

Form **990**Department of the Treasury  
Internal Revenue Service**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. 1545-0047

**2007**Open to Public  
Inspection

▶ 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 **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if  
applicable:

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ation
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**LEAGUE FOR THE DEAF & HARD OF HEARING****C/O SALLIE HUSSEY**

Number and street (or P.O. box if mail is not delivered to street address)

**415 4TH AVENUE SOUTH**

City or town, state or country, and ZIP + 4

**NASHVILLE, TN 37201****D** Employer identification number**62-0498798****E** Telephone number**615-248-8828****F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other  
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **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 or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is **not** required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.LEAGUEFORTHEDEAF.COM****J** Organization type (check only one) ▶ ☒ 501(c) ( **3** ) ◀ (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.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **976,136.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	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	157,731.	
	c	Indirect public support (not included on line 1a)	1c	118,549.	
	d	Government contributions (grants) (not included on line 1a)	1d	170,000.	
	e	Total (add lines 1a through 1d) (cash \$ <b>446,280.</b> noncash \$ )	1e	446,280.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	485,163.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	1,805.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	37,500.	
	Expenses	b	Less: rental expenses	6b	28,355.
c		Net rental income or (loss). Subtract line 6b from line 6a	6c	9,145.	
7		Other investment income (describe ▶ )	7		
8a		Gross amount from sales of assets other than inventory	(A) Securities	8a	
b		Less: cost or other basis and sales expenses	8b	25,822.	
c		Gain or (loss) (attach schedule)	8c	<25,822.>	
d		Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 3	8d	<25,822.>
9		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a		Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b		Less: direct expenses other than fundraising expenses	9b		
c		Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
Net Assets		10a	Gross sales of inventory, less returns and allowances	10a	
	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		
	11	Other revenue (from Part VII, line 103)	11	5,388.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	921,959.	
	13	Program services (from line 44, column (B))	13	699,734.	
	14	Management and general (from line 44, column (C))	14	208,325.	
	15	Fundraising (from line 44, column (D))	15	27,701.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	935,760.	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	<13,801.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,483,044.	
20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 4	20	81,984.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,551,227.		

723001  
12-27-07

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

Form 990 (2007)





## LEAGUE FOR THE DEAF &amp; HARD OF HEARING

Form 990 (2007)

C/O SALLIE HUSSEY

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**Part III** **Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**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
<b>Assets</b>	45 Cash - non-interest-bearing .....	141,351.	45 136,894
	46 Savings and temporary cash investments .....		46
	47 a Accounts receivable ..... 47a 65,448.		
	b Less: allowance for doubtful accounts ..... 47b 2,880.	54,698.	47c 62,568
	48 a Pledges receivable ..... 48a 99,663.		
	b Less: allowance for doubtful accounts ..... 48b		48c 99,663
	49 Grants receivable .....	12,489.	49 43,044
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable ..... 51a		51c
	b Less: allowance for doubtful accounts ..... 51b		
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....		53
	54 a Investments - publicly-traded securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,070.	54a 8,927
b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis ..... 55a			
b Less: accumulated depreciation ..... 55b		55c	
56 Investments - other .....		56	
57 a Land, buildings, and equipment: basis ..... 57a 1,694,940.			
b Less: accumulated depreciation ..... 57b 479,256.	1,288,076.	57c 1,215,684	
58 Other assets, including program-related investments (describe ▶) .....		58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	1,501,684.	59 1,566,780	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	18,640.	60 15,553
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe ▶) .....		65
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....	18,640.	66 15,553
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted .....	1,479,722.	67 1,418,487
	68 Temporarily restricted .....	3,322.	68 132,740
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	1,483,044.	73 1,551,227	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	1,501,684.	74 1,566,780	



**Part IV-A** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	979,993.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments .....	<b>b1</b>	3,857.
<b>2</b>	Donated services and use of facilities .....	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants .....	<b>b3</b>	
<b>4</b>	Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	3,857.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	976,136.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
<b>2</b>	Other (specify): <u>SEE STATEMENT 10</u> .....	<b>d2</b>	<54,177.>
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	<54,177.>
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	921,959.

<b>Part IV-B</b>		<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
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<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	989,937.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities .....	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 .....	<b>b3</b>	
<b>4</b>	Other (specify): <u>SEE STATEMENT 9</u>	<b>b4</b>	54,177.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	54,177.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	935,760.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
<b>2</b>	Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	935,760.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]



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Yes	No
-----	----

22

75b

X

75c

**X**

75d

X

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<b>Part VI</b>	<b>Other Information</b> <i>(See the instructions.)</i>
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Yes	No
-----	----

76

X

77

**X**

52

11

78a

X

78b

---

79

X

80a

X

100

100

100

10

81a

0.

81b

X



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**C/O SALLIE HUSSEY**

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**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? .....	82a	<b>X</b>
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.) ..... <b>82b</b> <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	83a	<b>X</b>
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	83b	<b>X</b>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....	84a	<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	84b	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	85b	
	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 ..... <b>85c</b> <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures ..... <b>85d</b> <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices ..... <b>85e</b> <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) ..... <b>85f</b> <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	85g	
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? .....	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 ..... <b>86a</b> <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities ..... <b>86b</b> <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders ..... <b>87a</b> <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.) ..... <b>87b</b> <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 .....	88a	<b>X</b>
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 ..... <b>88b</b> <u>X</u>		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</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 .....	89b	<b>X</b>
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? .....	89e	<b>X</b>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	89f	<b>X</b>
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? .....	89g	<b>X</b>
90 a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2007 ..... <b>90b</b> <u>15</u>		
91 a	The books are in care of <b>SALLIE HUSSEY</b> Telephone no. <b>615-248-8828</b> Located at <b>415 4TH AVENUE SOUTH, NASHVILLE, TN</b> ZIP + 4 <b>37201</b>		
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)? .....	91b	<b>X</b>
	If "Yes," enter the name of the foreign country <u>N/A</u>		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

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**Part VI Other Information** (continued)

**Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒

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)
(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	Related or exempt function income
93 Program service revenue:				
a <u>INTERPRETING, EMPLOYMENT</u>				
b <u>AND EDUCATION PROGRAMS</u>				485,163.
c				
d				
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		14	1,805.	
96 Dividends and interest from securities				
97 Net rental income or (loss) from real estate:				
a debt-financed property				
b not debt-financed property		16	9,145.	
98 Net rental income or (loss) from personal property				
99 Other investment income				
100 Gain or (loss) from sales of assets other than inventory		18	<25,822.>	
101 Net income or (loss) from special events				
102 Gross profit or (loss) from sales of inventory				
103 Other revenue:				
a <u>MISCELLANEOUS</u>		01	5,388.	
b				
c				
d				
e				
104 Subtotal (add columns (B), (D), and (E))	0.		<9,484.>	485,163.
105 Total (add line 104, columns (B), (D), and (E))				475,679.

**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).

PROGRAM/CLASS FEES ARE AMOUNTS PAID BY PARTICIPANTS IN THE VARIOUS SERVICES OFFERED BY THE ORGANIZATION. REFER TO PART III FOR EXPLANATION OF SERVICES OFFERED.

**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).

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## LEAGUE FOR THE DEAF &amp; HARD OF HEARING

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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.

Yes	No
-----	----

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

**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.

Yes	No
-----	----

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

**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

Signature of officer *Sallie Hussey*

Date *2/12/09*

Type or print name and title *Sallie Hussey, President + CEO*

Paid  
Preparer's  
Use Only

Preparer's  
signature

Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4

*[Signature]*  
**MULLINS CLEMMONS & MAYES, PLLC**  
**320 SEVEN SPRINGS WAY, SUITE 120**  
**BRENTWOOD, TN 37027**

Date

*1/30/09*

Check if  
self-  
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

**P00865882**

EIN **62-1409003**

Phone no. **615-370-8576**

Form **990** (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization **LEAGUE FOR THE DEAF & HARD OF HEARING**  
**C/O SALLIE HUSSEY**

Employer identification number  
**62 0498798**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000	<b>0</b>			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		



**LEAGUE FOR THE DEAF & HARD OF HEARING**

Schedule A (Form 990 or 990-EZ) 2007 **C/O SALLIE HUSSEY**

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**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? .....	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit? .....	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? .....	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? .....	<b>2e</b>	<b>X</b>
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) ..... <b>SEE STATEMENT 12</b>	<b>3a</b>	<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? .....	<b>3b</b>	<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	<b>3c</b>	<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>3d</b>	<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	<b>4a</b>	<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966? .....	<b>4b</b>	<b>N/A</b>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>4c</b>	<b>N/A</b>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year .....	<b>N/A</b>	
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	<b>N/A</b>	
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	<b>0.</b>	
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	<b>0.</b>	

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other



# LEAGUE FOR THE DEAF & HARD OF HEARING

Schedule A (Form 990 or 990-EZ) 2007

C/O SALLIE HUSSEY

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## Part IV-A

**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	368,530.	394,811.	417,038.	403,315.	1,583,694.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	369,384.	381,782.	346,651.	312,064.	1,409,881.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,841.	8,879.	5,081.	1,868.	21,669.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain (or loss) from sale of capital assets	4,425.	15,185.	12,221.	4,452.	36,283.
23 Total of lines 15 through 22	748,180.	800,657.	780,991.	721,699.	3,051,527.
24 Line 23 minus line 17	378,796.	418,875.	434,340.	409,635.	1,641,646.
25 Enter 1% of line 23	7,482.	8,007.	7,810.	7,217.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 32,833.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,641,646.
d Add: Amounts from column (e) for lines: 18 21,669. 19 22 36,283. 26b					26d 57,952.
e Public support (line 26c minus line 26d total)					26e 1,583,694.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.4699%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE



**LEAGUE FOR THE DEAF & HARD OF HEARING**

Schedule A (Form 990 or 990-EZ) 2007 **C/O SALLIE HUSSEY**

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**Part V Private School Questionnaire** (See page 9 of the instructions.)

**N/A**

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>32d</b>	
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....	<b>33a</b>	
<b>b</b> Admissions policies? .....	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>	
<b>e</b> Educational policies? .....	<b>33e</b>	
<b>f</b> Use of facilities? .....	<b>33f</b>	
<b>g</b> Athletic programs? .....	<b>33g</b>	
<b>h</b> Other extracurricular activities? .....	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2007



LEAGUE FOR THE DEAF & HARD OF HEARING

Schedule A (Form 990 or 990-EZ) 2007 C/O SALLIE HUSSEY

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**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) **N/A**

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** ☐ if the organization belongs to an affiliated group. Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash

**51a(i)**

X

(ii) Other assets

a(ii)
-------

X**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization

b(i)

X

(ii) Purchases of assets from a noncharitable exempt organization

b(ii)
-------

X

(iii) Rental of facilities, equipment, or other assets

b(iii)

X

(iv) Reimbursement arrangements

b(iv)
-------

X

(v) Loans or loan guarantees

$b(v)$	
--------	--

X

(vi) Performance of services or membership or fundraising solicitations

b(vi)
-------

X

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

<b>C</b>
----------

X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]



FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
NONRESIDENTIAL REAL ESTATE, NASHVILLE, TN	1	37,500.
TOTAL TO FORM 990, PART I, LINE 6A		37,500.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		1,467.	
UTILITIES		6,181.	
MANITORIAL AND GROUNDS		6,822.	
MAINTENANCE AND REPAIRS		2,964.	
SUPPLIES		245.	
TAXES		5,217.	
DEPRECIATION		5,459.	
- SUBTOTAL -	1		28,355.
TOTAL TO FORM 990, PART I, LINE 6B			28,355.



HAIR



PROFESSIONAL FEES	13,084.	3,481.	9,603.	
TOTAL TO FM 990, LN 43	398,758.	345,175.	46,296.	7,287.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

## EXPLANATION

TO UNITE THE DEAF, THE HARD OF HEARING AND THE HEARING COMMUNITIES THROUGH EDUCATION, SERVICES AND SUPPORT TO EMPOWER INDIVIDUALS TO ACHIEVE THEIR FULL POTENTIAL.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
TEEN CENTER/YOUTH PROGRAM/DEAF-BLIND: PROVIDES SERVICES AND ACTIVITIES FOR HEARING IMPAIRED YOUTH.	0.	123,551.
WELLNESS PROGRAM: PROVIDES CLASSES, SEMINARS, AND OTHER OPPORTUNITIES FOR DEAF AND HARD OF HEARING ADULTS TO IMPROVE THEIR PHYSICAL, MENTAL, AND EMOTIONAL HEALTH.	0.	35,252.
TOTAL TO FORM 990, PART III, LINE E		158,803.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PUBLICLY TRADED STOCKS	FMV	8,927.			8,927.
TO FORM 990, LINE 54A, COL B		8,927.			8,927.

LEAGUE FOR THE DEAF & HARD OF HEARING C/

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62-049879:

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FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 9



LEAGUE FOR THE DEAF & HARD OF HEARING C/

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MARK LALUMONDIER

DIRECTOR

415 4TH AVENUE SOUTH

0.00

NASHVILLE, TN 37201

BETTE CHRISTOFERSEN	DIRECTOR			
415 4TH AVENUE SOUTH	0.00	0.	0.	0.
NASHVILLE, TN 37201				

TOTALS INCLUDED ON FORM 990, PART V-A

72,520.	7,482.	0.
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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 12
	PART III, LINE 3A	

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ONE SCHOLARSHIP IS AWARDED EACH YEAR OF \$1,000. THIS IS OPEN TO THE PUBLIC FOR ANY DEAF INDIVIDUAL PURSUING POST-SECONDARY EDUCATION OR A HEARING PERSON THAT IS MAJORING IN A FIELD RELATED TO THE DEAF. APPLICATIONS ARE SUBMITTED WHERE A JUDGES PANEL CONSISTING OF 3 PEOPLE REVIEW THE APPLICATIONS AND INTERVIEW THE APPLICANTS.

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SCHEDULE A	OTHER INCOME	STATEMENT 13
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DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS REVENUE	4,425.	15,185.	12,221.	4,452.
TOTAL TO SCHEDULE A, LINE 22	4,425.	15,185.	12,221.	4,452.



THE UNIVERSITY OF CHICAGO

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# League for the Deaf & Hard of Hearing

## Depreciation Schedule by Category

### For the 12 Months Ended 06/30/08

 01/23/09  
 11:58AM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/07	Current Depreciation	Accum Depr 06/30/08
<b>Furniture, Fixtures, and Equipment</b>									
97	37A1500BC Pharmacy	04/15/98	ST LINE	07/00	N	109.00	109.00	0.00	109.00
98	Storehouse Delivery	04/15/98	ST LINE	07/00	Y	45.00	45.00	0.00	45.00
99	Rug- Front Room	07/02/98	ST LINE	07/00	N	155.00	155.00	0.00	155.00
100	Microwave Table	07/04/98	ST LINE	07/00	N	118.50	118.50	0.00	118.50
101	Outer Lobby/ Parking	07/06/98	ST LINE	07/00	N	156.00	156.00	0.00	156.00
102	1 MAG CCX194AT 19"	07/10/98	ST LINE	07/00	N	279.99	279.99	0.00	279.99
103	1 ZEN TVY2041 19" T	07/10/98	ST LINE	07/00	N	399.99	399.99	0.00	399.99
104	1 RCA F32632SB 31" T	07/10/98	ST LINE	07/00	N	349.99	349.99	0.00	349.99
105	1 BRK VHSA6687CTTC	07/10/98	ST LINE	07/00	N	89.99	89.99	0.00	89.99
106	8 035441 187010 Stor	07/11/98	ST LINE	07/00	N	601.34	601.34	0.00	601.34
107	1 TV Wall Mount/	07/20/98	ST LINE	07/00	Y	589.00	588.97	0.00	588.97
108	Easel, Dry-Erase	07/31/98	ST LINE	07/00	N	1,661.01	1,661.01	0.00	1,661.01
109	Lawn Mower	07/31/98	ST LINE	07/00	N	383.94	383.94	0.00	383.94
110	3 BEVIS 3483MAH BO	08/27/98	ST LINE	07/00	N	387.00	386.81	0.00	386.81
111	1 Desk Chair	08/27/98	ST LINE	07/00	N	99.00	98.63	0.00	98.63
112	1 Table HON 66591Q	08/27/98	ST LINE	07/00	N	225.00	224.63	0.00	224.63
113	1 Table HON 66551Q	08/27/98	ST LINE	07/00	N	199.00	199.00	0.00	199.00
114	1 Corner HON 66280	08/27/98	ST LINE	07/00	N	275.00	275.00	0.00	275.00
115	2 PEDS HON 66280QS	08/27/98	ST LINE	07/00	N	238.00	238.00	0.00	238.00
116	10 Groomets For D	08/27/98	ST LINE	07/00	Y	50.00	49.79	0.00	49.79
117	14 Tables ABCO STS	08/27/98	ST LINE	07/00	N	3,453.00	3,452.81	0.00	3,452.81
118	2 PEDS 13823BQ File	08/27/98	ST LINE	07/00	N	310.00	309.64	0.00	309.64
119	4 10482-LNN/10415RN	08/27/98	ST LINE	07/00	N	1,876.00	1,876.00	0.00	1,876.00
120	1 10472-NN 60X30 DE	08/27/98	ST LINE	07/00	N	340.00	339.90	0.00	339.90
121	1 10441-NN Credenza	08/27/98	ST LINE	07/00	N	259.00	258.83	0.00	258.83
122	2 S42ABC Metal	08/27/98	ST LINE	07/00	N	178.00	177.77	0.00	177.77
123	1 SC1842Q Storage	08/27/98	ST LINE	07/00	N	169.00	168.96	0.00	168.96
124	584 L-Q Lateral File	08/27/98	ST LINE	07/00	N	379.00	378.96	0.00	378.96
125	1 584L-P Lateral File	08/27/98	ST LINE	07/00	N	379.00	378.96	0.00	378.96
126	5 Keyboards	08/01/98	ST LINE	07/00	Y	225.00	224.63	0.00	224.63
127	Dove Gray CON TA	08/27/98	ST LINE	07/00	N	395.00	394.60	0.00	394.60
128	High Point Sofa SE	08/27/98	ST LINE	07/00	N	200.00	200.00	0.00	200.00
129	2 Sofas- Lobby	08/27/98	ST LINE	07/00	N	850.00	849.77	0.00	849.77
130	2 End Table- Lobby	08/27/98	ST LINE	07/00	N	248.00	248.00	0.00	248.00
131	1Lamp	08/27/98	ST LINE	07/00	N	39.00	39.00	0.00	39.00
132	4 Navy Chairs- Kid	08/27/98	ST LINE	07/00	N	100.00	99.64	0.00	99.64
133	1 Table- Kids Room	08/27/98	ST LINE	07/00	N	109.00	109.00	0.00	109.00
134	10 Chairs- Conf Ro	08/27/98	ST LINE	07/00	N	980.00	979.67	0.00	979.67
135	33 Chairs- Meeting Room	08/27/98	ST LINE	07/00	N	2,937.00	2,937.00	0.00	2,937.00
136	33 Chairs- Meeting Room	08/27/98	ST LINE	07/00	N	2,937.00	2,937.00	0.00	2,937.00
137	19 Chairs- Meeting Room	08/27/98	ST LINE	07/00	N	1,691.00	1,690.73	0.00	1,690.73
138	4 Chairs- Kitchen	08/27/98	ST LINE	07/00	N	196.00	196.00	0.00	196.00
139	Gray Table- Kitchen	08/27/98	ST LINE	07/00	N	149.00	149.00	0.00	149.00
140	2 Gray Bookcases	08/27/98	ST LINE	07/00	N	248.00	248.00	0.00	248.00

BR

AND

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