Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization

**(Including Information on Listed Property)**

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

OMB No. 1545-0172

**2009**

Attachment Sequence No. **67**

Name(s) shown on return: ChildVoice International

Identifying number: 20-4644590

Business or activity to which this form relates: Indirect Depreciation

## 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 2008 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 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 2010. 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 instr.)

| | | | |
|---|---|---|---|
| 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 | 9,506 |

## 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 2009 | 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 ☐ | | |

**Section B—Assets Placed in Service During 2009 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 | | | | | | |
| 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 | |
| | | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | | MM | S/L | |

**Section C—Assets Placed in Service During 2009 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 | 9,506 |
| 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 | |

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2009)

DAA

There are no amounts for Page 2

Form **8734**
(Rev. January 2004)
Department of the Treasury
Internal Revenue Service

# Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500.

OMB No. 1545-1836

For tax years beginning 04/06/06 , and ending 06/30/10

| Print or type. See Specific Instructions. | Name of organization | | Employer identification number |
|---|---|---|---|
| | ChildVoice International | | 20-4644590 |
| | Number and street (or P.O. box number if mail is not delivered to street address) | Room/Suite | Telephone number |
| | 10 Mill Road, PO Box 579 | | 603-842-0132 |
| | City or town, state, and ZIP + 4 | | E-mail address |
| | Durham NH 03824 | | Fax number |

**Note:**
- Get **Schedule A (Form 990 or 990-EZ),** Organization Exempt Under Section 501(c)(3), and its separate Instructions before you complete this form.
- If you did not receive any support for a given year, show financial data for the year by indicating -0- or none.
- Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.
- Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

| **Calendar year (or fiscal year beginning in)** ▶ | **(a)** Year 5 | **(b)** Year 4 | **(c)** Year 3 | **(d)** Year 2 | **(e)** Year 1 (See **Note** above.) | **(f)** Total of Years 1 through 5 |
|---|---|---|---|---|---|---|
| **1** Gifts, grants, and contributions received. (Do not include unusual grants. See line 14.) | 335,921 | 371,386 | 534,731 | 230,498 | 18,063 | 1,490,599 |
| **2** Membership fees received | | | | 458 | | 458 |
| **3** 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 | 83,234 | 2,626 | | | | 85,860 |
| **4** Gross income from interest, dividends, amt. received from pymt. on securities loans (sec. 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | 37 | 21 | | 58 |
| **5** Net income from unrelated bus. activities not included in line 4 | | | | | | |
| **6** Tax revenues levied for your benefit and either paid to you or expended on your behalf | | | | | | |
| **7** The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | |
| **8** Other income. Attach a sch. Do not include gain (or loss) from sale of capital assets | | | | | | |
| **9** Total of lines 1 through 8 | 419,155 | 374,012 | 534,768 | 230,977 | 18,063 | 1,576,975 |
| **10** Line 9 minus line 3 | 335,921 | 371,386 | 534,768 | 230,977 | 18,063 | 1,491,115 |
| **11** Enter 1% of line 9 | 4,192 | 3,740 | 5,348 | 2,310 | 181 | |

**For Paperwork Reduction Act Notice, see page 6 of separate instructions.**



DAA

**12** If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines **12a** through **12f.** (Sections 509(a)(1) and 170(b)(1)(A)(vi)). **If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.**

| | | | |
|---|---|---|---|
| **a** | Enter 2% of amount in column (f), line 10 | **12a** | |
| **b** | Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts | **12b** | |
| **c** | Total support for section 509(a)(1) test: Enter line 10, column (f) | **12c** | |
| **d** | Add: Amounts from 4 ____ 5 ____ column (f) for lines: 8 ____ 12b ____ | **12d** | |
| **e** | Public support (line 12c minus line 12d total) | **12e** | |
| **f** | **Public support percentage (line 12e (numerator) divided by line 12c (denominator))** | **12f** | % |

**13** If you are an organization that normally receives: **(1) more than 33 1/3%** of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and **(2) no more than 33 1/3%** of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines **13a** through **13h.** (Section 509(a)(2)). **If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.**

**a** For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list showing the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

| (Year 5) | (Year 4) | (Year 3) | (Year 2) | (Year 1) |
|---|---|---|---|---|
| 15,664 | 29,109 | 22,733 | 45,913 | 20,975 |

**b** For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 11 for the year or **(2)** $5,000. (Include in the list organizations as well as individuals.) 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:

| (Year 5) | (Year 4) | (Year 3) | (Year 2) | (Year 1) |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| **c** | Add: Amounts from column (f) for lines: 1 1,490,599 2 458 3 85,860 6 ____ 7 ____ | **13c** | 1,576,917 |
| **d** | Add: Line 13a total 134,395 and line 13b total ____ | **13d** | 134,395 |
| **e** | Public support (line 13c total minus line 13d total) | **13e** | 1,442,522 |
| **f** | Total support for section 509(a)(2) test: Enter amount from line 9, column (f) **13f** 1,576,975 | | |
| **g** | **Public support percentage (line 13e (numerator) divided by line 13f (denominator))** | **13g** | 91.4739 % |
| **h** | **Investment income percentage (line 4, column (f) (numerator) divided by line 13f (denominator))** | **13h** | % |

**14** **Unusual Grants:** For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing 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 include these grants in line 1.**

**List the amount of unusual grants excluded for each year below.**

| (Year 5) | (Year 4) | (Year 3) | (Year 2) | (Year 1) |
|---|---|---|---|---|
| | | | | |

**15** Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director, or trustee will represent the organization, attach a properly completed **Form 2848,** Power of Attorney.

Name: Conrad Mandsager President & CEO
Type or print name and title.

Phone: 603-842-0132 Fax Number (if available): ____

**Please Sign Here**

I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that I have examined this form, including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete.

Signature of officer, director, or trustee Date

Type or print name and title or authority of signer

# Federal Statements

## Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount |
|---|---|
| Expenses | $ |
| Advertising and promotion | 1,500 |
| Office expense | 2,690 |
| Information technology | 6,297 |
| Travel | 27,847 |
| Conferances & meetings | 8,603 |
| Payroll Processing | 1,038 |
| Professional Fees | 12,131 |
| Supplies | 9,586 |
| Telephone & Telecom | 7,735 |
| Books & Subscriptions | 607 |
| Licenses, Permits & Fees | 351 |
| Repairs & Maint | 4,390 |
| Contract Service | 85 |
| Miscellaneous | 18,033 |
| Food | 17,436 |
| Clothing | 2,859 |
| Fuel | 14,905 |
| Vehicle Expense | 4,942 |
| Visitor Expense | 36,472 |
| Living Areas | 1,413 |
| Cooking Equipment | 537 |
| Medical Supplies | 14,142 |
| Other Bakery Expenses | 4,234 |
| Hygiene Supplies | 2,761 |
| Borehole Costs | 5,448 |
| School Maintenance & Exp | 1,617 |
| Med Expenses-Mother/Child | 569 |
| Kulubel Farm Expenses | 7,062 |
| Sponsorship Expenses | 4,127 |
| Tuition Expense | 1,400 |
| Other Material Expense | 1,298 |
| Income Generating Expense | 747 |
| Training | 3,405 |
| Total | $ 226,267 |

## Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beginning of Year | End of Year |
|---|---|---|
| Accounts Receivable | $ 769 | $ 5,049 |
| Inventories for Sale or Use | | 5,760 |
| Equipment | 21,895 | 32,325 |
| Less Accumulated Depreciation | 12,217 | 22,259 |
| | 10,447 | 20,875 |

# Federal Statements

## Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| Description | Beginning of Year | End of Year |
|---|---|---|
| Accounts Payable and Accrued Expenses | $ 2,326 | $ 10,322 |
| Accrued Payroll | | 11,683 |
| | 2,326 | 22,005 |

## Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

Childvoice International operates Childrens Rights Programs, Community Development and Residential Programs. Activities include providing food and education for women and children as well as life skills training (Approximately 80 women and children).

## Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

Health Care Programs are used to maintain a health clinic in Lukodi, Northern Uganda to provide primary health care, patient assessment and diagnostic services, as well as provide pharmacuticals and a maternity ward (Approximately 80 patients per day).

# Federal Asset Report
## Form 990, Page 1



| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Other Depreciation:** | | | | | | | | | | | | |
| 1 | Dell Computer | 9/21/07 | 1,288 | | | | 1,288 | 3 | MO | S/L | 751 | 430 |
| 2 | Suzuki Motocycle | 4/27/07 | 3,950 | | | | 3,950 | 3 | MO | S/L | 2,853 | 1,097 |
| 3 | Van | 2/11/08 | 16,813 | | | | 16,813 | 3 | MO | S/L | 7,525 | 5,604 |
| 4 | Beds | 2/08/08 | 4,032 | | | | 4,032 | 3 | MO | S/L | 1,792 | 1,344 |
| 5 | Computer | 1/21/10 | 815 | | | | 815 | 3 | MO | S/L | 0 | 113 |
| 6 | Computer Deandrea Weeks | 1/21/10 | 1,200 | | | | 1,200 | 3 | MO | S/L | 0 | 167 |
| 7 | Roof Renovations | 5/05/10 | 15,126 | | | | 15,126 | 15 | MO | S/L | 0 | 168 |
| 8 | Honda Generator | 9/11/09 | 2,400 | | | | 2,400 | 5 | MO | S/L | 0 | 400 |
| 9 | Stihl FS550 Cutting Saw | 1/15/10 | 1,827 | | | | 1,827 | 5 | MO | S/L | 0 | 183 |
| | **Total Other Depreciation** | | 47,451 | | | | 47,451 | | | | 12,921 | 9,506 |
| | **Total ACRS and Other Depreciation** | | 47,451 | | | | 47,451 | | | | 12,921 | 9,506 |
| | **Grand Totals** | | 47,451 | | | | 47,451 | | | | 12,921 | 9,506 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Less: Start-up/Org Expense** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 47,451 | | | | 47,451 | | | | 12,921 | 9,506 |

# Depreciation Adjustment Report

## All Business Activities

| Form | Unit | Asset | Description | Tax | AMT | AMT Adjustments/ Preferences |
|---|---|---|---|---|---|---|

**There are no assets that meet the criteria of this report**

# Federal Statements



## Schedule A, Part III, Line 7a - Support from Disqualified Persons

| Donor Name | 2009 | 2008 | 2007 | 2006 | 2005 |
|---|---|---|---|---|---|
| | $ 15,664 | $ 29,109 | $ 22,733 | $ 45,913 | $ 20,975 |
| Total | $ 15,664 | $ 29,109 | $ 22,733 | $ 45,913 | $ 20,975 |