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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009	
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	C Name of organization HIS HANDS SUPPORT MINISTRIES Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 62 City, town, or country State ZIP + 4 NEW VINEYARD ME 04956
D Employer identification number 20-8779787	E Telephone number (207) 652-2911
F Group Exemption Number ▶	

• **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 Website: **▶ www.hishandssupportministries.org****J** Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 136,839****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	136,839
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	136,839	
Expenses	10 Grants and similar amounts paid (attach schedule). SEE ATTACHED LIST	10	107,125
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	410
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,574
	16 Other expenses (describe ▶ See attached statement)	16	28,357
	17 Total expenses. Add lines 10 through 16 ▶	17	138,466
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,627
Net 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	10,953
	20 Other changes in net assets or fund balances (attach explanation)	20	-85
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	9,241

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,953	9,241
23 Land and buildings		
24 Other assets (describe ▶)	0	0
25 Total assets	10,953	9,241
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,953	9,241

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

no

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**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? Charitable Giving

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 Charitable giving to churches and ministries in Haiti and Africa*SEE ATTACHED*(Grants \$ 107,125) If this amount includes foreign grants, check here ☒ **28a** 133,133**29**(Grants \$ 0) If this amount includes foreign grants, check here ☐ **29a** 0**30**(Grants \$ 0) If this amount includes foreign grants, check here ☐ **30a** 0**31** Other program services (attach schedule)(Grants \$ 0) If this amount includes foreign grants, check here ☐ **31a** 0**32** Total program service expenses. (add lines 28a through 31a)**32** 133,133**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV)

(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
Name <u>Philip Charles</u>	Str <u>PO Box 62</u>	Title <u>President</u>			
City <u>New Vineyard</u>	ST <u>ME</u> ZIP <u>04956</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jamie Charles</u>	Str <u>PO Box 62</u>	Title <u>Secretary</u>			
City <u>New Vineyard</u>	ST <u>ME</u> ZIP <u>04956</u>	Hr/WK <u>40.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Matthew Lenfestey</u>	Str <u>77 Greenwood Ave</u>	Title <u>Vice-President</u>			
City <u>Winthrop</u>	ST <u>ME</u> ZIP <u>0364</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Kathleen Farmer</u>	Str <u>591 Mercer Rd</u>	Title <u>Director</u>			
City <u>Norridgewock</u>	ST <u>ME</u> ZIP <u>04957</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Hazel Mitchell</u>	Str <u>12 Spruce Nubble Rd</u>	Title <u>Treasurer</u>			
City <u>Freeman Township</u>	ST <u>ME</u> ZIP <u>04983</u>	Hr/WK <u>6.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Beatrice Otte</u>	Str <u>37 Church St</u>	Title <u>Director</u>			
City <u>New Vineyard</u>	ST <u>ME</u> ZIP <u>04956</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Dean Stanley</u>	Str <u>PO Box 329</u>	Title <u>Director</u>			
City <u>Srong</u>	ST <u>ME</u> ZIP <u>04983</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		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.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39 Section 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		
40 a Section 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 Section 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," complete Schedule L, Part I.		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? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. <u>ME</u>		
42 a The books are in care of <u>Name JAMIE CHARLES</u> Telephone no. <u>(207) 652-2911</u> Located at <u>PO BOX 62</u> City <u>NEW VINEYARD</u> ST <u>ME</u> ZIP + 4 <u>04956</u>		
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)?	Yes	No
If "Yes," enter the name of the foreign country: <u></u>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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: <u></u>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. 43 <u>N/A</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

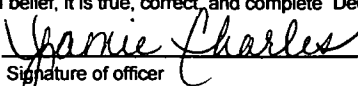

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
Name None Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0
Name Str City ST ZIP	Title Hr/WK	.00 0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

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		Date 2.9.10	
	JAMIE CHARLES Type or print name and title.		SECRETARY	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
		2/8/2010		P00281093
	Firm's name (or yours if self-employed), address, and ZIP +4	FOUNDATION GROUP 2736 OLD ELM HILL PIKE, NASHVILLE, TN 37214		EIN ▶ 62-1813735 Phone no ▶ 888-361-9445

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

Name of the organization

HIS HANDS SUPPORT MINISTRIES

Employer identification number

20-8779787

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	3,368	118,700		122,068
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	0	0	3,368	118,700	0	122,068
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						122,068

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	3,368	118,700	0	122,068
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						122,068
12 Gross receipts from related activities, etc. (see instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ☐

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area for supplemental information with horizontal dashed lines.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	136,839
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	136,839

Part I, Line 16 (990-EZ) - Other Expenses

28,357

1	Travel, Meals and Entertainment		
	a Travel	1a	24,349
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	2,528
9	Telephone	9	531
10	Unrelated business income taxes	10	0
11	Business Registration Fees	11	9
12	Books, Subscriptions, Reference	12	79
13	Program Expenses	13	861
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

-85

Description		Amount	
1	Bank Charge not accounted for in prior year return	1	-85
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

**HIS HANDS SUPPORT MINISTRIES
E.I. # 20-8779787**

**FORM 990
PART III**

The organization's primary exempt purpose is to provide charitable giving to other nonprofit organizations in Haiti and other countries where needs exist and to provide missionary outreach.

Exempt Purpose Achievements

Haiti

His Hands Support Ministries made grants to churches and schools in Haiti in support of the following charitable activities:

Support to pay school fees for 1029 children in 8 communities in Haiti
Additional support to needy families of children in the schools
Monthly support of a home for orphaned and abandoned children which housed 12 children and their housemother
Monthly support of a feeding program for needy children on Saturdays in the community of Terrier Rouge which feeds approximately 100 - 150 children each Saturday
Monthly support of a feeding program for people who attend L'eglise Baptiste in Terrier Rouge on Sunday mornings
Medical expenses for a Haitian child who was born with a life-threatening birth defect
Team travel expenses for 2 work teams traveling to Haiti in October 2008 (10 people) and February 2009 (11 people)

Africa

His Hands Support Ministries made grants to churches and schools in Africa in support of the following charitable activities:

Support to pay school fees of 85 children in 3 countries (Uganda, Rwanda, D.R. Congo) in Africa
Additional support to needy families of children in the churches
Purchasing 21 mosquito nets for children in the sponsorship program and other families
Purchasing 6 pigs for African women in crisis
Additional financial support for humanitarian relief in the DR Congo
Team travel expenses for 1 work team traveling to Africa in January of 2009 (3 people)

HIS HANDS SUPPORT MINISTRIES
E.I. #20-8779787
July 2008 – June 2009

a. HAITI

Name and Address

L'église Baptiste de Terrier Rouge Pastor Apollon Noel Pastor Marc Tyrell Terrier Rouge, Haiti, West Indies	\$70,460.75
L'église Baptiste de Danda Pastor Elima Etienne Danda, Haiti, West Indies	\$9,015.00
L'église Baptiste Jerusalem de Juchereau Pastor Samuel Mathieu Juchereau, Haiti, West Indies	\$4,590.00
L'église Baptiste de Paulette Pastor Josuee Jean Paulette, Haiti, West Indies	\$2,925.00
L'église Baptiste de Phaeton Pastor Karry Lafosse Phaeton, Haiti, West Indies	\$5,320.00
L'église Baptiste de Roche Platte Pastor Kenth Jacques Roche Platte, Haiti, West Indies	\$3,850.00
L'église Baptiste de Trou du Nord Pastor Antoine Brice Trou du Nord, Haiti, West Indies	\$880.00
TOTAL HAITI	\$97,040.75

b. Africa

Shalom Ministries, International Pastor Stephen Bamuleke PO Box 943 Kabale, UGANDA, EAST AFRICA	\$10,084.00
TOTAL AFRICA	\$10,084.00