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Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black Jung benefit trust or private foundation)

The organization may have to use a copy of this return to a first trust or private foundation.

OMB No 1545-0047

(HTA)

Open to Public

Intern	al Reven	ue Service	► The organization	may have to use	a copy of this retu	m to satisfy s	state repo	orting require	ments.		nspecti	on
A	For the	2010 cale	endar year, or tax year b	eginning	4/1/2010		and end	ing	3/31/2	2011		
В	Check If	applicable	C Name of organization	TELECOMMU	NICATIONS FO	R THE DEA	AF AND	HAR D Em	ployer ide	entification	number	
	\ddress	change	Doing Business As					35-11	46784			
	lame ch	ange	Number and street (or P (box if mail is not d	elivered to street ad	ress) Room/	suite		ephone nu	ımber		· .
	nitial reti	ım ı	8630 FENTON STREE	= ⊤		604		(201)	589-378	16		
=	erminat	1	City or town, state or cour		·	1004		(301)	309-370	0		
=	mende		SILVER SPRING	,,	М	20	910	G Gr	ss receipt	c C		600 050
=		т		f annual office	IVIL	20						699,850
LJ'	фрисац			•	SET OUVED O	DD1110 145		(a) Is this a gro			Ye	s No
			CLAUDE STOUT 8630	J FENTON STR	EET, SILVER S	PRING, ML	209 H				L Ye	s No
I T	ax-exem	pt status	X 501(c)(3) 501(c)) () ◀(Ⅱ	nsert no) 494	7(a)(1) or	527	If "No," atta	ich a list (see instruction	ons)	
JV	Vebsite	: ► WW\	W.TDI-ONLINE.ORG				н	(c) Group exer	nption nun	nber 🏲		
KF	orm of o	rganization	Corporation Tr	usf Associatio	n Ctner ▶		L Year o	f formation		M State of I	egal domica	le
	art i	 _	nmary				1 - 102 - 0			THE CLEAKE OF IT		
	1			n'o minalan as m	and over found		TO DD	OV/IDE OLI	DOOT	THE THE	DE 4 E 4	ND HAE
	'		escribe the organization					OVIDE SUI	PORT	INE INE	DEAF P	ND HAP
		OF HEAD	RING COMMUNITY S	PECIFICALLY V	VIIH IELECON	IMONICALI	IONS IS	SUES	· 			
and	1						· -		· -			
ern												
Activities & Governance	2		is box 🕨 if the orga				nore than 2	25% of its net				
• •5	3		of voting members of t				•	•	_	3		8
Ě	4		of independent voting							4		88
ı Ş	5		nber of individuals em			art V, line 2	!a)			5		0
. ₹	6		nber of volunteers (est						<u> </u>	6		10
	7a		elated business reven							a		61,562
	b	Net unrel	lated business taxable	income from Fo	orm 990-1, line	34	 -	· · · ·		b		5,154
		01					<u> </u>	Prior Y			Current Ye	
e	8		tions and grants (Part				·		749,6			632,984
Revenue	9		service revenue (Part			•	<u> </u>		221,0			61,562
Ş	10		ent income (Part VIII, c						26			4,591
	11		venue (Part VIII, colum				⊢		6,5			713
	12		nue—add lines 8 throug						980,0	16		699,850
	13		nd similar amounts pa			3)	<u> </u>			-		0
	14 15		paid to or for members			\ lines 5 10\	. ∙ ⊨		044.5	40		0
ses	1		other compensation, emp), iiiles 5–10)	'		341,5	42		323,005
Expenses	16a		onal fundraising fees (F		•		· 0		- ;	 -		0
EX	17		draising expenses (Pa penses (Part IX, colum					·				<u> </u>
~~	18		penses (Fait IX, coluit penses Add lines 13-1			 (A) line (25)	· ·		703,8			486,981
رجي وڪي	19			•		• • •			1,045,4			809,986
<u> </u>	13	revenue	less expenses. Subtra	actimie to mom	mic 12	· · ·	+ -	equaning of C	-65,4			110,136
A sa	20	Total ass	ets (Part X, line 16) .				F ^B	eginning of C	340,1		End of Ye	ar 242,412
Pass 1	21		ulities (Part X, line 26)				· · -		122,2			138,320
(# 2)	22		ts or fund balances S	 ubtract line 21 fr			·		217,8			
\$ 04			nature Block	abilact line 21 II	0111 11116 20	<u> </u>	<u> </u>		217,0	001		104,092
			, I declare that I have examin	and this rates include	lino accompaniana e	chedules and s	latamente	and to the be	et of my kr			
	elief, it i	s true, coπec	t, and complete Declaration	of preparer (other t	an officer) is based	on all information	on of which	n preparer has	any knowi	ledge		
2			XILLE	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,	-			2/11	13		·
⊋ Sig	п	S	Signature of officer	-				· · · · · · · · · · · · · · · · · · ·	Date			
Sig	е		CLAUDE	STOUT.	- EXE	MTIVE	= bi	PETTO	2			
6 0		T T	Type or print name and title					W 1				
			Type preparer's name	Pri	eparer's signature	-		Date	7		PTIN	
Pai	d			J					Chec			
Pre	parer	's							self-e	employed		
	Only	l	name 🕨					Firm's E	IN ►			
			address ►					Phone	10			
May	the IF	RS discuss	s this return with the pr	eparer shown a	bove? (see inst	ructions)					Yes	X No
			ction Act Notice see th	-i					· · ·	· · L		90 (2010)

	990 (2010)		5-1146/84	Page 2
Pa	irt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		X
1	TO PRO	escribe the organization's mission: VIDE USPPORT TO THE DEAF AND HARD OF HEARING COMMUNITY SPECIFICALLY WITH MMUNICATIONS ISSUES		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	. Yes	X No
3	services'	organization cease conducting, or make significant changes in how it conducts, any program ?	. Yes	X No
4	Describe Section 5	the exempt purpose achievements for each of the organization's three largest program services by 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount to others, the total expenses, and revenue, if any, for each program service reported.		
4a	CEPIN V) (Expenses \$ 256,273 including grants of \$ 0) (Revenue \$ VORK - WORK RELATED TO THE DEPARTMENT OF HOMELAND SECURITY		
4b	(Code:) (Expenses \$ 184,657 including grants of \$ 0) (Revenue \$		0)
	COMMU	HED TELEPHONE DIRECTOR FOR USERS OF TELETYPEWRITER MACHINES TDI MEMBERS /	AND VARIOUS	
4c	(Code: EDAP W) (Expenses \$ 146,864 including grants of \$ 0) (Revenue \$ ORK		0.)
			•••••	
				•
4d	Other pro	gram services. (Describe in Schedule O.)		
	(Expense		0)	
4e		gram service expenses ► 596,921		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	-	Х
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		_^
		⊣	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1	1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	۳		
ŭ	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		i	
				v
-		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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	9		v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-9-		X
10				.,
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	_ ×	
ь	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	11b	į	X
C	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	11c	ļ	Х
d	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 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		-1	
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	142		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	· · · · · · · · · · · · · · · · · · ·	18		<u> </u>
17	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ایرا		v
20-	If "Yes," complete Schedule G, Part III	19		 _
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u>
Ø	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some		1	
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

Par	t 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	1 :		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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	-	X
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	24-		v
	24b through 24d and complete Schedule K If "No," go to line 25	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L	to defease any tax-exempt bonds?	'24c		
ч	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	274		
200	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	4		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	المختسد	- 122.2	اء ا
	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	l !		.,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	20-		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	28c		X
30	Did the organization receive more than \$25,000 in hon-cash contributions: If Fes, complete schedule in .	25		
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,			<u> </u>
٠.	Part 1	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		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No			
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	27		
	VI	37	\vdash	<u> </u>
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	20		
	131 Note. All 1 onti 330 lilets are required to complete scriedule O	38	gan	(2010)
		- Ont		(2010)

Form 990 (2010) TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, INC. 35-1146784 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ь Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) ·3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)? 4a b If "Yes," enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a h Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?.. 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter-÷ 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: Gross income from members or shareholders . Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?. 13a

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13b

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.

Sect	ion A. Governing Body and Management			<u> </u>
		-	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	7		
ь	Enter the number of voting members included in line 1a, above, who are independent	10.3	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		4	12
_	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	
6 72	Does the organization have members or stockholders?	6	-	X
14	of the governing body?	7.		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70	دۍ ته.	1
Ü	the year by the following.			5 1
а	The governing body?	25.1	X	, ,
b		8a 8b	 ^-	X
9	Lach committee with authority to act on behalf of the governing body?	00		 ^-
,	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		L	
0000	ion 5.1 onoics (This occurr & requests information about policies not required by the internal Nevenue o	ouc.,	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		 ^-
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ŀ
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1.00	_	
	form?	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7 3 3	-	X
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			<u> </u>
	rise to conflicts?	12Ь		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by		7.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100		i
а	The organization's CEO, Executive Director, or top management official.	15a	L •	X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	#	30	- 300
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		A. 175	
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	多	5.N 1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1	3.75	
	the organization's exempt status with respect to such arrangements?	16b		L
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	y)		
	available for 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 interes	t		
	policy, and financial 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: ► SAME AS ABOVE			

Form 990 (2010)	TELECOMMUNICATIONS FOR T	HE DEAF AND	HAR	D C)F H	1EA	RING	s, IN	NC.	35-11467	84 Page 7
Part VII	Compensation of Officers, Direct	ctors, Trustee	es, K	ey	Em	plo	yee	s, ŀ	lighest Comp	ensated	
	Employees, and Independent C			4: .	:	_ &L	.:- D		\ /II		
	Check if Schedule O contains a re										<u> </u>
Section A.	Officers, Directors, Trustees, Key E									-	
1a Complete organization's	this table for all persons required to be tax year.	listed. Report of	omp	ensa	atio	n fo	r the	cale	endar year endir	ng with or within	the
of compensat List all List the who received organization a	of the organization's current officers, of ion. Enter -0- in columns (D), (E), and of the organization's current key emploorganization's five current highest correportable compensation (Box 5 of Formand any related organizations.	(F) if no comper oyees, if any. S mpensated emp rm W-2 and/or I	nsationee in soloyed	on w stru es (vas ctio othe Forr	paid ns f er th m 1	d. for de nan a 099-N	finit n of MiS	ion of "key emp ficer, director, tr C) of more than	loyee." ustee, or key en \$100,000 from t	nployee) he
	of the organization's former officers, ke eportable compensation from the organ								c employees wr	io receivea more	e tnan
organization,	of the organization's former directors more than \$10,000 of reportable comp	ensation from tl	he or	gan	izati	ion	and a	any	related organiza	ıtions	e of the
	n the following order: individual trustee employees, and former such persons.		nstitu	tion	al tr	uste	ees; c	offic	ers; key employ	ees, highest	
Check the	is box if neither the organization nor an	y related organ	ızatic	n c	omp	ens	sated	any	y current officer,	director, or trus	tee
	(A)	(B)			(((D)	(E)	(F)
	Name and Title	Average hours per week (describe hours for related organizations	Individual trustee	Institutional	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
		in Schedule O)	tee	trustee			ensated				organizations
(1) ROY M PRESIDENT	ILLEK	1			x				0	0	0
(2) JOE DI			İ								
TREASURER		1.	 	<u> </u>	X	<u> </u>	<u> </u>		0	0	0
(3) FRED VICE PRESID		1.			x				0	0	0
(4) CAROL					V						^
SECRETARY (5) CLAUD		1		-	X		ļ		0	0	0
EXECUTIVE		50.		_			<u> </u>		73,415	0	0
(6) PHILIP	JACOB	1							0	0	0
	IANIE BUELL	1							0	0	0
(8) REBEC	CCA ROSENTHAL		-							J	<u> </u>
DIRECTOR		1.		<u> </u>		<u> </u>			0	0	0
(9) JUDITI DIRECTOR	I VIERA	1.							0	0	0
(10)											
(11)			<u> </u>			T		Г			-

(13)

(14)

(15)

F	Section A. Officers, Directors, Ir	(B)	iipio	yee		C)	nigiii	251	(D)	(E)		(F)
	Name and title	Average			chec	k all 1	that ap		Reportable	Reportable		Estimated
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	(i)	amount of other other ompensation from the organization and related rganizations
(17)								-				
(18)												
(19)												-
(20)								,				
(21)												
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
1b	Sub-total							•	73,415		0	0
C	Total from continuation sheets to Part VII,						•	•	70.445		0	0
<u>d</u> 2	Total (add lines 1b and 1c)	imited to those	listed	abo	ove)	·) wh	o rec	eiv	73,415 ed more than \$1		<u> </u>	
								-				Yes No
3	Did the organization list any former officer, did employee on line 1a? If "Yes," complete Sche					/ee,	or hi	ghe	est compensated	d 	3	\overline{x}
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual										4	X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "									idividual	5	×
Sec	tion B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,			-							
1	Complete this table for your five highest comp compensation from the organization.	ensated indepe	nden	t co	ntra	cto	rs tha	t re	ceived more tha	an \$100,000 o	f	
	(A) Name and business add	iress							(B) Description of se	rvices		(C) ensation
												C
												0
									·			0
									<u> </u>			<u>C</u>
2	Total number of independent contractors (inclumore than \$100,000 in compensation from the		nited	to th	nose	e lis	ted al	bov	e) who received			<u></u> - -

Par	t VIII	Statement of Revenue			<u> </u>			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्षे क	1a	Federated campaigns	1a	0	建	建	327 7 10	1
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	21,834		-	a. \$\sqrt{2}\sqrt{2}	
s, g	c	Fundraising events	1c			100		1
aff a	d	Related organizations	1d	0			*	《 》。
S, E	e	Government grants (contributions)	1e	590,552				<u> </u>
P Is	f	All other contributions, gifts, grants, and			- ·			
돌		similar amounts not included above	1f	20,598	* 5.	F	1 1 3	
돌음	l a	Noncash contributions included in lines 1a-1f	\$	0	1	-		
Sĕ	ň	Total. Add lines 1a-1f	•	>	632,984			
<u> </u>				Business Code	· · · · · · · · · · · · · · · · · · ·			
<u> </u>	2a	ADVERTISING			61,562		61,562	
Še	ь				0		3.,,55	
8	C				0		-	
2	ď		· -		0			
E	e		-		0		· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	f	All other program service revenue .			0			-
Ą.	g				61,562	-	-	-
	3	Investment income (including dividends, in other similar amounts)	teres	t, and ▶	4,591			4,591
	4	Income from investment of tax-exempt bor	nd pro	oceeds	0			
	5	Royalties	<u> </u>	<u>-</u>	<u> </u>	<u> </u>		
		(ı) Res	31	(ii) Personal	*	-		
	6a	Gross Rents		 				,
	b	Less: rental expenses .			· - ·	-	-	
	C	Rental income or (loss)	0	1 0				
	d	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·	0			
	7a	Gross amount from sales of (i) Secur		(II) Other	~	·		
		assets other than inventory	0	0				-
	b	Less: cost or other basis			-		_	-
	İ	and sales expenses	0		-	, , *		-
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)		, •	0			
enne	8a	Gross income from fundraising			-	-		-
ě		events (not including \$0 of contributions reported on line 1c)					-	# 1
E		See Part IV, line 18	_	0			٠ .	
Other Revei		Less: direct expenses	. а	- 0	٠	-		
O		Net income or (loss) from fundraising ever						
		Gross income from gaming activities.	แธ	_····	<u> </u>	~.·		
	Ja		_	1		· .		
		See Part IV, line 19		0				~
	b	Less: direct expenses						
		Net income or (loss) from gaming activities	· .		0			
	10a	Gross sales of inventory, less returns and allowances	_					
			_		1			-
		Less: cost of goods sold	b	0				
	<u> </u>	Net income or (loss) from sales of inventor	у.	<u> ▶</u>	0			
	40-	Miscellaneous Revenue		Business Code		-	-	
	1	SALE OF BLUE BOOKS			563			563
	b	MISCELLANEOUS			150		 	
	С	A U - Al			0			
	d	All other revenue		L	0		76 ,	
	e 42	Total. Add lines 11a-11d			713			
	12	Total revenue. See instructions		<u> </u>	699,850	0	61,562	5,154

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses oeneral expenses 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 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees 73,415 55,062 18,353 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 198,729 160,718 Other salaries and wages . . . 38.011 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 1,320 Other employee benefits 31.368 -3.229 9 28.139 Payroll taxes . . 21,402 16,949 4,453 10 Fees for services (non-employees) 11 a Management . . . Legal . 0 b Accounting 7,000 7,000 C d Lobbying. e Professional fundraising services See Part IV, line 17 0 Investment management fees . . . 0 f **q** Other n 225 225 12 Advertising and promotion . 8,242 1.088 Office expenses 7,154 13 Information technology 14 0 15 41,133 25,413 15,720 16 Occupancy . Travel 33,653 23,440 10,213 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 13,720 1,718 12,002 20 Payments to affiliates 21 0 0 22 Depreciation, depletion, and amortization . . . 6,031 6,031 0 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) **BAD DEBT EXPENSE** 1,094 1,094 CONTRACTUAL SERVICES 800 95,367 94,567 PROFESSIONAL SERVICES 61,086 61,086 d PRINTING AND PUBLICATIONS 57,602 125 57,477 e INTERPRETING SERVICES 56,758 <u>35,768</u> 20,990 f All other expenses 105,070 80,887 24,183 Total functional expenses. Add lines 1 through 24f 809,986 596,921 213,065 Joint costs. Check here ▶ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Balance Sheet Part X (A) Beginning of year End of year 100 1 0 Cash—non-interest-bearing 2 466 2 Savings and temporary cash investments 20,170 3 3 0 4 112,439 4 37.216 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . Notes and loans receivable, net . . 872 Inventories for sale or use . 28.336 28.336 8 9 Prepaid expenses and deferred charges 1,439 9 1,439 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 32,141 Less: accumulated depreciation . 17,540 b 10b 20,631 10c 11 Investments—publicly traded securities . . 155,468 11 159,192 12 Investments-other securities See Part IV, line 11 ol 12 0 13 Investments—program-related. See Part IV, line 11 o 13 0 14 Intangible assets 0 14 0 15 Other assets. See Part IV, line 11 3,753 15 4,253 16 Total assets. Add lines 1 through 15 (must equal line 34) 340,117 16 242,412 Accounts payable and accrued expenses . . . 17 122.237 17 138,320 Grants payable . . 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities. Complete Part X of Schedule D . . . ol 25 0 26 Total liabilities. Add lines 17 through 25 122,237 26 138,320 Organizations that follow SFAS 117, check here ► X and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 217,880 27 104,092 .28 Temporarily restricted net assets 28 or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. **Net Assets** Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 217,880 33 104.092 34 Total liabilities and net assets/fund balances 340,117 34 242,412

Form 9	990 (2010) IELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, INC.	35	<u>-1146784 </u>	Pag	ge 1 Z
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		699	,850
2	Total expenses (must equal Part IX, column (A), line 25)	2		809	,986
3	Revenue less expenses. Subtract line 2 from line 1	3		-110	,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		217	,880
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3	,652
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		104	,092
Рап	· · ·				
	Check if Schedule O contains a response to any question in this Part XII			<u>. </u>	
			To 128 1	Yes	No
1	Accounting method used to prepare the Form 990.		_ 32	33	聚
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				3
	Schedule O.			36	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
þ	Were the organization's financial statements audited by an independent accountant?		2b	<u>-X</u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• •	2c	X	F
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			73	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		[]	5	
u	issued on a separate basis, consolidated basis, or both		7 2	Je .	A . 1
	Separate basis Consolidated basis X Both consolidated and separate basis	•	30 Te	7	
	 ·		- 200	ء د	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ	V
	the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•	3a		X
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	ŀ	
	required about or additio, explain willy in Schiedule of and describe any steps taken to didengo such abouts		Form	990	(2010)
			FORM	- (,2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

20**10**

Open to Public Inspection

Name	of the	organization					-		Employe	r identificat	ion numb	er	
				DEAF AND HARD OF					<u> </u>		46784		
Pa				arity Status (All org		_		•		struction	ıs		
ine i	orgar		•	ation because it is: (Forches, or association o		_		-	•	i)			
2	H			on 170(b)(1)(A)(ii). (Al			cu iii see		(~)(•)(~)(.,.			
3	H			nospital service organi:		•	section	170/b\/1\	(Δ\/iii\				
4	H	-		ation operated in conju						/b\/1\/Δ\	(iii) Ent	ar tha	
_		hospital's na	ime, city, and sta	ate:									
5		-	•	r the benefit of a colleg (Complete Part II.)	ge or univ	ersity owr	ed or ope	erated by	a governr	nental un	it descri	bed	
6		A federal, st	ate, or local gov	ernment or governmer	ntal unit d	escribed i	n sectio :	n 170(b)(1)(A)(v).				
7		-		y receives a substantia (1)(A)(vi). (Complete l	-	ts suppor	t from a g	overnme	ntal unit o	r from the	genera	l publi	С
8		A community	y trust described	I in section 170(b)(1)((A)(vi) . (C	omplete i	Part II.)						
9	X			y receives: (1) more th									
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a Type		Type II c		e III-Fund			e iiies i i		ype III-	Othor	
e				y that the organization			-	-	ov one or				
-	اا	-		on managers and othe			-	-	-		-		on
			section 509(a)(2	_			. ,		J				
f		_	zation received a	a written determination	from the	IRS that	ıt ıs a Typ	e I, Type	il, or Typ	e III supp	orting		
g		-	•	the organization accep	 pted any o	aft or con	tribution f	rom any c	of the	• •		•	
Ū		following per				-		•			_		
			-	or indirectly controls,		_		persons o	described	in (II)		Yes	No
		•	,	verning body of the sup person described in (i)		rganizatio	n? .			• •	11g(i) 11g(ii)		
				y of a person describe		(iı) above	?				11g(iil)		
h		• •		ation about the suppor						·			
(1)		of supported	(ii) EIN	(III) Type of organization			1	ou notify		ls the	1 '	Amoun	t of
	urg	anization		(described on lines 1–9 above or IRC section	governing	document?	∞l (i)	nization in of your	(i) organi	tion in col ized in the]	support	
				(see instructions))	Yes	l Na	sup Yes	port?	Yes	S?	-		
(A)			 		Tes	No	res	No	Tes	No	 		
(~)													0
(B)													0
(C)													0
(D)													.0
(E)		 											
									 				0
Tota	ı				Į.			į	i .		ı		0

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support	quality unidor	1.10 10010 11010	u 55.511, p.54	<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1			,	ł	
	include any "unusual grants.")	1					0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
. 5	The portion of total contributions by each			1860		10	
	person (other than a governmental unit		*				
	or publicly supported organization)			25,2 5 5			
	included on line 1 that exceeds 2%		**				
	of the amount shown on line 11,			٠. ۶		毛	
_	column (f)					1 = 2	
6	Public support. Subtract line 5 from line 4	<u> </u>				,	0
	ion B. Total Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	0			0	0	0
8	Gross income from interest, dividends,			<u> </u>			
Ü	payments received on securities loans,					1	
	rents, royalties and income from similar						
	sources .				:	İ	C
9	Net income from unrelated business						
_	activities, whether or not the business is	[
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1	,				
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.	* /**		· ·	<u> </u>	~	0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o				h tax year as a	section 501(c)	(3)
	organization, check this box and stop here		<u> </u>		· · · ·		<u> </u>
Sect	ion C. Computation of Public Support			<u>-</u>			
14	Public support percentage for 2010 (line 6, o				•	14	0 00%
15	Public support percentage from 2009 Sched	lule A, Part II, I	ine 14			15	0 00%
16a							
	and stop here. The organization qualifies as						
b	33 1/3% support test-2009. If the organiza box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test-2010.	•	• • • •				
	is 10% or more, and if the organization mee	-					
	Part IV how the organization meets the "fact						
	organization			-	-		
b	10%-facts-and-circumstances test-2009.						
	15 is 10% or more, and if the organization m	•					
	Part IV how the organization meets the "fact						
	supported organization						▶□
18	Private foundation. If the organization did	not check a box	k on line 13, 16	a, 16b, 17a .or	17b, check thi	is box and see	
	instructions				-		▶□

Schedule A (Form 990 or 990-EZ) 2010

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	lion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	870,466	472,005	610,741	749,789	631,723	3,334,724
2	Gross receipts from admissions, merchandise				1		
	sold or services performed, or facilities furnished					1	
	in any activity that is related to the						
	organization's tax-exempt purpose	255,109	257,988	216,633	194,935	61,562	986,227
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
	ıts behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge						0
6	Total. Add lines 1 through 5.	1,125,575	729,993	827,374	944,724	693,285	4,320,951
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received		İ				
	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)					_	4,320,951
500	tion B. Total Support						4,320,931
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	1,125,575	729,993	827,374	944,724	693,285	4,320,951
10a	Gross income from interest, dividends,						
	payments received on securities loans,	4.400	4.500	5 400	0.050	4 504	04.044
	rents, royalties and income from similar sources Unrelated business taxable income (less	4,106	4,592	5,400	2,652	4,591	21,341
b	section 511 taxes) from businesses	ļ				ŀ	
	acquired after June 30, 1975		1				0
c	Add lines 10a and 10b	4,106	4,592	5,400	2,652	4,591	21,341
11	Net income from unrelated business			5,100			
	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
-	loss from the sale of capital assets (Explain in Part IV.)			,			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,129,681	734,585	832,774	947,376	697,876	4,342,292
14	First five years. If the Form 990 is for the organiza						
	organization, check this box and stop here						▶ 🔲
Sec	tion C. Computation of Public Support F	Percentage		· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2010 (line 8, column		= 13, column (f))			15	99 51%
16	Public support percentage from 2009 Schedule A, I	Part III, line 15.	· ·		[16	0.00%
Sec	tion D. Computation of Investment Inco	me Percenta	ge				
17	Investment income percentage for 2010 (line 10c, o	olumn (f) divided	by line 13, colu	mn (f)) .		17	0.49%
18	Investment income percentage from 2009 Schedule	A, Part III, line	17		[18	0.00%
19a	33 1/3% support tests-2010. If the organization di	d not check the l	oox on line 14, a	nd line 15 is mor	e than 33 1/3% a	and line 17 is	
	not more than 33 1/3%, check this box and stop he	_					▶ 🗓
b	33 1/3% support tests-2009. If the organization di						. —
	line 18 is not more than 33 1/3%, check this box an	=	=			•	▶∐
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b, o	check this box ai	nd see instruction	ns	▶∐

Part IV	990 or 990-EZ) 2010 Supplementa				HARD OF HEARING, IN explanations required	
		₄or 17b; and Pa	art III, line 12. Al	so complete this	part for any additional	I information. (See
	instructions).					-
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •					•••••
			· • • - <i></i>			*
-						

		•••••				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2010

Open to Public Inspection

Name of the organization Employer identification number TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, INC. 35-1146784 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified 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 2a_ Total number of conservation easements 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year ► 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

8

TELECOMMUNICATIONS FOR THE DEAF AND HARD OF HEARING, IN(35-1146784

	dule D (Form 990) 2010										Page 2
Par	t III Organizations Maintaining Colle									ued)	
3	Using the organization's acquisition, accessuse of its collection items (check all that ap	sion, and other									
а	Public exhibition	• 77	d		Loan	or exchange	progr	ams			
b	Scholarly research		е	\Box	Other	r					
С	Preservation for future generations										
4	Provide a description of the organization's	collections and	l ext	olain ho	w they	further the o	rganiz	ation's exempt or	uroose ir		
	Part XIV.				· · · · · · · · · · · · · ·		. 3				
5	During the year, did the organization solicit	or receive dor	natio	ns of a	rt, histo	orical treasur	es, or	other simılar			
	assets to be sold to raise funds rather than	to be maintain	ned a	as part	of the	organization's	s colle	ction?	Y	es 🔙	No
Par	t IV Escrow and Custodial Arrange						were	"Yes" to Form	990, Pa	rt	-
	IV, line 9, or reported an amount										
1a	Is the organization an agent, trustee, custo	dian or other in	nterr	nediary	/ for co	ntributions or	other	assets not			1
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part XI	 V and complet	to th		una tal		•	•	Y	es	No
b	in res, explain the arrangement in Fatt A	v and complet	ie iii	e ionov	ving tat	ble.			Amount		
С	Beginning balance							lc	Amount		
d	Additions during the year			•	_		_	d	,		
e	Distributions during the year							le			
f	Ending balance .							1f			0
2a	Did the organization include an amount on	Form 990. Par	t X.	line 21	?.					es X	No
b	If "Yes," explain the arrangement in Part XI		,		, .				٠. لـــا	تنا ۵۰	,
Par			tion	answ	ered "	Yes" to Forr	n 990	. Part IV. line 10).		
		Current year		(b) Pnor y		(c) Two years		(d) Three years bac		our years	back
1a	Beginning of year balance									<u> </u>	2
b	Contributions .							在对 联系统			
С	Net investment earnings, gains,					1				-	
	and losses									<u> </u>	
d	Grants or scholarships								<u> </u>		رمير. ا رت ير د
е	Other expenditures for facilities	ŀ								ات میرو کم	ار در ت
	and programs					ļ					
f	Administrative expenses .	0			0	 			.F 10a	ر تر د سونو سد مار د مارد ساست	ر در الم راق المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع المراقع ا المراقع المراقع
g 2	End of year balance	<u></u>	a ha	ld ac:		<u>'I</u>	0	1 3 2 2 2 3 4 1 3	<u>: </u>	<u> </u>	. ~ . 3
a	Board designated or quasi-endowment		5 116	% «							
b	Permanent endowment	%									
c	Term endowment ► %	3									
3a	Are there endowment funds not in the poss	ession of the c	orgai	nizatıoı	n that a	re held and a	dmını	stered for the			
	organization by.		•							Yes	No
	(i) unrelated organizations.								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization		•						_3b		
4	Describe in Part XIV the intended uses of the										
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.											
	Description of investment	(a) Cost or oth (investme		SIS		ost or other is (other)	(0	depreciation	(d) B	ook valu	e
1a	Land			0		0	**				0
b	Buildings			0		0		0			0
c	Leasehold improvements			0		0		0			0
d	Equipment			0		0		0			0
e	Other	<u> </u>		0		32,141		20,631			1,510
Tota	I. Add lines 1a through 1e (Column (d) must	egual Form 9	90. I	Part X.	columi	n (B), line 10t	(c).)	▶		1	1.510

Schedule D (Form 990) 2010

Part VII	Investments—Other Securiti	es. See Form 990, Part X,	, line 12.	
) Description of secunty or category (including name of secunty)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	derivatives	0		
	neld equity interests	0		
(3) Other		0		
		0	 	
(<u>B</u>)		0	• · · · · · · · · · · · · · · · · · · ·	
(C)		0		
(D)		0		
{E}		0	· · · · · · · · · · · · · · · · · · ·	
(G)		0		
(H)		0		
(1)		0		
Total. (Column (b.	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relat	ed. See Form 990, Part X	(, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)		0		
(2)	·	0		
(3)		0		
_(4)		0		
(5)		0		
<u>(6)</u> (7)		0		
(8)		0		
(9)		0		
(10)		0	<u> </u>	
	must equal Form 990, Part X, col (B) Ine 13)	0		
Part IX	Other Assets. See Form 990,	Part X, line 15.		
	(a) Description	(b) Book value	
(1)				0
(2)				0
(3)			 	<u>0</u>
(4)				0
(6)		···		<u>0</u>
(7)				0
(8)				0
(9)				0
(10)	· · · · · · · · · · · · · · · · · · ·			0
	mn (b) must equal Form 990, Part X, o		<u></u> ⊳	_0
Part X	Other Liabilities. See Form 99		1	
1.	(a) Description of liability	(b) Amount		
	income taxes	0		
(2)			-	
<u>(3)</u> <u>(4)</u>		0	,	
(5)			* · · · · · · · · · · · · · · · · · · ·	
(6)		0		
(7)		0	*	
(8)		0		
(9)		0		
(10)		C	A STATE OF THE STA	
(11)		0		
Total. (Column (b)	must equal Form 990, Part X, col (B) line 25)	0		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).