

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2001Open to Public
Inspection

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002****B** Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instructions**C** Name of organization**HEARTSPRING, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

8700 EAST 29TH ST. NORTH

City or town, state or country, and ZIP + 4

WICHITA, KS 67226**D** Employer identification number**48-0561969****E** Telephone number**(316) 634-8700****F** Accounting method☐ Cash ☒ Accrual
☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ)**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **WWW.HEARTSPRING.ORG****J** Organization type (check only one) ▶ ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS, but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,728,671.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received					
a Direct public support	1a	1,046,683.			
b Indirect public support	1b	300,566.			
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 1,347,249. noncash \$)	1d	1,347,249.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	8,772,712.			
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	18,955.			
5 Dividends and interest from securities	5				
6 a Gross rents	6a				
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶ ROYALTY INCOME)	7	5,031.			
8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other			
b Less cost or other basis and sales expenses	8a	8b			
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a Gross sales of inventory, less returns and allowances	10a	474,352.			
b Less cost of goods sold	10b	277,599.			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1 196,753.			
11 Other revenue (from Part VII, line 103)	11	110,372.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	10,451,072.			
13 Program services (from line 44, column (B))	13	8,829,505.			
14 Management and general (from line 44, column (C))	14	871,132.			
15 Fundraising (from line 44, column (D))	15	468,759.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	10,169,396.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	281,676.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	16,092,713.			
20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2 <52,014.>			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	16,322,375.			

123001
01-04-02

LHA For Paperwork Reduction Act Notice, see the separate instructions 1

Form 990 (2001)

 ENVELOPE
 POSTMARK DATE
 FEB 19 2002
 MAR 13 2003
 GENIN 08

18

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	126,374.	0.	126,374.
26	Other salaries and wages	26	6,334,592.	5,761,343.	299,021.
27	Pension plan contributions	27			274,228.
28	Other employee benefits	28			
29	Payroll taxes	29	1,069,221.	954,626.	67,048.
30	Professional fundraising fees	30			47,547.
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	158,465.	138,421.	12,817.
34	Telephone	34	38,923.	32,121.	7,227.
35	Postage and shipping	35	62,828.	52,107.	3,845.
36	Occupancy	36	236,027.	194,141.	3,645.
37	Equipment rental and maintenance	37	104,345.	81,699.	7,076.
38	Printing and publications	38	116,705.	100,677.	3,061.
39	Travel	39	194,528.	168,781.	15,686.
40	Conferences, conventions, and meetings	40			6,960.
41	Interest	41	34,385.		3,663.
42	Depreciation, depletion, etc. (attach schedule)	42	616,700.	461,999.	12,365.
43	Other expenses not covered above (itemize)				16,694.
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e	1,076,303.	883,590.	116,318.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	10,169,396.	8,829,505.	871,132.
					468,759.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	HEARING CENTER - PROVIDES AUDIO TESTING, HEARING AIDS, ASSISTIVE LISTENING DEVICES AND SUPPLIES TO CHILDREN AND ADULTS.	
	(Grants and allocations \$ _____)	351,625.
b	CHILDREN'S THERAPY CENTER - PROVIDES OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY TO CHILDREN.	
	(Grants and allocations \$ _____)	861,879.
c	RESIDENTIAL/SCHOOL - PROVIDES FOOD AND LODGING, HOME LIVING SKILLS, HEALTH SERVICES AND SPECIAL EDUCATION.	
	(Grants and allocations \$ _____)	7,220,755.
d	SEE STATEMENT 5	
	(Grants and allocations \$ _____)	255,957.
e	Other program services (attach schedule) STATEMENT 6	(Grants and allocations \$ _____)
		139,289.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,829,505.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	49,375.	45 64,246.
	46 Savings and temporary cash investments	1,407,980.	46 1,005,288.
	47 a Accounts receivable	47a 1,998,296.	
	b Less allowance for doubtful accounts	47b 18,243.	47c 1,980,053.
	48 a Pledges receivable	48a 28,280.	
	b Less allowance for doubtful accounts	48b	48c 28,280.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	29,591.	52 16,703.
	53 Prepaid expenses and deferred charges	38,368.	53 45,864.
	54 Investments - securities	Cost FMV	54
	55 a Investments - land, buildings, and equipment, basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment, basis	57a 17,651,822.		
b Less accumulated depreciation	57b 2,882,858.	14,139,588.	
57c 14,768,964.			
58 Other assets (describe)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	16,801,070.	59 17,909,398.	
Liabilities	60 Accounts payable and accrued expenses	708,357.	60 952,023.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	STMT 7	64b 635,000.
	65 Other liabilities (describe)		65
66 Total liabilities (add lines 60 through 65)	708,357.	66 1,587,023.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	15,895,050.	67 16,337,543.
	68 Temporarily restricted	197,663.	68 <15,168.>
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	16,092,713.	73 16,322,375.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	16,801,070.	74 17,909,398.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
------------------	---

a	Total revenue, gains, and other support per audited financial statements	a	9,510,985.	a	Total expenses and losses per audited financial statements	a	10169396.
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$ <u><52,015.></u>			(1)	Donated services and use of facilities \$ _____		
(2)	Donated services and use of facilities \$ _____			(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Recoveries of prior year grants \$ _____			(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) STMT 8 \$ <u><587,506.></u>			(4)	Other (specify) _____ \$ _____		
	Add amounts on lines (1) through (4)	b	<639,521.>		Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	10150506.	c	Line a minus line b	c	10169396.
d	Amounts included on line 12, Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____			(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) STMT 9 \$ <u>300,566.</u>			(2)	Other (specify) _____ \$ _____		
	Add amounts on lines (1) and (2)	d	300,566.		Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	10451072.	e	Total expenses per line 17, Form 990 (line c plus line d)	e	10169396.

[illegible]

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization SEE STATEMENT 11 and check whether it is ☐ exempt OR ☐ nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part II.)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(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 a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed NONE		
b Number of employees employed in the pay period that includes March 12, 2001	90b	279

91 The books are in care of **HEARTSPRING, INC.** Telephone no **(316) 634-8700**Located at **8700 EAST 29TH STREET NORTH, WICHITA, KS** ZIP + 4 **67226**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a FEES, RESIDENTIAL &					
b SCHOOL PROGRAMS					7,933,444.
c FEES, COMMUNITY SERVICE					
d EVALUATION PROGRAM					839,268.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	18,955.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	5,031.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					196,753.
103 Other revenue					
a OTHER					110,372.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		23,986.	9,079,837.
105 Total (add line 104, columns (B), (D), and (E))					9,103,823.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

completing schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

4/10/03, Paul Fabe - VP of Finance

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2001

Name of the organization

HEARTSPRING, INC.

Employer identification number

48 0561969

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<u>JON ROSSEL</u> -----	VP-PROG SERV			
<u>WICHITA, KANSAS</u>	40 HOURS/WEEK	93,281.	6,813.	0.
<u>THOMAS RACUNAS</u> -----	DIR., SCHOOL			
<u>WICHITA, KANSAS</u>	40 HOURS/WEEK	72,536.	5,365.	0.
<u>WAYNE, PIERSEL</u> -----	DIR., PSYCHOL			
<u>WICHITA, KANSAS</u>	40 HOURS/WEEK	72,536.	6,139.	0.
<u>LINDA GLADHART</u> -----	VP, DEVELPMNT			
<u>WICHITA, KANSAS</u>	40 HOURS/WEEK	72,407.	4,862.	0.
<u>PAUL FABER</u> -----	VP, BUS/FINAN			
<u>ARKANSAS CITY, KANSAS</u>	40 HOURS/WEEK	71,967.	3,600.	0.
Total number of other employees paid over \$50,000	► 9			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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
<u>ARMSTRONG SHANK</u> -----	ADVERTISING	
<u>7450 SOUTH SENECA, WICHITA, KS 67233</u>	AGENCY	170,484.
<u>SCHAEFER JOHNSON COX FREY ARCHITECTURE</u> -----		
<u>257 N. BROADWAY, WICHITA, KS 67202-2317</u>	ARCHITECTURE	50,367.
<u>UNIVERSITY OF KANSAS MED SCHOOL</u> -----	PHYSICIAN	
<u>1010 N. KANSAS, WICHITA, KS 67214</u>	SERVICES	60,258.

Total number of others receiving over \$50,000 for professional services	► 0	

Part III Statements About Activities (See page 2 of the 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 1 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)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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.)

11a ☐ 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.)

11b ☐ 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting **N/A**
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2000) (1999) (1998) (1997)					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
29		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
----	--	--

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
----	--	--

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a		
-----	--	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b		
-----	--	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c		
-----	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d		
-----	--	--

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

33a		
-----	--	--

b Admissions policies?

33b		
-----	--	--

c Employment of faculty or administrative staff?

33c		
-----	--	--

d Scholarships or other financial assistance?

33d		
-----	--	--

e Educational policies?

33e		
-----	--	--

f Use of facilities?

33f		
-----	--	--

g Athletic programs?

33g		
-----	--	--

h Other extracurricular activities?

33h		
-----	--	--

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35		
----	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500 000	20% of the amount on line 40	
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	
Over \$17 000 000	\$1 000 000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- | | Yes | No |
|--------|-----|----|
| 51a(i) | | X |
| a(ii) | | X |
| b(i) | | X |
| b(ii) | | X |
| b(iii) | | X |
| b(iv) | | X |
| b(v) | | X |
| b(vi) | | X |
| c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

[illegible]

- ▶ ☐ Yes ☒ No

N/A

[illegible]

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization HEARTSPRING, INC.	Employer identification number 48-0561969
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 8700 EAST 29TH ST. NORTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WICHITA, KS 67226	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until **FEBRUARY 18, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for ☐ calendar year _____ or ☒ tax year beginning **JUL 1, 2001** and ending **JUN 30, 2002**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Bryan R. Culler Title ▶ CPA Date ▶ 11/12/02
 LHA For Paperwork Reduction Act Notice, see instruction 30 8868 (12-2000)

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	474,352	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		474,352
4. COST OF GOODS SOLD (LINE 13)	277,599	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		196,753

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	277,599	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		277,599
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		277,599

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
WICHITA COMMUNITY FOUNDATION UNREALIZED LOSS		<52,014.>	
TOTAL TO FORM 990, PART I, LINE 20		<52,014.>	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL FEES	342,145.	213,688.	76,412.	52,045.	
INSURANCE	68,209.	61,910.	4,978.	1,321.	
ADVERTISING	192,436.	176,244.	11,406.	4,786.	
BAD DEBTS	19,633.	19,633.			
FOOD & BEVERAGE	175,402.	174,919.	15.	468.	
UTILITIES	171,648.	146,197.	22,527.	2,924.	
MISCELLANEOUS	106,830.	90,999.	980.	14,851.	
TOTAL TO FM 990, LN 43	1,076,303.	883,590.	116,318.	76,395.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
----------	--	-----------	---

EXPLANATION

HEARTSPRING, INC. IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION AND ITS PURPOSES ARE TO: (A) PROVIDE A COMPREHENSIVE, INTERDISCIPLINARY EDUCATIONAL PROGRAM FOR CHILDREN WITH SEVERE, MULTIPLE DISABILITIES; (B) PROVIDE IDENTIFICATION AND TREATMENT OF YOUNG CHILDREN WITH DEVELOPMENTAL DELAYS AND/OR DISABILITIES; (C) PROVIDE ASSESSMENT AND TREATMENT OF HEARING LOSS TO CHILDREN AND ADULTS; AND (D) TO ENGAGE IN ACTIVITIES DESIGNED TO MAKE A POSITIVE CONTRIBUTION TO THE FIELD OF SPECIAL EDUCATION.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
----------	--	-----------	---

DESCRIPTION OF PROGRAM SERVICE FOUR

SHAKLEE INSTITUTE - DISCOVERY, CREATION, IMPLEMENTATION,
AND DISSEMINATION OF KNOWLEDGE FOR THE DELIVERY OF
INNOVATIVE AND EFFECTIVE SPECIAL EDUCATION AND
REHABILITATION SERVICES TO CHILDREN AND FAMILIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		255,957.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
----------	------------------------	-----------	---

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
LIFE CARE PLANNING		139,289.
TOTAL TO FORM 990, PART III, LINE E		139,289.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	7
----------	-------------------------------	-----------	---

LENDER'S NAME	TERMS OF REPAYMENT
COMMERCE BANK N.A.	INTEREST PAYABLE MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
04/10/02	02/01/03	635,000.	4.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NEGATIVE PLEDGE AGREEMENT	CONSTRUCTION

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	635,000.	635,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	635,000.
--	----------

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
----------	--	-----------	---

DESCRIPTION	AMOUNT
REVENUE REPORTED ON HEARTSPRING INC. ENDOWMENT TRUST 990 - EIN 48-6114194	<237,879.>
REVENUE REPORTED ON HEARTSPRING FOUNDATION 990 - EIN 48-1232409	<349,627.>
TOTAL TO FORM 990, PART IV-A	<587,506.>

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	9
----------	------------------------------------	-----------	---

DESCRIPTION	AMOUNT
CONTRIBUTIONS FROM HEARTSPRING ENDOWMENT TRUST AND HEARTSPRING FOUNDATION	300,566.
TOTAL TO FORM 990, PART IV-A	300,566.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
----------	---	-----------	----

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NANCY MARTIN 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	CHAIRMAN 1 HOUR/WEEK	0.	0.	0.
DONALD L. CORDES 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	VICE CHAIRMAN 1 HOUR/WEEK	0.	0.	0.
BOB MELCHOR 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	SECRETARY 1 HOUR/WEEK	0.	0.	0.
JACK ANDREWS 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	PRESIDENT/CEO 40 HOURS/WEEK	126,374.	11,546.	0.
ROBERT ALLISON 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
CLYDE HILL 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
KEVIN JONES 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
DALENE NELSON 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.

MARILYN PAULY 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
JOHN ROLFE 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
S. EDWARD DISMUKE, M.D. 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
JON ENGELHARDT, PH.D. 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
TINA GUNDERSON 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
JUDY GUYER 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
ROBERT HARBISON 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
M.D. MICHAELIS 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
SHAROL RASBERRY 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
SANDY REMSBERG 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
LYNN STEPHAN 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
W. ELDON WARD 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.
BILL CAFFEY 8700 EAST 29TH ST. NORTH WICHITA, KANSAS 67226	BOARD MEMBER 1 HOUR/WEEK	0.	0.	0.

HEARTSPRING, INC.

48-0561969

GARY SINGLETON
8700 EAST 29TH ST. NORTH
WICHITA, KANSAS 67226

PRESIDENT/CEO
40 HOURS/WEEK

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

126,374. 11,546. 0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
HEARTSPRING ENDOWMENT TRUST	X	
HEARTSPRING FOUNDATION	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEES CHARGED FOR CLIENT CARE, HOME LIVING, SPECIAL EDUCATION, AND PSYCHOLOGICAL SERVICES. CLIENT CAN BE FROM ALL STATES AND COUNTRIES.
93C	FEES CHARGED FOR AUDIOLOGY SERVICES, OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY.
102	GROSS SALES LESS COGS ON HEARING AIDS, ASSISTIVE LISTENING DEVICES, BATTERIES, ETC.
103A	MISC. FEES, SERVICES, COMMISSIONS, AND SALES.