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1012

OMB No. 1545-0045

2010

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning Jan 1, 2010, 2007, and ending Dec 31, 2010

- B Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
The Delane Foundation, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
121 Indian Valley Dr

City or town, state or country, and ZIP + 4
Woodstock, GA 30188-3811

D Employer identification number
5812081941

E Telephone number
(770) 380-3164

F Group Exemption Number

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

G Accounting method: Cash Accrual Other (specify)

I Website: None

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

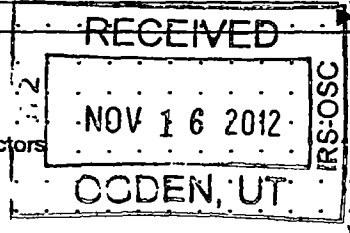
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K 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 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

		1	10,495.08
		2	
		3	
		4	
		5a	
		5b	
		5c	
		6	
		6a	
		6b	
		6c	
		7a	
		7b	
		7c	
		8	
		9	10,495.08
		10	
		11	1,063.84
		12	
		13	
		14	
		15	506.20
		16	8,705.78
		17	10,275.82
		18	219.26
		19	
		20	
		21	219.26



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1462.74	1606.67
23 Land and buildings		
24 Other assets (describe <u> </u>)		
25 Total assets		
26 Total liabilities (describe <u> </u>)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		219.26

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

Cat. No. 10642J

Form 990-EZ (2007)

0423275033 DEC 17 2012 SCANNED JAN 11 2013

A

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Ministry</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>School for the Deaf funding to teach Deaf children a language, reading & writing</u>	28a <u>1063.84</u>
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
29	<u>Newsletter to keep Deaf hearing family members up to date</u>	29a <u>806.20</u>
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31	Other program services (attach schedule)	31a
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
32	Total program service expenses. Add lines 28a through 31a	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Paula M. Ellerbe</u>	<u>President 10 hours</u>	<u>None</u>	<u>None</u>	<u>None</u>
<u>James T. Ellerbe</u>	<u>Secy Treas 5 hrs</u>	<u>None</u>	<u>None</u>	<u>None</u>

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<u>N/A</u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	37a	<u>N/A</u>
37b	b Did the organization file Form 1120-POL for this year?	37b	<u>N/A</u>
38a	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 unpaid at the start of the period covered by this return?	38a	<u>N/A</u>
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	<u>N/A</u>
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	<u>N/A</u>
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	<u>10,495.08</u>

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶ Georgia

42a The books are in care of ▶ James T. Ellerbe Telephone no. ▶ (770) 380-3156
Located at ▶ 121 Indian Valley Dr. Woodst, GA ZIP + 4 ▶ 30188-3811

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Paula M. Ellerbe Date: 1-30-2011

Type or print name and title: Paula M. Ellerbe, Resident

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

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

Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no.: _____