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Short Form

OMB No 1545-1150

Form 990-EZ

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

2001 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: The Community Helpers, Inc. Number and street (or P O box, if mail is not delivered to street address): P O Box 797 City or town, state or country, and ZIP + 4: Norton, Virginia 24273

D Employer identification number: 54-1814003 E Telephone number: () F Enter 4-digit (GEN):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual Other (specify)

I Web site: J Organization type (check only one): 501(c) 4947(a)(1) or 527

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

K Check 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 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.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35.)

SCANNED JUN 24 2011

Table with 9 rows for Revenue. Line 1: 89,600. Line 9: 89,600. Total revenue.

Table with 8 rows for Expenses. Line 14: 4,440. Line 17: 94,486. Total expenses.

Table with 4 rows for Net Assets. Line 18: (4,886.) Loss. Line 21: (4,886.) Loss.

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.

(See Specific Instructions on page 39.)

Table with 6 rows for Balance Sheets. Line 27: (4,886.) Loss.

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)

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

What is the organization's primary exempt purpose? 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.

Table with 2 columns: Description of program services (lines 28-31) and Expenses (lines 28a-31a). Line 32 is the total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40.)

Table with 5 columns: (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.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

Yes No

Table with 2 columns: Question (lines 33-43) and Yes/No columns. Questions cover various organizational activities and tax reporting requirements.

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. Signature of officer: Anna Spriggs Co Chair, Date: 4-15-10, Type or print name and title: Anna Spriggs Co Chair.

Paid Preparer's Use Only

Preparer's signature: Mary Lou Stanley, Date: 4/15/10, Check if self-employed: [X], Preparer's SSN or PTIN (See Gen. Inst. W): 408-70-5330, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no.



SCHEDULE OF DEDUCTIONS

FUEL	5,720.00
Insurahce	3,980.00
Purchase	69,012.00
Depreciation	5,334.00
Paid to helpers	6,000.00
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	90,046.00