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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

Form 990-EZ (2009)

Check of applicable Radies change Name change labeled or treatment of the results	Α	For t	ne 2009 calendar year, or tax year beginning , 2009, and e	nding		
Miles and the property of th	В			Dε	mploye	r identification number
Section 501(x/3) organizations and 4947(x/1) nonexempt charitable trusts must attach a complete deschedule A (Form 990 or 990-EZ). Garcupting must be stated as complete deschedule A (Form 990 or 990-EZ). Garcupting must be stated as complete deschedule A (Form 990 or 990-EZ). Garcupting must be stated as complete deschedule A (Form 990 or 990-EZ). Garcupting must be stated as complete deschedule A (Form 990 or 990-EZ). Garcupting must be stated as complete deschedule A (Form 990 or 990-EZ). Garcupting must be stated as complete deschedule B (Form 990 or 990-EZ). Garcupting must be stated because the stated (back divided) or 1 to 1		Addres	s change Please HEART FOR ORPHANS, INC.		4-1	769288
Military		Name	hange label or D O BOY 6205	<u>-</u>	-	
### Application periods		Initial	eturn ltype IWILLIAMSBURG. VA 23188-6295		866) 239-1324
**Section 501(x/3) organizations and 4947(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website:	⊨	1	Specific Specific	-		
Website: Note: N	F	1	tions.	Ň	umbe	<u>r</u>
Website:		•	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).			X Cash Accrual
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 From 990-EZ or from 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000. A From 990-EZ or from 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000. A From 990-EZ or from 990 return is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A From 990-EZ or from 9	i			required to attac	h Sch	
\$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. Add lines 55, 65, and 70, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 \$64, 119. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grifs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Howestment income. 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 55 from in 5a) a Gross revenue (not including \$\frac{5}{2}\$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activates (Subtract line 65 from line 6a) 7 Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (Action of the Contributions reported on line 1) 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries of the groups generally grant empty expenses in the program of the program	ï.				-	
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25 Total assets 170, 422. 25 135, 657. 26 Total liabilities (describe ►) 0. 26 0.						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 170, 422. 27 135, 657.				_		

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

Form 990-EZ	(2009) HEART FOR ORPHA	NS, INC.		5	4-17	69288 Page 2
Part III	Statement of Program Sei	vice Accomplishments	(See the instruction	ons.)	J	Expenses
What is the organ	nization's primary exempt purpose? SEI	E STATEMENT 2		_	(Red	ured for section
Describe what describe the sprogram title	t was achieved in carrying out the services provided, the number of	e organization's exempt purp persons benefited, or other	ooses. In a clear and corelevant information for	oncise manner, reach	orga 4947 for o	ured for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)
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	OF THEIR ORIGINAL ORF]	
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29						
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30			-		1	
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(Grants	\$) If th	is amount includes foreign gr	rants, check here	-	30 a	
	rogram services (attach schedule	e)				
(Grants		is amount includes foreign gr	rants, check here	<u> </u>	31 a	
	ogram service expenses (add li				32	75,864.
Part IV	List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pl deferred compen	ans and	(e) Expense account and other allowances
NANCY HA		PRESIDENT			0.	0.
P O BOX		35 :.00				
BEVERLY	BURG, VA 23188	SECRETARY	0.		0.	0.
P O BOX		/O.00			υ.	0.
	BURG, VA 23188	70.00				
	J. QUIRAM	DIRECTOR	0.		0.	0.
P O BOX		2.00		j	٠.	
	BURG, VA 23188					
GARY LEE	BRUCE	DIRECTOR	0.		0.	0.
P O BOX	6295	2.00				
	BURG, VA 23188					
JAMES HE		DIRECTOR	0.		0.	0.
P O BOX	6295 BURG, VA 23188	2.00				
LAURA PA		TREASURER	0.		0.	0.
P O BOX		2.00			٠.	,
	BURG, VA 23188					
	 					
BAA		TEEA0812L 0	1/30/10			Form 990-EZ (2009)

Pai	Other imormation (Note the statement requirements in the instra for Part V.)	TEM		<u> </u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		v
34	each activity 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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
á	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. Did the organization file Form 1120-POL for this year?	37 b	y 	X
	·	0.2		1
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?	38 a		X
t	amount involved 38b N/A	× .	*	é
	Section 501(c)(7) organizations Enter		á	
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		4	
40 6	section 4911 • 0.; section 4912 • 0.; section 4955 • 0.			
_				
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 b		х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		·	
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		<u>,</u> ,_	2007
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
	List the states with which a copy of this return is filed NONE			
40				
42 a	Telephone no. ► NANCY HATHAWAY Telephone no. ►			
	Located at ► ZIP + 4 ►			
		ſ	Yes	No
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country WKRAINE	42 b	X	
		1		
				4
	Con the water there for any above and files are water to Form TD F 00 22.1. Bound of a Form Dark and Financial Assessment			*
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		 X
Ī	If 'Yes,' enter the name of the foreign country.	<u> </u>		 -
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	ı	- ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		<u>X</u>
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 completed instead of Form 990-EZ	45		Х
BAA		m 990	-EZ (

orm	990.F7	(2009)	HEART	FOR	ORPHANS.	TNC
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54-1769288

Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the tables	s and section 4947 ction 4947(a)(1) no	nexempt char	mpt charitable trusts only. itable trusts must answer q	All secti	on
	the organization engage in direct or indire public office? If 'Yes,' complete Schedule of the organization engage in lobbying activi				46 47	No X X
49 a Did 1	e organization a school as described in so the organization make any transfers to an es,' was the related organization a section	exempt non-charitable			48 49 a 49 b	X
50 Com emp	plete this table for the organization's five loyees) who each received more than \$10	highest compensated e	mployees (other from the organiz	than officers, directors, trustees a ation. If there is none, enter 'Non	and key e.'	
(a	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on (d) Contributions to employee benefit plans and deferred compensation	(e) Expen account a other allowa	nd
NONE						
	I number of other employees paid over \$					
51 Com	plete this table for the organization's five pensation from the organization. If there is (a) Name and address of each independent control	s none, enter 'None.'		(b) Type of service	nan \$100,0	
NONE _						
d Tota	I number of other independent contractors	s each receiving over \$	100,000	•		
Sign Here	Under penalties of perjury, I declare that I have example true, becaute and complete geclaration of preparer (Signature of officer NANCY HATHAWAY Type or print name and title		mpanying schedules ar all information of which	Date PRESIDENT	0/0	
Paid Pre- parer's Use	loddene and	& WEAKLEY CPA'		2 - / O employed ► X N/A EIN ► N/.		<u> </u>
Only May the IF	address, and WILLIAMSBURG, V. RS discuss this return with the preparer sh	A 23185-5629	ctions		29-6035 X Yes	No
BAA	to choose this retain with the property of	.c dooro _oco manu	31.31.13		orm 990-E	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name o	f the	organization							Employe	r identıfica	tion number	
HEA	RT	FOR ORPHANS,	INC.						54-1	769288	3	
Part	1	Reason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	See ı	nstruct	ions	
The o	he organization is not a private foundation because it is (For lines 1 through 11, check only one box.)											
1	\Box	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
	_	name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)										
8		A community trust	described in section	170(b)(1)(A)(vi). (Complet	te Part I	1.)						
9		An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10	Ш	-	•	exclusively to test for pu		•			• •			
11		more publicly supp	orted organizations d	exclusively for the benef lescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2). See	of, or ca section	rry out t 509(a)(3	he purposes of one or). Check the box that	
		a Type I	b Type II	c Type III	– Fund	ctionally	ıntegrat	ted		d \square	Type III- Other	
е		By checking this bothan foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	ed direc	tly or in d organi	directly zations	by one describe	or more ed in se	disqual ction 509	ified persons other Θ(a)(1) or section	
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	ution fr	om any	of the fo	ollowing	persons		
		-	•								Yes No	
		below, the go	verning body of the s	controls, either alone or tupported organization?	together	with pe	ersons d	escribei	d in (ii) i	and (III)	11 g (i)	
		• •	ber of a person desc	• • •	_						11 g (ii)	
		• •	•	described in (i) or (ii) al							11 g (iii)	
<u> </u>		Provide the following	ng information about t	he supported organization	ns.		,		1			
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col d in your trning ment?	the organ	ou notify ization in (i) of ipport?	organizat	is the sion in col zed in the S ?	(vii) Amount of Support	
					Yes	No	Yes	No	Yes	No		
			 .									
									·			
		<u></u> _										
Total												

<u> </u>	Cappert Constant for		5 7 0 10		-/(-/(-///	(-) (-) (-)	, (/	
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	t I.)				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	24,575.	93,459.	63,847.	166,578.	52,619.	401,078.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.	
4	Total. Add lines 1-through 3	24,575.	93,459.	63,847.	166,578.	52,619.	401,078.	
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	· · ·	* * *	м ф. ф. м.	* #	Å ♣ 1 4₹		
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4				:		296,400.	
Sec	tion B. Total Support						230,400.	
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	24,575.	93,459.	63,847.	166,578.	52,619.	401,078.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	,					0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.	
11	Total support. Add lines 7 through 10		<u>.</u>	* .	<i>*</i>		401,078.	
12	Gross receipts from related active	rities, etc. (see ins	structions)			12	0.	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c))(3) ► □	
	tion C. Computation of Pul					1		
14 15	Public support percentage for 20 Public support percentage from 2	-	* * * * * * * * * * * * * * * * * * * *	ne 11, column (f)		14 15	73.9%	
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo blicly supported or	x on line 13, and rganization	the line 14 is 33-	1/3 % or more, o	check this box	
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a rganization	i, and line 15 is 33	3-1/3% or more,	check this box	
17 a	n 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Par	t IV how	
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppor	e. Explain in Par rted organization	t IV how the ►	
BAA		zation did not che	ск а box on line,	13, 16a, 16b, 17a		. –	nstructions	

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (F	orm_	990 o	r 990)-EZ)	2009) H	<u>IEAI</u>	KT .	FOR	t OF	KPH/	NS,	<u> T</u>	IU.						54-	1/65	<u> 7288</u>			Page 4
Part IV	∐ Տ P	upp art I	leme I, lın	e nta l e 17	I nf e	orma 17t	atio r o; ar	n. C nd F	om _l Part	plet III,	e th Iıne	is p : 12.	art t Pro	o pr	ovide any	the other	exp er ac	lanat Iditio	tions nal ii	requ nforn	ııred natıo	by F n. Se	art l ee in	I, lını ıstruc	e 10; ctions	5.
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2009	FEDERAL STATEMENTS		PAGE 1
	HEART FOR ORPHANS, INC.		54-1769288
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES DEPRECIATION FUNDRAISING EXP INSURANCE MISCELLANEOUS SUPPLIES TRAVEL		\$	1,357. 643. 214. 2,327. 2,907. 8,292.
UKRAINE OPERATIONS VOLUNTEER SERVICES		TOTAL \$	75,864. 50. 91,654.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDING PHYSICAL, SPIRITUAL, AND EMOTIONAL AID TO SUPPORT OLDER ORPHANS AS THEY TRANSITION INTO ADULTHOOD.

STATEMENT 3 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO