

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)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning Oct 1, 2008, **and ending** Sep 30, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ITS MY HEART, INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1775 ST JAMES PLACE 130 City or town, state or country, and ZIP + 4 HOUSTON TX 77056	D Employer identification number 20-4056096
		E Telephone number (713) 334-4244
		F Group Exemption Number ▶ 5485

• 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: ▶ N/A

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

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

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 124,174.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received 1 81,153.
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3
	4 Investment income 4
	5a Gross amount from sale of assets other than inventory 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) 5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> 6
	a Gross revenue (not including \$ 81,153. of contributions reported on line 1) 6a 43,021.
b Less: direct expenses other than fundraising expenses 6b 21,609.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 21,412.	
7a Gross sales of inventory, less returns and allowances 7a	
b Less: cost of goods sold 7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	
8 Other revenue (describe ▶) 8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶ 9 102,565.	
EXPENSES	10 Grants and similar amounts paid (attach schedule) 10
	11 Benefits paid to or for members 11
	12 Salaries, other compensation, and employee benefits 12
	13 Professional fees and other payments to independent contractors 13 26,538.
	14 Occupancy, rent, utilities, and maintenance 14
	15 Printing, publications, postage, and shipping 15
	16 Other expenses (describe ▶ See Other Expenses Statement) 16 75,278.
17 Total expenses (add lines 10 through 16) ▶ 17 101,816.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 749.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 5,514.
	20 Other changes in net assets or fund balances (attach explanation) 20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 6,263.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments 22 751. 1,608.	751.	1,608.
23 Land and buildings 23 0. 0.	0.	0.
24 Other assets (describe ▶ FURNITURE/COMPUTER EQUIPMENT) 24 6,524. 6,416.	6,524.	6,416.
25 Total assets 25 7,275. 8,024.	7,275.	8,024.
26 Total liabilities (describe ▶ See L-26 Stmt) 26 1,761. 1,761.	1,761.	1,761.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 5,514. 6,263.	5,514.	6,263.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose? EDUCATION/SUPPORT FOR THOSE W/CONGENITAL HEART DEFECTS
 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.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

<p>28 <u>COMFORT BAG TOTE PROGRAM: MATERIAL TOTE BAGS THAT INCLUDE INFORMATION, ACTIVITIES, SNACKS, MATERIALS TO WRITE WITH/ON, CONGENITAL HEART DISEASE INFO, & ITEMS SUGGESTED BY THE MEDICAL HEALTH INDUSTRY WHICH HELP SUPPORT FAMILIES WHILE STAYING IN THE CARDIOVASCULAR ICU.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>28 a 35,000.</p>
<p>29 <u>FAMILY CONFERENCE: ANNUAL CONFERENCE TO EDUCATE & PROVIDE TOOLS TO FAMILIES AFFECTED BY CONGENITAL HEART DISEASE. THE CONFERENCE IS BROKEN DOWN BY ADULTS, TEENS, & CHILDREN OVER 5 YRS. THIS CONFERENCE, HELD IN HOUSTON, TX, HOSTS MANY DOCTORS & MEDICAL PROFESSIONALS.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29 a 20,000.</p>
<p>30 <u>AWARENESS/ADVOCACY: BROCHURES FOR THE GEN'L PUBLIC ON CONGENITAL HEART DISEASE & A MEDICAL RECORDING BOOKLET TO STORE MEDICAL INFO FOR PATIENTS. THESE ARE NOT ONLY PROVIDED TO OUR CHAPTERS BUT ALSO SHIPPED TO ANYONE WHO REQUESTS THEM ONLINE AS WELL AS BEING DISTRIBUTED TO CLINICS/HOSPITALS.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>30 a 12,000.</p>
<p>31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>31 a</p>
<p>32 Total program service expenses (add lines 28a through 31a) ▶</p>	<p>32 67,000.</p>

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
CORRIE STASSEN 19310 HOLLOWLOG KATY TX 77449	EXECUTIVE DIRECTOR 45.00	35,653.	0.	
LAUREN SIMPSON 10306 SAGEORCHARD LANE HOUSTON TX 77089	SECRETARY 35.00	3,240.	0.	
ALEXIS DURHAM 19502 WESTHAVEN HOUSTON TX 77084	TREASURER 4.50	0.	0.	
ANISSA SPEIGHT 27050 DECKER PRAIRIE ROSEHILL RD MAGNOLIA TX 77355	MEDICAL ADVISORY BOARD COOR. 3.00	0.	0.	
KATY WOLFF 9707 RUNNYMEADE HOUSTON TX 77096	COMMUNITY LIAISON 25.00	0.	0.	
HEATHER VINSON 4615 OSAGE DRIVE BAYTOWN TX 77521	CHAPTER DEVELOPMENT DIR 22.00	0.	0.	
OLIVIA OBER 2718 FONTANA HOUSTON TX 77043	NEWSLETTER EDITOR 2.00	0.	0.	
LAURIE HUTCHINGS 3006 STELLAS PASSAGE MISSOURI CITY TX 77459	FAMILY MATCHING ADM. 4.00	0.	0.	
KATE SHAMSZAD 7171 BUFFALO SPEEDWAY #1322 HOUSTON TX 77025	CHILD LIFE 0.50	0.	0.	
DEBE LIEN 28218 PEPPER HOLLOW LANE SPRING TX 77386	CYBER RELATIONS 5.00	0.	0.	
ROBYN STEINBERG 49 WOODLAND TRAIL CARMEL NY 10512	WEB ADMINISTRATOR 5.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Smt				

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	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,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶		

42a The books are in care of HEATHER VINSON Telephone no. (713) 334-4244
 Located at 1775 ST JAMES PLACE, STE 130 HOUSTON TX ZIP + 4 77056

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: ▶		X
42c	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: ▶		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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.

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

CLIENT COPY

Paid Preparer's Use Only

Preparer's signature: *Denise N. Hammond* Date: 05/06/10

Firm's name (or yours if self-employed), address, and ZIP + 4: DENISE N. HAMMOND, PO BOX 11781, Spring, TX 77391-1781

Check if self-employed: Preparer's Identifying Number (See instructions): P00010360

EIN: _____ Phone no.: (281) 251-1177

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization ITS MY HEART, INC	Employer identification number 20-4056096
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	0.	0.	12,311.	16,743.	81,153.	110,207.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1-3	0.	0.	12,311.	16,743.	81,153.	110,207.
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						110,207.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0.	0.	12,311.	16,743.	81,153.	110,207.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	4.	11.	0.	15.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			50.			50.
11 Total support. Add lines 7 through 10						110,272.
12 Gross receipts from related activities, etc. (see instructions)					12	142,985.
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
16b 33-1/3 support test – 2007. 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.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2008. 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.	<input type="checkbox"/>	
17b 10%-facts-and-circumstances test – 2007. 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.	<input type="checkbox"/>	
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	<input type="checkbox"/>	

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

ITS MY HEART, INC

Identifying number

20-4056096

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	36.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	2,368.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,225.	5.0 yrs	HY	200DB	245.
c 7-year property		1,535.	7.0 yrs	HY	200DB	219.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,868.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No										24b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No									
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25																			
26 Property used more than 50% in a qualified business use:																			
27 Property used 50% or less in a qualified business use:																			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28																			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29																			

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

**Form 990-EZ
Part II**

Other Assets and Liabilities

2008

Name as Shown on Return
ITS MY HEART, INC

Employer Identification No.
20-4056096

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
OPENING BALANCE EQUITY	1,761.	
Totals to Form 990-EZ, Part II, line 26	1,761.	

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
ACCOUNTING FEES NATIONAL	430.
ADVERTISING	2,653.
BANK FEES	1,983.
BOOTCAMP	3,613.
CHAPTER REIMBURSEMENTS	1,735.
COMFORT BAG SUPPLIES NATIONAL EXP	1,844.
COMFORT BAG TOTES NATIONAL EXP	4,249.
Depreciation	2,868.
DUES AND REGISTRATION FEES	1,535.
DUES/SUBSCRIPTIONS NATIONAL	134.
EBAY/PAYPAL EXPENSE	324.
ENTERTAINMENT NATIONAL CONFERENCE	4,832.
FACILITIES AND EQUIPMENT	234.
FAMILY EVENT EXPENSE	159.
FAMILY SUPPORT	399.
FILING FEES CHAPTER	27.
FREIGHT/POSTAGE NATIONAL	804.
GRAPHICS DESIGN NATIONAL	1,500.
HOSPITAL PROGRAMS	4,689.
INSURANCE	295.
INTERNET/EMAIL/PHONE NATIONAL	7,018.
LEGACY BOX SUPPLIES NATIONAL EXP	128.
LICENSED SOFTWARE	1,197.
MATERIALS NATIONAL CONFERENCE	1,721.
MEETING EXPENSE	416.
MEETING EXPENSE NAT'L CONFERENCE	613.
MISC	430.
MISC NATIONAL CONFERENCE	410.
OFFICE EXPENSE	116.
OFFICE RENT - NATIONAL	941.
OFFICE SUPPLIES	
OTHER CHAPTER EXP	80.
PER DIEM NATIONAL CONFERENCE	723.
POSTAGE CHAPTER	754.
POSTAGE NATIONAL	361.
PRINTING/COPYING NATIONAL	4,726.
REGISTRATION EXPENSE	9.
RENT/STORAGE/MOVING EXP NATIONAL	3,449.
SUPPLIES	5.
SUPPLIES NATIONAL	1,472.
TELEPHONE	1,062.
TOTE BAGS	2,951.
TRAVEL EXP CHAPTER	2,971.
TRAVEL MEALS NATIONAL	95.
TRAVEL MILEAGE	397.
TRAVEL NATIONAL	3,156.
TRAVEL NATIONAL CONFERENCE	787.
TRAVEL/HOTEL NATIONAL CONFERENCE	1,262.
ACCOUNTING FEES - ASK MY ACCOUNTANT	616.
KINTERA BLACKBAUD REGISTRATION SVC	3,105.
Total	75,278.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANN MARTIN 9307 PRAIRIE TRAILS DR SPRING TX 77379 Foreign city ... Foreign country	Title IT ADM Hours/Week 0.75	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ASHLEY AUZENNE 5403 BEVERLY HILL, APT 27 HOUSTON TX 77056 Foreign city ... Foreign country	Title PROJECT DEVELOPME Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GAIL BRASSER 3250 WINDMOOR DR. KATY TX 77449 Foreign city ... Foreign country	Title PROJECT SEAMSTRES Hours/Week 1.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PAMELA FLOYD 7919 S. WELLINGTON KATY TX 77055 Foreign city ... Foreign country	Title CONFERENCE CHAIR Hours/Week 4.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CAILEY FITZGERALD 2865 MATCH POINT LANE FRIENDSWOOD TX 77546 Foreign city ... Foreign country	Title WGH CHAIR Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JILL VANTINE 626 BAYVIEW DRIVE EL LAGO TX 77586 Foreign city ... Foreign country	Title TRANSITION COOR. Hours/Week 4.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TIFFANY GALLIGAN 7200 MESA DRIVE AUSTIN TX 78731 Foreign city ... Foreign country	Title MARKETING Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ALLISON JOHNSTON 1511 HARVARD STREE HOUSTON TX 77008 Foreign city ... Foreign country	Title WALK/NEWSLETTER H Hours/Week 0.75	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TY MCCATHRAN 4310 PINEY CREEK LANE SPRING TX 77388 Foreign city ... Foreign country	Title LEGISLATIVE LIAIS Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TIM HUTCHINGS 3006 STELLAS PASSAGE MISSOURI CITY TX 77459 Foreign city ... Foreign country	Title ADMINISTRATOR ASS Hours/Week 2.75	0.	0.	