



OMB No. 1545-1150

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)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning Oct 1, 2007, and ending Sep 30, 2008

B Check if applicable: <input 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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ITS MY HEART, INC	D Employer identification number 20-4056096
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite City or town, state or country, and ZIP + 4 KATY TX 77449-3938	E Telephone number 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) ▶

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

I Website: ▶ WWW.ITSMYHEART.ORG

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 \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 80,636.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	16,743.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	11.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach sched)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 16,743. of contributions reported on line 1)	6a	63,882.
6b	Less: direct expenses other than fundraising expenses	6b	9,395.	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	54,487.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	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	71,241.	
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	1,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	5,541.
	13	Professional fees and other payments to independent contractors	13	20,410.
	14	Occupancy, rent, utilities, and maintenance	14	1,001.
	15	Printing, publications, postage, and shipping	15	19,075.
	16	Other expenses (describe ▶ See Other Expenses Statement)	16	34,862.
	17	Total expenses (add lines 10 through 16)	17	81,889.
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-10,648.	
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	16,162.
	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	5,514.

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	17,398.	751.
23	Land and buildings	0.	0.
24	Other assets (describe ▶ FURNITURE/COMPUTER EQUIPMENT)	525.	6,524.
25	Total assets	17,923.	7,275.
26	Total liabilities (describe ▶ See L-26 Stmt)	1,761.	1,761.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,162.	5,514.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? EDUCATION/SUPPORT FOR THOSE W/CONGENITAL HEART DEFECTS		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	SCHOLARSHIP TO DR. NGUYEN, [REDACTED] TX 77064		
	(Grants \$ 500.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	500.
29	SCHOLARSHIP TO KIMBERLY DUNN [REDACTED] LA PORTE, TX 77571		
	(Grants \$ 500.) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	500.
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses. Add lines 28a through 31a	32	1,000.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See List of Officers, Etc. Statement				

Part V Other Information (Note the statement requirement in the instructions.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33	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	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
b	Did the organization file Form 1120-POL for this year?	37 b	X
38 a	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?	38 a	X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b	N/A
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39 a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A

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

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____

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

	Yes	No
40b		X
40c		
40d		
40e		X

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

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

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

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

42a The books are in care of ▶ ALEXIS DURHAM

Telephone no. ▶ (832) 489-0518

Located at ▶ 19502 WESTHAVEN DR HOUSTON

TX ZIP + 4 ▶ 77084

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: ▶ _____

	Yes	No
42b		X
42c		X

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

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

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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

Please Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____



Paid Preparer's Use Only

Preparer's signature ▶ Denise N. Hammond Date 04/28/09
 Check if self-employed Preparer's SSN or PTIN (See General Instruction X) P00010360
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DENISE N. HAMMOND
PO BOX 11781
Spring TX 77391-1781 EIN ▶ _____ Phone no. ▶ _____

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

ITS MY HEART, INC

Employer identification number

20-4056096

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(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 \$50,000	NONE			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	NONE	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) See Line 3a Stmt.	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

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

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

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	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
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 2006 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 2008. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant 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	27.

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 2007	17	0.
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 2007 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		7,399.	5.0 yrs	HY	200DB	1,480.
c 7-year property						
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 2007 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	1,507.
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	

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
ADVERTISING	81.
Depreciation	1,507.
BANK FEES	1,128.
COMFORT BAG SUPPLIES	4,556.
COMFORT BAG TOTES	7,306.
FAMILY SUPPORT	823.
DUES AND REGISTRATION FEES	85.
DUES SUBSCRIPTIONS	910.
ENTERTAINMENT	523.
FAMILY EVENT EXPENSE	14.
FINANCE CHARGE	5.
HOSPITAL PROGRAMS	3,654.
INSURANCE	472.
INTERNET/EMAIL/PHONE	2,160.
LEGACY BOX SUPPLIES	290.
MEETING EXPENSE	522.
MEETING EXPENSE	271.
PAY PAL EXPENSE	1,207.
SUPPLIES	261.
SUPPLIES	977.
TRAVEL	196.
TRAVEL	6,577.
TRAVEL MEALS	488.
UNIFORMS	35.
REGISTRATION EXPENSE	90.
BOOTCAMP	20.
OFFICE SUPPLIES	278.
MISC	38.
OFFICE EXPENSE	319.
BALANCE SHEET ADJUSTMENT	69.
Total	34,862.

Form 990-EZ, Page 2, Part IV
List of Officers, Etc. Statement

(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"/> CORRIE STASSEN [REDACTED]	PRESIDENT			
KATY TX 77 [REDACTED] Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SHARON MOSBY [REDACTED]	60.00	5,541.	0.	0.
HOUSTON TX 77 [REDACTED] Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KATY WOLFF [REDACTED]	VICE PRESIDENT			
HOUSTON TX 77 [REDACTED]	20.00	0.	0.	0.
PROGRAM DIRECTOR HOUSTON TX 77 [REDACTED]	7.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV
List of Officers, Etc. Statement

Continued

(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"/>				
ANISSA SPEIGHT	SECRETARY			
MAGNOLIA TX 77	7.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
DANICA BOTELLO	OUTREACH/VOLUNTEE			
MAGNOLIA TX 77	12.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
HEATHER VINSON	COMFORT BAG ADM.			
BAYTOWN TX 77	15.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
OLIVIA OBER	NEWSLETTER EDITOR			
HOUSTON TX 77	2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
LAUREN SIMPSON	FAMILY MATCHING A			
HOUSTON TX 77	10.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
KATE SHAMZAD	GRANTS ADM			
HOUSTON TX 77	7.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MANDY TATE	WE GOT HEART DIR			
HOUSTON TX 77	4.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
ALEXIS DURHAM	TREASURER			
HOUSTON TX 77	15.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
MARK STASSEN	IT ADM			
KATY TX 77	4.00	0.	0.	0.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment to Affilate ... SCHOLARSHIP

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DR. NGUYEN [REDACTED] HOUSTON TX 77 [REDACTED]	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment to Affilate ... SCHOLARSHIP

Class of Activity	Donee's Name and Address	Donee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input type="checkbox"/> KIMBERLY DUNN [REDACTED] LA PORTE TX 77 [REDACTED]	NONE	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part II, Line 26

Total Liabilities Statement

Line 26 - Total Liabilities:	Beginning of Year	End of Year
OPENING BALANCE EQUITY	1,761.	1,761.
Total	<u>1,761.</u>	<u>1,761.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
MISC	50.				50.
Total	<u>50.</u>				<u>50.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part III

Line 3a

Explanation of: How We Determine Which Recipients Qualify to Receive Payments

ITS MY HEART CONTACTED TWO MEDICAL UNIVERSITIES TO PICK STUDENTS WHO
THEY DEEMED TO BE THE BEST CANDIDATES FOR THE TWO SCHOLARSHIPS GIVEN.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
ACCOUNTING FEES	375.
NATIONAL ACCOUNTING FEES	1,050.
LEGAL FEES	1,625.
FD CREATIVE	4,000.
ELVTECH	13,360.
Total	<u>20,410.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
RENT, PARKING, UTIL	48.
RENT/STORAGE	704.
REPAIRS	249.
Total	<u>1,001.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
COOKBOOK PRINTING	2,830.
POSTAGE, PRINTING	720.
POSTAGE	1,326.
GRAPHICS DESIGN	1,761.
BROCHURES	11,287.
FREIGHT, POSTAGE	1,151.
Total	<u>19,075.</u>

Supporting Statement of:

Form 990-EZ/Line 16 Amount-3

Description	Amount
FEES	830.
RETURNED CHECKS	298.
Total	<u>1,128.</u>