See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? RELIGIOUS / HUMANG

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 (Grants $ 1053.00) If this amount includes foreign grants, check here ▶ ☐ — 28a — 1053.00

29 (Grants $) If this amount includes foreign grants, check here ▶ ☐ — 29a

30 (Grants $) If this amount includes foreign grants, check here ▶ ☐ — 30a

31 Other program services (attach schedule)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ — 31a

32 **Total program service expenses.** Add lines 28a through 31a ▶ — 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the 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 & deferred compensation	(E) Expense account and other allowances
PURA GONZALES - 32-31 78th Street WOODSIDE NY 11377	PRESIDENT	0	0	0
MYRNA MONDIA - 53-18 37th RD WOODSIDE NY 11377	VICE PRESIDENT	0	0	0
VIOLY MACAPAGAL - 33-04 Cemetery Blvd, Oakland Heights NY 11372	SECRETARY	0	0	0
MILA CLEMENTE - 143-06 BARCLAY AVE. IF, FLUSHING NY 11355	TREASURER	0	0	0

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

			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		✓
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		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

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

		Yes	No
40a	*501(c)(3) organizations* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____		
40b	b *501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation .		✓
	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 . . . . . ▶ _____		
40e	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 ▶ _____ Telephone no. ▶ (_____)_____

Located at ▶ _____ ZIP + 4 ▶ _____

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**		✓
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? . If "Yes," enter the name of the foreign country: ▶ _____		✓

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 |

Please Sign Here

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

Ramiro Morales — Signature of officer — Date: 10-14-10

RAMIRO MORALES - AUDITOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶ ( )	

HANDS INTERNATIONAL, INC.
4516 98th St , Corona, NY 11368

STATEMENT OF CASH RECEIPTS & DISBURSEMENTS
(as of December 31, 2007)

Balance as of December 31, 2006 = $		$5,226 14
1.0 CREDITS (Deposits)		
		$225 77
SUB-TOTAL		$5,451 91
2.0 DEBIT (Expenses)		
GRANTS	Chk 134	$103.00
	Chk 135	$250.00
	Chk 136	$250 00
	Cjhk 137	$250 00
	Chk 138	$200 00
PARTIAL BALANCE		$1,053 00
TOTAL BALANCE AS OF DECEMBER 31, 2007		$4,398 91

Myrna Mondia Sucil Balano
Treasurer

0425830663
Dec. 28, 2010 LTR 2699C 0 R
11-3468192 200712 67
00015524

HANDS INTERNATIONAL MOVEMENT INC
4516 98TH ST
FLUSHING NY 11368

022901

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Ramiro Morales
Signature of officer or trustee

1-27-11
Date

auditor
Title