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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

Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning a	ind ending	_	
В	Check if applicable	Please C Name of organization		D Employer identific	cation number
	Addre	label or The Cold Hope City De City			
	Name chang	type		83-0	489882
	Initial return	See Number and street (or P.O. box if mail is not delivered to street addres	s) Room/suite	E Telephone number	r
	Termir		240		256-5828
	Ameno	ided tions	•	G Gross receipts \$	1,261,504.
	Applic	MICHARDSON, IA /3000		H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer JENNY SCOTT		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
ī	Tax-exe	empt status X 501(c) (3	527		list (see instructions)
J	Websit	te: > WWW.HEROESFORCHILDREN.ORG		H(c) Group exemption	n number
		forganization: X Corporation Trust Association Other	L Year	of formation: 2005 N	State of legal domicile: TX
	art I	Summary	•		
_	1	Briefly describe the organization's mission or most significant activities. TO	PROVIDE	FINANCIAL	AND SOCIAL
Activities & Governance		ASSISTANCE TO FAMILIES, WITHIN THE STATE			HILDREN
ra a	2	Check this box if the organization discontinued its operations or discontinued.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	14
δ. 80	5	Total number of employees (Part V, line 2a)	-,	5	9
iţi	6	Total number of volunteers (estimate if necessary)		6	650
흃	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ	, b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
_	+ -	The difficulted business taxable income front form 550 f, line 54		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	675,802.	550,662.
Revenue	9	Program service revenue (Part VIII, line 2g)		0/3/002.	330,002.
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	4,105.	4,465.
æ	10				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	a) —	420,267.	517,470.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1.	2)	1,100,174.	1,072,597.
		Grants and similar amounts paid (Part IX, column (A lines 1-9)	¬	635,545.	624,570.
	I	Benefits paid to or for members (Part IX, column (A) (Tipe 4) EIVED	.£. ⊢	204 764	220 266
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- Professional fundraising fees (Part IX, column (A), line 35 Total fundraising expenses (Part IX, column (D), line 25)	lβ)	204,764.	320,266.
ē	16a	Professional fundraising fees (Part IX, column (A), line X e) 2010 36	1000 H	9,000.	10,800.
X	p	Total fundraising expenses (Part IX, column (D), line 25)	1200.	124 076	1.66 1.50
		Other expenses (Part IX, column (A), lines 11a-117-241)	} ⊢	134,976.	166,152.
	18	Total expenses Add lines 13-17 (must equal Part Solumnia), line 25)	·	984,285.	1,121,788.
	1 137	Revenue less expenses Subtract line 18 from line 12		115,889.	-49,191.
Net Assets or Frind Balances	3		Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		468,103.	384,317.
et P	21	Total liabilities (Part X, line 26)		79,453.	44,858.
픊	<u>22</u> art Ⅱ	Net assets or fund balances Subtract line 21 from line 20		388,650.	339,459.
	art II	Signature Block			
		Under penalties of peruty, I declare that I have examined this return, including accompanying schedul and complete Degraration of preparer (other than officer) is based on all information of which preparer	es and statements, has any knowledge	and to the best of my knowledg	ge and belief, it is true, correct,
		I. MATA		1 5 12	-10
Sig	jn			15-13	70
He	re	Signature of officer		Date	
		JENNY SCOTT, EXECUTIVE DIRECTOR			
			I Ch	eck if Prepare	ela idaalifii aa ayyah a
Pai	d	Preparer's Annual Manager Apa		f- (see ins	er's identifying number structions)
Pre	parer's			ployed	
	Only	yours if BLAND, GARVEY, EADS, MEDLOCK -		PC EIN >	
	•	self-employed). 1202 RICHARDSON DRIVE, SUITE 2	203		
		ZIP+4 RICHARDSON, TEXAS 75080-4698		Phone no. ► 9	72-231-2503
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
					E 000 (0000)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2009) HEROES FOR CHILDREN	83-0489882 Page 2
Pa	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission.	
	TO PROVIDE FINANCIAL AND SOCIAL ASSISTANCE TO	FAMILIES, WITHIN THE
	STATE OF TEXAS, WITH CHILDREN (0-22 YEARS OF A	AGE) BATTLING CANCER.
2	Did the organization undertake any significant program services during the year which were	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	y program services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest pro	gram services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re	eport the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service repo	orted
4a		624,570.)(Revenue \$ 516,471.)
	HEROES FOR CHILDREN PROVIDES DIRECT FINANCIAL	
	CHILDREN BATTLING CANCER TO HELP COVER SUCH CO	OSTS AS RENT, UTILITIES,
	CAR PAYMENTS, AND EVEN FUNERALS.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
		,
		· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
	,, , , , , , , , , , , , , , , , , , , ,) (
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue	s \$
	Total program service expenses \$ 851,211.	, <u>, , , , , , , , , , , , , , , , , , </u>

Form **990** (2009)

Form 990 (2009) HEROES FOR CHILDREN
Part IV Checklist of Required Schedules

provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, of as applicable 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Part VI 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 12 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 12 Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X. 13 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional 13 Is				res	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If "Yes," complete Schedule C, Part II 4 Section 501(c/4) organizations. Did the organizations is the organization subject to the section 6033(e) notice an irreporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV If Yes, "complete Schedule D, Part VIII Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part VIV. 8 Did the organization sanswer to any of the following questions "Yes"? If so, complete Schedule D, Part VIV. 9 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 9 Did the organization report an amount for investments - other securities in Part X, line 10? Hesp." or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 9 Did the organization report an amount for other assets in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 1	1	-		37	_
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. In the organization subject to the section 6033(e) notice and reporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report	_		1	X	
public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organizations engage in lobbying activities? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI, VIII, IX, or as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization report an amount for			2	^	
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	.5		18		Х
complete Schedule G, Part III	19	•	18		
			19		x
	20		20		X
				990 (

Form 990 (2009) HEROES FOR CHILDREN

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			140
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26]	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	}	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	;		
	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2009)

009) HEROES FOR CHILDREN
Statements Regarding Other IRS Filings and Tax Compliance Part V

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b		· ·			Yes	No
b. Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable Of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return. 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-life this return. (see institutions) 8 D of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 8 If "Yes," and if field a form 800 T for this year." If "No, "provide an explanation in Schedule 0 8 A 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 accountry? 8 If "Yes," either the name of the foreign country less bank as bank account, securities account, or other financial accountry? 8 If "Yes," either the name of the foreign country less bank as bank account, securities account, or other financial accountry? 8 If "Yes," either the name of the foreign country less bank account, securities account, or other financial accountry? 9 If "Yes," either the name of the foreign country less bank accountry securities account, or other financial accountry? 9 If "Yes," either the name of the foreign country less bank accountry securities account, or other financial accountry? 9 If "Yes," to lime 5a or 5b, did the organization fiel Form 88881, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Sheler Transaction? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or parts are not tax deductible? 10 If the organizatio	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flee for the calendar year ending with or within the year covered by this return. 5 If all least one is reported on line 23, did the organization file all required (dearled employment tax returns?) Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife this return. 8 If all least one is reported on line 23, did the organization file all required (dearled employment tax returns?) Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife this return. 9 If Vise, "has it filed a Form 990-T for this year? If YNo," provide an explanation in Schedule 0 4 A rary 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) or the financial account in a foreign country (such as a bank account, securities account, or other financial account) or the financial account in a foreign country (such as a bank account, securities account, or other financial account) or the financial Accounts 8 Was the organization in party to a prohibited tax shelter transaction? 9 Was the organization aparty to a prohibited tax shelter transaction? 10 If Yes, "old the organization file Form 8886-T, Disclosure by Tax-Eximpt England Prohibited 11 Yes," old the organization necess of 575 made party to a prohibited tax shelter transaction? 12 Did the organization review a payment in excess of 575 made party as a contribution and partly for goods and services provided to the payor? 13 Did the organization review a payment in excess of 575 made party as a contribution and partly for goods and services provided to the payor? 14 If Yes, "indicate the number of Forms 8282 filed d		U.S Information Returns Enter -0- if not applicable	1a 4			
(gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? 3 bill at least one is reported on line 2a, did the organization file all required deveral employment tax returns? 3 bill the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. See instructions) 3 bill if Yes, "I and 2 as greater than 250, you may be required to e-file this return." See it filed form 990 PT for this year? If "No," provide an explanation in a Checkule O and a separation of an explanation in Schedule O and the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4 bill "Yes," at filed a Form 990 PT for this year? If "No," provide an explanation in Schedule O and financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 bill "Yes," enter the name of the foreign country because the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5 bill "Yes," enter the name of the foreign country because the securities account, or other financial account? 5 bill "Yes," exhibiting the organization that it was or is a party to a prohibited tax shelter transaction? 6 bill "Yes," other the name of the foreign country because the organization and the organization solicit any contributions that were not tax deductible? 7 bill "Yes," which the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 8 bill "Yes," did the organization motified with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 bill "Yes," indicate the number of Form \$820 filed or the goods or services provided? 1 bill the organization with a particular than the pa	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (
2a first the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, teed for the calendar year and anding with or within the year covered by this return. Note. If the sum of lines 1 and 2a is greater than 250, you may be required to a fifth this return. (see instructions) But the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to a fifth this tee. If the sum of lines 1 and 2a is greater than 250, you may be required to a fifth this tee. If Yes, 'has it field a form 990 T for this year? If 'No,' provide an explanation in Schedule O 4 At any time of this year of the No. If 'Yes, 'has it field a form 990 T for this year? If 'No,' provide an explanation in Schedule O 4 At any time the name of the foreign country to the succount, securities account, or other financial account) or the financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the matuructions for exceptions and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If 'Yes,' and the organization file Form 8868 T, Sociosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization and year and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). Did the organization may annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). Did the organization make any tax between the excess of \$75 made party as a contribution	С	Did the organization comply with backup withholding rules for reportable payments to vendors and i	eportable gaming			
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 11 Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities 11 Ob 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Initiation fees and capital contributions in filing Form 990 in lieu of Form 1041? 12 Initiation fees and capital contributions in filing Form 990 in lieu of Form 1041? 12 Initiation fees and capital contribu			-	7a		Х
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d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 76 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 g For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? 78 h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 79 h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 70 h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 70 h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 71 72 73 74 75 76 76 77 78 78 79 79 70 70 71 79 70 70 71 70 71 71 72 72 73 74 74 75 76 76 76 77 78 79 79 70 70 71 70 71 71 72 72 73 74 74 74 75 76 76 76 76 77 79 79 70 70 71 71 72 72 73 74 74 75 76 76 76 76 76 77 79 70 70 71 71 72 72 73 74 74 74 75 76 76 76 76 76 76 77 79 70 70 71 71 72 72 73 74 74 75 76 76 76 76 76 76 76 77 78 79 70 70 71 71 72 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organizations. Did the organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make a distribution or advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizati	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·				
] [12a		
	b	if the s," enter the amount of tax-exempt interest received or accrued during the year	12b	L	000	0000:

83-0489882 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 14	-		
b	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		·	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		1	
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this is done	12c		
	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Х	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
U	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	!	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	or		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on 🕨		
	CRICKET BURTON - 214-256-5828			
	1701 NORTH COLLINS, SUITE 240, RICHARDSON, TX 75080			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	hours	/	(C) Position (check all that apply)					Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CHRISTIE CAHOON	1 00									_
BOARD MEMBER BRETT FEATHERSTON	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	v			l			o.	0	_
BRYAN MORENO	1.00	^							0.	0.
BOARD MEMBER	1.00	x						o.	0.	0.
JENNY SCOTT	1.00	43						0.	<u> </u>	0 •
EXECUTIVE DIRECTOR	40.00	x						58,338.	0.	0.
KATIE PASCUZZI								3073301		
BOARD MEMBER	1.00	х						0.	0.	0.
LARISSA A. LINTON										
DEVELOPMENT COORDINATOR	40.00	X						21,645.	0.	0.
MARCUS MCCUE										
BOARD MEMBER	1.00	X						0.	0.	0.
RANDI MCPARLIN	:									
BOARD MEMBER	1.00	X						0.	0.	0.
SHANNON HALLA										
BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN WHITE								_	_	_
BOARD MEMBER	1.00	X						0.	0.	0.
TODD JACKSON	1 00									
BOARD MEMBER	1.00	X						0.	0.	0.
GINA GINSBURG	1 00	.						ا م	0	0
BOARD MEMBER CAMERON SMITH	1.00	A	_					0.	0.	0.
BOARD MEMBER	1.00	v						0.	0.	0.
LUCINDA BUFORD	1.00	Α								0.
VICE CHAIRMAN OF THE BOA	5.00			х				0.	0.	0.
MATTHEW REITER	3.00							0.	0.	<u>.</u>
TREASURER	1.00			$ \mathbf{x} $				0.	0.	0.
SHELLEY BECKMAN				-						
SECRETARY	1.00			x				0.	0.	_0.
ALLAN RAYSON										
CHAIRMAN OF THE BOARD	5.00			х				0.	0.	0.

	990 (2009) HEROES F	OR CHIL	DRI	ΞŊ					· · · · · · · · · · · · · · · · · · ·	83-04	898	32_	Page	8
Par	t VII Section A. Officers, Directors, Tre		mplo	уее			High	est		ees (continued)				
	(A) Name and title	(B) Average hours	(cl		Pos		ı app	ıly)	(D) Reportable compensation	(E) Reportable compensation	,	(F Estima mou	nated	
		per week	Individual Trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C)	other compensati from the organization and related organization		
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	Total				<u> </u>		>	<u></u>	79,983.		0.		0) .
	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed al	oove	e) wh	no r	eceived more than \$100	,000 in reportable				0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated en	nployee on		Ye		
4	For any individual listed on line 1a, is the stand related organizations greater than \$15	um of reportab	le co							the organization		4	X	
5	Did any person listed on line 1a receive or the organization? If "Yes," complete School	accrue compe	nsatı	on f						ces rendered to		5	X	
Sec	tion B. Independent Contractors	0.0 0.00 0.00												<u>-</u>
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensatio	on fron	n	
	(A) Name and business	address							(B) Description of s	ervices	Com	(C) ipensa	ition	
											···-			
		·- · · -			_									
								_						
2	Total number of independent contractors (i	including but n	ot lir	nıte	d to	tho	se lis	sted	above) who received m	ore than				_
	\$100,000 in compensation from the organi	zation 🕨				()							_

Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are		te columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the U.S. See Part IV, line 21			_	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	624,570.	624,570.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	273,170.	133,853.	19,122.	120,195.
8	Pension plan contributions (include section 401(k)				_
	and section 403(b) employer contributions)				
9	Other employee benefits	27,002.	13,231.	1,890.	11,881.
10	Payroll taxes	20,094.	9,846.	1,407.	8,841.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	14,910.	7,306.	1,044.	6,560.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10,800.			<u> 10,800.</u>
f	Investment management fees	837.	410.	59.	368.
9	Other				
12	Advertising and promotion	23,884.			23,884.
13	Office expenses	16,627.	8,147.	1,164.	7,316.
14	Information technology				
15	Royalties				
16	Occupancy	15,872.	7,777.	1,111.	6,984.
17	Travel	19,875.	9,739.	1,391.	8,745.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,491.	2,201.	314.	1,976.
23	Insurance	3,652.	1,789.	256.	1,607.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	POSTAGE & DELIVERY	17,718.	8,682.	1,240.	7,796.
b	CREDIT CARD FEES	13,213.	6,474.	925.	5,814.
c	TELEPHONE	10,991.	5,386.	769.	4,836.
d	PRINTING & REPRODUCTION	5,018.	2,459.	351.	2,208.
e	BOARD FUNCTIONS	3,967.	1,944.	278.	1,745.
	All other expenses	15,097.	7,397.	1,056.	6,644.
25	Total functional expenses. Add lines 1 through 24f	1,121,788.	851,211.	32,377.	238,200.
26	Joint costs. Check here If following		001,811.	32,31.	200,2001
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-	140,109.	1	99,929.
	2	Savings and temporary cash investments		160,341.	2	112,130.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
	Ì	employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
sts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges		10,867.	9	17,910.
	10a					
		basis Complete Part VI of Schedule D	10a 31,563.			
		Less accumulated depreciation	10ь 26,971.	9,083.	10c	4,592.
	11	Investments - publicly traded securities		147,703.	11	149,756.
	12	Investments other securities See Part IV, line 1			12	
	13	Investments program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	150 100	15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	468,103.	16	384,317.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	70 570	18	44.050	
	19	Deferred revenue		70,578.	19	44,858.
	20	Tax-exempt bond liabilities	Cont. N. a. C. Cabarrat. La D.		20	
Liabilities	21	Escrow or custodial account liability. Complete Payables to current and former officers, director			21	
Ϊ́	22					
Lia		highest compensated employees, and disqualifi of Schedule L	ed persons Complete Part II		00	
	23	Secured mortgages and notes payable to unrela	ited third parties		22	
	24	Unsecured notes and loans payable to unrelated	•		23	-
	25	Other liabilities Complete Part X of Schedule D	a tima parties	8,875.	25	0.
	26	Total liabilities. Add lines 17 through 25		79,453.	26	44,858.
		Organizations that follow SFAS 117, check he	ere X and complete	7371331	20	4470301
Ø		lines 27 through 29, and lines 33 and 34.	and complete			
ĕ	27	Unrestricted net assets		362,683.	27	299,644.
ala	28	Temporarily restricted net assets		25,967.	28	39,815.
μ	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, cl	neck here 🕨 🔲 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		388,650.	33	339,459.
	34	Total liabilities and net assets/fund balances		468,103.	34	384,317.

Form **990** (2009)

		2009) HEROES FOR CHILDREN 83-0489	882	Pag	ge 12
Pa	rt XI	Financial Statements and Reporting			
	•			Yes	No
1	Acco	ounting method used to prepare the Form 990. Cash Cash Cornal X Other MODIFIED CASH			
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			ŀ
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
þ	Were	the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	revie	w, or compilation of its financial statements and selection of an independent accountant?	2c_		Х
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	cons	olidated basis, separate basis, or both:			
	X	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act a	and OMB Circular A-133?	3a		Х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

Open to Public

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.

Inspection

				FOR CHILDREN						83	<u>3-0489</u>) 882	<u>.</u>
Pa	rt I	Reason	for Public Cha	r ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.				
The	orgar	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).				
2				70(b)(1)(A)(ii). (Attach Sc					•				
3				ital service organization			170(b)(1)	(A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	ii). Enter t	he hospita	l's nan	ne.
		city, and sta		,					(-/(-/(-/(-/(-/(-/				- •
5		•	-	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describe	ed in		
•			(b)(1)(A)(iv). (Compl	_			, , , , , ,	a govern					
6					ıt describe	d in acatic	n 470/h)/	4\/A\/\					
	$\overline{\mathbf{x}}$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•	section 170(b)(1)(A)(vi). (Complete Part II.)												
8				section 170(b)(1)(A)(vi).	(Complete	Dort II \							
9	亓			ceives: (1) more than 33			iram aantr	hutona m		n food on	.d araaa ra		£
3	_			nctions - subject to certa									
				axable income (less sec							-		
			509(a)(2). (Complet		lion on ta	ix) irom bu	1511185585	acquirea L	y ine orga	mization a	anter June .	30, 197	5
10				e Part III) perated exclusively to te	et for publ	o opfoty (Poo anatia	- F00/-V	41				
11	\exists			perated exclusively to te perated exclusively for the						. معالم قديم ي		- 4	
	ш			ations described in secti						-			OI
				organization and compl				:). See se (Jeoc nons	a)(3). One	ck the box	unat	
		a Type		7 <u>*</u>		•	tionally in	tograted		ا بـ	Type III - (Other	
е		• •		at the organization is not	• .		-	-	r mara dia	السبانا مامانامان			_
·				than one or more publicl									II I
f				tten determination from						3(a)(1) OF 8	Section 50s)(a)(Z)	
•			rganization, check t		uie ino uie	at It IS 22 1 y	рет, туре	ii, or Type	# III				
g			-	organization accepted ai	ov aift or c	ontribution	from any	of the fell	owing nor	2000			
9		=		firectly controls, either a			•		• •			Yes	No
				upported organization?	ione or tog	CUIOI WILL	persons c	iescribed	iii (ii) ai io (iii) Delow,		165	140
		_	- •	n described in (i) above?)						11g(i)	 	
			•	person described in (i)		a?					11g(ii) 11g(iii)		
h		• •	•	about the supported or	• •						[i ig(iii)	1	l .
		· · · · · · · · · · · · · · · · · · ·	onowing intomiation	about the supported of	gamzanom	(3).							
/:\	Nama	of our posted	(III) FIN	(iii) Type of	fiv) is the c	rnanization	(v) Did you	i notify the	(vi) ls	the			
(1)		of supported anization	(ii) EIN	organization	in col. (i) lis				organizatio	on in col.		mount o	ıT
	OI gi	inzation		(described on lines 1-9 above or IRC section	governing		(i) of you	support?	(i) organız U.S	ed in the	Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
									 	 	· · · ·		
				•									
_					 								
[nts													

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 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 347,160. 418,245. 272,522. 385,522. 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 418,245. 272,522. 385,522. 347,160. 550,662. 4 Total. Add lines 1 through 3 1.974.111. 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) 6 Public support. Subtract line 5 from line 4 1,974,111. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 347,160. 272,522. 385,522. 550,662. 7 Amounts from line 4 418,245. 1,974,111. Gross income from interest, dividends, payments received on securities loans, rents, royalties 653. 135 4,144 4,104 and income from similar sources 4,465 13,501. 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) 11 Total support. Add lines 7 through 10 1,987,612, 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 99.32 % 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99.41 % 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 $ightharpoons \overline{\mathbf{X}}$ 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

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 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

Schedule A	(Form	990	or 990	EZ)	2009

Sche	dule A (Form 990 or 990-EZ) 2009		December d in	Continu 500/o	1/0)		Page 3
Car	t III Support Schedule for C	<u> </u>	Described in	Section 509(a	(Complete only	rif you checked the bo	ox on line 9 of Part I.)
	tion A. Public Support					T	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	membership rees received. (Do not) include any "unusual grants.")				•		
	Gross receipts from admissions,			····	 	-	
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that		****		 	1	
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		-				
	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						
	Add lines 7a and 7b				<u> </u>		
	Public support (Subtract line 7c from line 6) tion B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(6) Total
	Amounts from line 6	(a) 2000	(b) 2000	(6) 2007	(0) 2008	(e) 2009	(f) Total
	Gross income from interest,					-	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
1	(less section 511 taxes) from businesses						
i	acquired after June 30, 1975						
C.	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is					i	
1	regularly carried on	 					
	Other income Do not include gain or loss from the sale of capital	1					
	assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>		<u> </u>	
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here tion C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2009 (I			oluma (fl)		15	%
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•	Joidinin (1))		16	
_	tion D. Computation of Inves					110	
	nvestment income percentage for 20			ne 13. column (fl)		17	
	nvestment income percentage from 2		•	,		18	<u>/</u> %
	33 1/3% support tests - 2009. If the			on line 14, and line	15 is more than		
	more than 33 1/3%, check this box as	-					▶□
	33 1/3% support tests - 2008. If the		-	· · · · · · · · · · · · · · · · · · ·			and
	ine 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	<u>a, or 19b, check th</u>	nis box and see in	structions	
							==

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HEROES FOR CHILDREN

Employer identification number 83-0489882

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	5 5	•
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶	,	· ·
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	ai gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

		FOR CHILDR						<u>89882</u>	
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, access	on, and other record	ds, check any o	of the following tha	at are a si	gnificant	use of its	collection i	tems
	(check all that apply)								
а	Public exhibition	d		or exchange progr	ams				
b	Scholarly research	е	e U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co		-	-			ose in Par	t XIV	
5	During the year, did the organization solicit of				er sımılar	assets		-	
	to be sold to raise funds rather than to be m							Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if organizat	ion answered "Ye	s" to Forn	n 990, Pa	ırt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contri	outions or other as	ssets not	ıncluded		-	
	on Form 990, Part X?							Yes	∟_ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.						
								Amount	
С	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L	Yes	└── No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization ar	ſ .	Ī				 	
		(a) Current year	(b) Prior ye	ar (c) Two yea	rs back ((d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance		_						
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	ļ							
	and programs				-		-		
f	Administrative expenses								
9	End of year balance		<u> </u>						
2	Provide the estimated percentage of the year	r end balance held a							
a	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
C		%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are I	neld and administe	ered for th	e organiz	zation		<u> </u>
	by.								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations			_				3a(ii)	_
b	If "Yes" to 3a(ii), are the related organizations			7				3b	
Par	Describe in Part XIV the intended uses of the tVI Investments - Land, Building	organization's endo	owment funds	- 000 D- + V I					
rai		· · · · · · · · · · · · · · · · · ·					. 1	405	
	Description of investment	(a) Cost or o	, , ,	Cost or other		cumulate	1	(d) Book v	alue
	Land	basis (investr	nent)	pasis (other)	aep	reciation			
	Land								
	Buildings			<u>-</u>		<u> </u>			
	Leasehold improvements			21 562		26.0	71	A	E02
	Equipment			31,563.		26,9	<u>/ L • </u>	4_	<u>,592.</u>
e	Other		V (D)	(10(-))	l		_		502

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 HEROES FOR	CHILDREN	83	3-0489882 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
`(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			· -
Closely-held equity interests			
Other			
			- ·
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valu	
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	rket value
			· · · · · · · · · · · · · · · · · · ·
			····
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, III			(L) Deal webs
<u></u>	a) Description		(b) Book value
		_	
		.	
		 -	
Total. (Column (b) must equal Form 990, Part X, col (B) I	une 15)		
Part X Other Liabilities. See Form 990, Part	X. line 25.		
1 (a) Description of liability) Amount	
Federal income taxes			
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) I	ne 25)		
2. FIN 48 Footpote. In Part XIV, provide the text of the f		ancial statements that reports the or	ganization's liability for

$\overline{}$	t VI Pagangilistian of Change in Not Access from Form 900 to	Audited Ein	anaial State			Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fir		ment		505
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,072,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,121,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	_	-49,	191.
4	Net unrealized gains (losses) on investments		4	_		_
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9		40	0.
10 Date	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		10	oturn	-49,	<u> 191.</u>
		its with he	venue per n		1,152,	142
1	Total revenue, gains, and other support per audited financial statements			1	1,154,	144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 0-1				
a	Net unrealized gains on investments	2a	<u>. </u>	1		
b	Donated services and use of facilities	2b		1		
C	Recoveries of prior year grants	2c	79,545.	}		
d	Other (Describe in Part XIV)	2d	/9,545.		70	E 4 E
е	Add lines 2a through 2d			2e		545.
3	Subtract line 2e from line 1			3	1,072,	59/.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 	. :		
b	Other (Describe in Part XIV)	4b				•
c	Add lines 4a and 4b			4c	1,072,	0.
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Stateme	nte With Ex	voorees ner	5 Potur		<u> </u>
		FIICS WICH LA	rhenses her	1	1,201,	222
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25.			1	1,201,	333.
2	Donated services and use of facilities	امدا				
a		2a				
b	Prior year adjustments Other losses	2b				
c	Other (Describe in Part XIV)	2c 2d	79,545.			
d	,	20	19,545.		70	545.
	Add lines 2a through 2d			2e	1,121,	
3	Subtract line 2e from line 1			3	1,141,	700.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b	·	,		^
_	Add lines 4a and 4b			4c	1,121,	0. 788.
Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIV Supplemental Information			5	1,141,	700.
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl	-	•			1, Part
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
FUI	DRAISING EXPENSES NETTED ON FORM 990: 7954	15.		•		
	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
t Oï	IDRAISING EXPENSES NETTED ON FORM 990: 7954	10.	···		<u></u>	·

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization Employer identification number 83-0489882 HEROES FOR CHILDREN Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations h Solicitation of government grants Phone solicitations g X Special fundraising events ¢ In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual to (or retained by) (iv) Gross receipts (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

administer charitable gaming?

Does the organization operate gaming activities with nonmembers?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

The organization's facility 13a 96 13b 96 13b 96 14b 14b 15b 15b 15b 15b 15b 15b 15b 15b 15b 15	Scl	hedule G (Form 990 or 990-EZ) 2009 HEROES FOR CHILDREN	<u>83-048</u>	<u>988</u>	<u>2 Ра</u>	age 3
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records' Name Address Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization person and the amount of gaming revenue retained by the third party \$ c if "Yes," enter name and address of the third party Name Address Caming manager information Name Caming manager compensation \$ S Description of services provided P Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		•				
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records' Name	13	Indicate the percentage of gaming activity operated in:				
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records' Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ≥ \$ and the amount of gaming revenue retained by the third party		a The organization's facility	%			
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b if "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c if "Yes," enter name and address of the third party. Name ► Address ► 16 Gaming manager information Name ► Description of services provided ► Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		b An outside facility	%			
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b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party. Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
of gaming revenue retained by the third party \$	15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
of gaming revenue retained by the third party \$						
c If "Yes," enter name and address of the third party. Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			nount			
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Address		c If "Yes," enter name and address of the third party				
Address						
16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Name				
16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Address				
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer				1		
Gaming manager compensation \$ Description of services provided Director/officer	16	Gaming manager information				
Gaming manager compensation \$ Description of services provided Director/officer		Name N				
Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Name >				
Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Coming manager commencetion N. C.				
Director/officer		Gaming manager compensation > 5				
Director/officer		Description of convece proyeded				
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Description of services provided				
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
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retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		•	ŀ	-		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,	· · · · · · · · · · · · · · · · · · ·	}	170		
			t in the	1/a		
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Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I			•	•	:			OMB No 1545-0047
(Form 990)			Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organization in the United Sta	s, rtes		2009
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	" on Form 990, Pa m 990.	rt IV, line 21 or 22.		Open to Public Inspection
Name of the organization	ion HEROES FOR	CHILDREN	z					Employer identification number 83-0489882
Part I General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selecti	uo
critena used to a	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ance?	t the sea of prant	satial Ladt as aband	States to			X Yes No
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV. line 21, for any	overnments and	1 Organizations in the	United States. C	complete if the orga	anization answered "Y	es" to Form 990. Part I	V. line 21. for any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	it received more th	nan \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if additions	al space is needed
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations	d government orç	yanızatıons					•
-1	Enter total number of other organizations							A
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions f	for Form 990.				Schedule i (Form 990) 2009

HEROES FOR CHILDREN Schedule I (Form 990) 2009 Part

Page 2

83-0489882

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FAMILY ASSISTANCE	657	502,568	0		•
SOCIAL ASSISTANCE	192		0		
Part IV Supplemental Information. Complete this part to provide the	de the information	n required in Part I, I	line 2, and any other	information required in Part I, line 2, and any other additional information	
SCHEDULE I, PART I, LINE 2: REQUESTS:	NO	REQUEST FOR	R FINANCIAL	L ASSISTANCE	
OR LAPTOPS WILL BE ACCEPTED WITHOUT A		AL REQUEST	FORMAL REQUEST FROM THE HEROES	HEROES FOR	
CHILDREN (HFC) WEBSITE. CHECKS WILL	- 1	ID EITHER	BE PAID EITHER TO COMPANIES IN THE	ES IN THE	
FAMILY'S NAME OR TO FAMILIES BASED ON	ON NEED.		ALL INFORMATION MUST BE	UST BE	
COMPLETE IN ORDER TO PROCESS PAYMENT	OF A	FAMILY'S BILLS.		FAMILIES ARE	
;					

ALL REQUESTS ARE PROCESSED THEN NOTIFIED THAT PAYMENT HAS BEEN MADE.

WEEKLY NO MATTER WHEN RECEIVED DURING THE WEEK.

SPECIAL THE AVERAGE DONATION AMOUNT FROM HFC IS \$750. DONATION AMOUNTS:

APPLICATIONS CAN BE RESUBMITTED REQUESTS ARE ANALYZED ON A PER NEED BASIS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

HEROES FOR CHILDREN

Employer identification number 83-0489882

12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		Yes	No
ж.	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract		ŀ	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			
а	The organization?	6a		X
þ	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown of W-2	: W-2 and/or 1099-M	and/or 1099-MISC compensation	و	6	٤	(F)
	(2)	0001 10 (010) 7 11		Retirement and	Nontaxable	Total of columns	Compensation
(A) Name	(i) Base	(ii) Bonus &	(iii) Other	other deferred	benefits	(B)(I)-(D)	reported in prior
		compensation	compensation	compensation			Form 990 or Form 990-EZ
	8						
<u>:</u>	(1)						
	0						
j)	(E)						
	0						
i)	(ii)						
	(1)						
<u>i)</u>	(ii)						
	(0)						
<u>D</u>	(ii)						
	0)						
	(1)						
)	0)						-
9	(ii)						
	(0)						
(i)	(ii)						
	(0)						
j)	(i)						
	(0)						
j)	(ii)						
	0						
(i)	(ii)						
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<u>)</u>	(1)						
<u>)</u>	<u> </u>						
j)	(11)						
) (ı						
(i)	(ii)						

Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HEROES FOR CHILDREN

Employer identification number 83-0489882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
(0-22 YEARS OF AGE) WHO ARE BATTLING CANCER.
FORM 990, PART VI, SECTION B, LINE 11: RETURN PREPARED BY PUBLIC
ACCOUNTING FIRM AND REVIEWED BY THE PERSON WHO POSSESSES THE BOOKS AND RECORDS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 15: THIS ORGANIZATION HAS A
COMPENSATION AND BENEFIT REVIEW COMMITTEE FOR THE PERFORMANCE OF THIS FUNCTION.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST AT THE ORGANIZATION'S
WEBSITE
FORM 990, PART XI, LINE 1
MODIFIED CASH