗌			ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7 X		<del>-</del>	eives a substantial part					or from the	general pu	ublic desci	ribed i	n.
	-	(b)(1)(A)(vi). (Comple	•			•						
8 🗔			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗔			eives (1) more than 33			rom contri	butions, m	nembershii	o fees, and	d aross rec	eints	from
_	-		nctions - subject to certa							_		
			axable income (less sec									
		509(a)(2). (Complete			,			,			-,	
10			perated exclusively to te	st for publ	ıc safetv. S	See <b>sec</b> tio	on 509(a)(4	4).				
11			perated exclusively for the						out the p	urposes o	f one	or
—	-	-	itions described in secti									
			organization and compl	` ' '	•	, , ,	-,		-/(-/-			
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•—	-	-	han one or more publicl									
f		-	ten determination from						(-)(-)		\-/\ <del>-</del> /-	
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g		_	rganization accepted a	ny aift ar c	ontribution	from any	of the follo	owing pers	ons?			
9			rectly controls, either a								Yes	No
	• •	· ·	upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() == (.	, ,	11g(i)	100	-:
	-		n described in (i) above?	,						11g(ii)		
			person described in (i)		e?					11g(iii)		1
h			about the supported or							119(11)		1
"	1 TOVIGE CHE I	ollowing imormation	about the supported of	garnzation	(Ο).							
(2) No	-6	(") FIN	(iii) Type of	(iv) Is the (	rnanization	(v) Did vo	u notify the	(vi) ls	the	(uii) Am		
	of supported anization	(ii) EIN	organization		sted in your		tion in col.	organizátio (i) organiz	on in col. I	(vii) Am	iouiil o port	4
Orga	amzadon		(described on lines 1-9 above or IRC section		document?		r support?	U.S	?	Jup	ווטק	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Form 990 or 990-EZ.

## HANDS WITH HEART FOUNDATION FOR DEAF

62-1741903 Page 2 Schedule A (Form 990 or 990-EZ) 2009 CHILDREN INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007(d) 2008 (e) 2009(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 12,060. 8,150. 7,750. 6,411 48,321. include any "unusual grants.") 13,950. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 8,150. 7,750. 13,950. 12,060. 6,411. 48,321. 4 Total, Add lines 1 through 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) 29,672. 18,649. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007(d) 2008 (e) 2009 (f) Total (a) 2005 13,950 12,060 8.150 7,750 6,411. 48,321. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 48,321. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 38.59 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **▶** X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 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 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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

2-6	ort III Support Schedule for O	rganizations	Described in	Section 509(a	(Complete on	ly if you checked the b	ox on line 9 of Part
	ction A. Public Support				T :	<del></del>	<del></del>
	endar 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					1	1
	include any "unusual grants ")					<del></del>	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			-			
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				<u> </u>	<u></u>	<u></u>
Sec	ction B. Total Support						<del>_</del>
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			:			
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						1
-	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)		L		1		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
	check this box and stop here	<u></u>					
<u>Sec</u>	ction C. Computation of Public	Support Pe	rcentage			<del></del>	
15	Public support percentage for 2009 (lin	ne 8, column (f) d	livided by line 13, c	olumn (f))		15	9
	Public support percentage from 2008 ction D. Computation of Inves				<u> </u>	16	9
				no 13 column (6)	·	17	9
	Investment income percentage for 200			ie 13, column (i))			9
17	Investment means necessaries 4	Schedule A,		on line 14 and lin	o 15 io mara tha-	18   and line	
17 18	Investment income percentage from 2			17 207 10			L/ IS DOT
17 18	33 1/3% support tests - 2009. If the						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
17 18 19 a	33 1/3% support tests - 2009. If the omore than 33 1/3%, check this box an	dstop here. The	organization qualit	fies as a publicly s	supported organi	zation	▶□
17 18 19a	33 1/3% support tests - 2009. If the ormore than 33 1/3%, check this box an 33 1/3% support tests - 2008. If the or	d <b>stop here.</b> The organization did r	organization qualit not check a box on	fies as a publicly s line 14 or line 19	supported organi a, and line 16 is n	zation nore than 33 1/3%,	and
17 18 19a	33 1/3% support tests - 2009. If the omore than 33 1/3%, check this box an	d stop here. The organization did rick this box and st	organization qualif not check a box on t <b>op here.</b> The orga	fies as a publicly s line 14 or line 19a nization qualifies a	supported organi a, and line 16 is n as a publicly supp	zation nore than 33 1/3%, ported organization	and

FORM 990-EZ	OTHER EXPENSES	STATEMENT	_1
DESCRIPTION		AMOUNT	
CAMPING FEES		1,5	
CHRISTMAS PARTY			61.
DUES AND SUBSCRIPTIONS			26.
MEALS AND ENTERTAINMENT			91.
MEMBERSHIP FEES			80.
MISC BUSINESS EXPENSE			20. 75.
REPAIRS AND MAINTENANCE			05.
SUPPLIES			
TOTAL TO FORM 990-EZ, LI	NE 16	4,8	32.
FORM 990-EZ OCCUPANC	Y, RENT, UTILITIES AND MAINTENANCE	STATEMENT	2
DESCRIPTION		AMOUNT	
DEPRECIATION		1,1	76.
TOTAL TO FORM 990-EZ, LI	NE 14	1,1	76.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S'	3	
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[ ]	YES [X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [ ]	YES [X]	NO

990-EZ PG 2

STATEMENT

PROMOTED AND PROVIDED CONTINUING EDUCATIONAL OPPORTUNITES, SCOUTING PROGRAMS, AND SOCIAL PROGRAMS IN ORDER FOR DEAF/HARD OF HEARING CHILDREN TO ACQUIRE BROADER KNOWLEDGE AND NEW SKILLS.

990-EZ PG 2

STATEMENT 5

TO PROVIDE OPPORTUNITES FOR DEAF/HARD OF HEARING CHILDREN TO SHARE KNOWLEDGE AND EXPERIENCES WHICH HELP MEET NEEDS AND REMEDY PROBLEMS.

**Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

/	· ··· Liotou · · opo. ty,
separate instructions.	Attach to your tax retur

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► See Business or activity to which this form relates

Identifying number

	NDS WITH HEART FOUN ILDREN INC.	IDATION FO	OR DEAF	FOR	м 990-і	EZ PAGE	1	62-1741903
-	rt   Election To Expense Certain Prop	erty Under Section 1	179 Note: /f you					
	Maximum amount. See the instruction						1	250,000.
	Total cost of section 179 property pla	•					2	
	Threshold cost of section 179 proper	•	•				3	800,000.
4 F	Reduction in limitation. Subtract line 3	3 from line 2 If zer	o or less, ente	r -0-			4	
<b>5</b> c	Pollar limitation for tax year Subtract line 4 from III	ne 1 If zero or less, ente	t-0- If married filin	ng separately, see	instructions		5	
6	(a) Description of	property		(b) Cost (busin	ess use only)	(c) Electe	ed cost	
7 L	listed property. Enter the amount from	m line 29			7			
8 1	Total elected cost of section 179 prop	perty. Add amount	s ın column (c)	), lines 6 and	7		8	
9 7	Tentative deduction Enter the smalle	r of line 5 or line 8	;				9	
10	Carryover of disallowed deduction fro	m line 13 of your 2	2008 Form 456	62			10	
	Business income limitation. Enter the		•		•		11	
	Section 179 expense deduction Add	•			. 1		12	
	Carryover of disallowed deduction to				▶ 13			
_	: Do not use Part II or Part III below f							
	rt II Special Depreciation Allow						<del></del>	
	Special depreciation allowance for qu	alified property (ot	her than listed	I property) pla	aced in service	e during		000
	he tax year						14	800.
	Property subject to section 168(f)(1) e	election					15	
	Other depreciation (including ACRS)		1.1/0				16	
Pa	rt III MACRS Depreciation (Do n	ot include listed p			<u> </u>			
				ction A			<del></del>	226
17 N	MACRS deductions for assets placed	in service in tax y	ears beginning	before 2009	9	. □	_   <u>17  </u>	336.
<u>18_ II</u>	you are electing to group any assets placed in se						etion Suete	
	Section B - Asset	(b) Month and	<del></del>	depreciation			ation Syste	<u> </u>
	(a) Classification of property	year placed in service	(business/inv	vestment use nstructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property				<u> </u>			
b	5-year property			800.	5 YRS	. MQ	200DB	40.
c	7-year property				<u> </u>		<u> </u>	
d	10-year property							·
_ e	15-year property							
f	20-year property							_ <del></del>
g	25-year property				25 yrs		S/L	
ь.	Residential rental property	/			27 5 yrs.	MM	S/L	
h		/		_,	27 5 yrs	MM	S/L	
i	Nonresidential real property	/		_	39 yrs	MM	S/L	
		/	<u> </u>			MM	S/L	
	Section C - Assets	Placed in Service	During 2009	Tax Year Us	ing the Alte	rnative Depre	ciation Sys	tem
<u>20a</u>	Class life						S/L	
<u>b</u>	12-year				12 yrs		S/L	
_ <u>c</u>	40-year	/			40 yrs.	<u> </u>	S/L	
	rt IV Summary (See instructions.)					<u></u>		
21 L	isted property. Enter amount from lin	ne 28					21	
	otal. Add amounts from line 12, lines	_						
	Inter here and on the appropriate line	•	•		ions · see ins	tr	22	1,176.
	or assets shown above and placed in	<del>-</del>	e current year	, enter the				
91625	portion of the basis attributable to sec				23			
11-04-		n Act Notice, see	separate ins	tructions.				Form <b>4562</b> (2009)

Note: Price any submit for which you are party the standard minings and or deducting lease expense, completed only 24a, 24b, co with a section 8. and Sect	Form 4562	<u> </u>		LDREN I										<u> 1741</u>		Page :
Note for any whiche for which you are using the standard misage are or aducting lesse expense, completed only 24s, 24b, or through (of 5 Section A - Depreciation and Other Information (Caution See the instructions for limits for passenger automobiles).  23a Do you have evidence to support the business/fivendurit use claimed? Yes No 24b If Yes, is the evidence written? Yes [No] 24b If Yes [No] 24b If Yes, is the evidence written? Yes [No] 24b If Yes [	Part V				rtaın oth	ner vehic	les, c	ellular tele	phone	s, certain	compute	ers, and	property	y used fo	or entert	aınmen
Section A - Depreciation and Other Information (Caution: See the instructions for imits for passenger automobiles)  (a) Digit (c) (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		Note: For any	vehicle for w	hich you are us	ing the	standard	d milea	age rate o	r dedu	cting lease	e expens	se, comp	eteonly	y 24a, 24	4b, colur	nns (a)
249. Divou lake evidence to support the business/investment use claimed?  1 ye in ye of property (1st velocites*)  1 placed in useful investment in the submission of the subm										<del></del>	· · ·			— <del></del> .	·	
(a) (b) (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e										T						<del></del>
Type of largopety (list levellisets)   Date   Service   Date   Service   Ser	24a Do you	have evidence to s			nt use cla	aimed?	ᆛ		No	<del>†</del>	T		T		_ Yes ∟ T	No
(isl'vehicles first) placed in any estiment of the basic observational convenient of part of the basic observation of the	Type								eciation				1			(i) cted
25 Special depreciation allowance for qualified lated property placed in service during the tax year and used more than 50% in a qualified business use.  26 Property used more than 50% in a qualified business use.  27 Property used 50% or less in a qualified business use.  28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  29 Section 8 - Information on Use of Vehicles  Complete this section for vehicles used by a sole propertor, patient, or other 'more than 5% owners' 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 those vehicles  30 Total business/investment mise driven during the year of the time time driven during the year (and not fulled committing miles)  31 Total other personal (unnocommuting) miles driven during the year.  32 Total other personal from commuting) miles driven during the year.  33 Total miles driven during the year.  34 Was the vehicle available for personal use during off total yours?  35 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to defermine if you meet an exception to completing Section B for vehicles used by employees who are not more it owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees?  38 Les all use of vehicles will use of vehicles seed by comployees who are not more it owners or related persons.  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you maintain a written policy statement that prohibits personal use of vehicles, except					l ot			ousiness/inv	estment						section	on 179
used more than 50% in a qualified business use.    Property used more than 50% in a qualified business use.		l dan	<del>'</del>							L			-	_	- <u>c</u>	ost
27 Property used more than 50% in a qualified business use.  96   SAL   96   SAL   96   SAL   96   SAL   97   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 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 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 those vehicles  30 Total business/investment miles driven during the year 22 Total other personal (uncommuting) miles driven during the year 23 Total other personal injust of the your personal use of the your personal use of year (40 not include commuting) miles driven during the year 24 Total other personal injust of year 25 Total other yea					property	placed	ın ser	vice aurin	g the ti	ax year ar	10	05				
27 Property used 50% or less in a qualified business use    56								<del></del> -		·		25	L		J	
9 %	26 Flopen	y used more ma	1 30/0 11/4 0	<del></del>	$\overline{}$		$\overline{}$	<del></del>		Τ	Τ		1		1	
96 S/L		<del>_</del>	<del></del>				-			<del> </del>					<del>                                     </del>	
Property used 50% or less in a qualified business use   96   S/L			· · · · · · · · · · · · · · · · · · ·	-			+			<del>                                     </del>	<del>                                     </del>		<del> </del>	_	-	
96 S/L	27 Propert	ty used 50% or le	ess in a qual							L	<u> </u>		1	_	L	
96   S/L	<u>zi (Topon</u>	y doed doze or it	Joo III a qual		$\overline{}$					Γ	S/I ·		l .		T	
8 Add amounts in column (ii), lines 25 through 27. Exciton B - Information on Use of Vehicles  Complete this section for vehicles used by a sole prophetor, 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 those vehicles  Complete this section for vehicles used by a sole prophetor, 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 those vehicles  (a) (b) (c) (d) (e) (d) (e) (e) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle (on the include commuting miles) and the year (do not include commuting miles) and the year (do not include commuting miles) and the year.  Add lines 30 through 32  31 Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  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 to woners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  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 of costs that begins during your 2009 tax year.  44 Amortization of costs that begins during your 2009 tax year.  45 Amortization of costs that begins during your 2009 tax year.			<del> </del>										<u> </u>		1	
Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  28 Add amounts in column (ii), line 26. Enter here and on line 7, page 1  29 Add amounts in column (ii), line 26. Enter here and on line 7, page 1  Section 6 - Information on Use of Vehicles  Section 7 - Information on Use of Vehicles  Section 7 - Information on Use of Vehicles  (a) (b) (c) (d) (e)  Vehicle Vehic											<del></del>				1	
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