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

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: HELPING HAND REHABILITATION CENTER
Doing Business As:
Number and street (or P O box if mail is not delivered to street address): 9649 WEST 55TH STREET
Room/suite:
City or town, state or country, and ZIP + 4: COUNTRYSIDE, IL 60525

D Employer identification number: 36-2327271
E Telephone number: (708) 352-3580
G Gross receipts \$ 11,336,259

F Name and address of Principal Officer: DENNIS TRYBUS, 9649 WEST 55TH STREET, COUNTRYSIDE, IL 60525

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No (If "No," attach a list See instructions)
H(c) Group Exemption Number

I Tax-exempt status: 501(c) (3) (insert no) 4947(a)(1) or 527

J Web site: WWW.HHREHAB.ORG

K Type of organization: Corporation trust association other
L Year of Formation: 1955
M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF HELPING HAND REHABILITATION CENTER IS TO ASSIST INDIVIDUALS WITH DISABILITIES TO ACHIEVE THEIR HIGHEST LEVEL OF INDEPENDENCE THROUGH QUALITY PROGRAMS AND SERVICES				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12		
	5 Total number of employees (Part V, line 2a)	5	562		
	6 Total number of volunteers (estimate if necessary)	6	250		
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0		
b Net unrelated business taxable income from Form 990-T, line 34	7b				
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	3,531,183	Current Year	3,462,566
	9 Program service revenue (Part VIII, line 2g)		7,005,513		7,477,588
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		118,624		56,621
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		172,262		238,149
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,827,582		11,234,924
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)					0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			6,946,981		7,868,109
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b (Total fundraising expenses, Part IX, column (D), line 25 <u>321,721</u>)					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)			3,794,893		3,256,546
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))			10,741,874		11,124,655
19 Revenue less expenses Subtract line 18 from line 12		85,708		110,269	
Net Assets or Fund Balances		Beginning of Year		End of Year	
	20 Total assets (Part X, line 16)		15,151,469		15,299,636
	21 Total liabilities (Part X, line 26)		8,014,820		8,371,386
22 Net assets or fund balances Subtract line 21 from line 20		7,136,649		6,928,250	

Part II Signature Block

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.

Please Sign Here
Signature of officer: *****
Date: 2010-02-26
DENNIS TRYBUS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only
Preparer's signature: KENNETH G DAEMICKE
Date: 2010-03-02
Check if self-employed:
Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4: MULCAHY PAURITSCH SALVADOR & CO LTD, 14300 S RAVINIA AVE STE 200, ORLAND PARK, IL 604622578
EIN:
Phone no: (708) 349-6999

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

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

1 Briefly describe the organization's mission
 THE MISSION OF HELPING HAND REHABILITATION CENTER IS TO ASSIST INDIVIDUALS WITH DISABILITIES TO ACHIEVE THEIR HIGHEST LEVEL OF INDEPENDENCE THROUGH QUALITY PROGRAMS AND SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,443,759 including grants of \$) (Revenue \$ 3,778,016)
 ADULT DAY PROGRAMS FOR THE THIRD YEAR IN A ROW, WE CONTINUE TO MARK THE WAY WITH EXCELLENCE HELPING HAND SERVED MORE THAN 400 INDIVIDUALS WITH DISABILITIES WITH SERVICES IN DEVELOPMENTAL TRAINING, VOCATIONAL TRAINING, EMPLOYMENT SERVICES AND HIGH SCHOOL TRANSITION OUR ADULT DAY SERVICES WAS AWARDED 100% ON OUR YEARLY SURVEY FOR ACCREDITATION BY THE STATE OF ILLINOIS DEPARTMENT OF HUMAN SERVICES AND OUR RESIDENTIAL PROGRAM RECEIVED A 99% A YEAR OF CREATIVITY IN SERVICES PROVIDING YOGA, MUSIC LESSONS, HORTICULTURE, SELF ADVOCACY TRAINING, COMMUNITY MEMBERSHIP THROUGH VOLUNTEERING AT THE CHICAGO FOOD DEPOSITORY, TOTAL COMMUNICATION PROGRAM FUNDED BY THE LYONS TOWNSHIP MENTAL HEALTH BOARD, INTERN PROGRAMS IN MUSIC AND RECREATION, HIGH SCHOOL TRANSITION SERVICES AT 11 DIFFERENT HIGH SCHOOLS WE BUILT BUSINESS RELATIONSHIPS IN THE COMMUNITY THAT INCLUDED JOB PLACEMENTS AT LOWES, HOME DEPOT, TARGET, FAMILY DOLLAR, PETCO AND WHITELODGE WE EXPANDED HIGH SCHOOL TRANSITION SERVICES TO INCLUDE ASSESSMENTS AND TRAINING, INCLUDING INDEPENDENT LIVING, COMMUNITY PARTICIPATION AND STUDENT/PARENT EDUCATION WE WORKED WITH OVER FIVE LOCAL HIGH SCHOOLS TO PROVIDE TRANSITION SERVICES TO OVER 20 STUDENTS FOR THE FIRST TIME, WE OFFERED CUSTOMER SERVICE TRAINING PROGRAMS TO HIGH SCHOOL STUDENTS RESULTING IN COMMUNITY JOB PLACEMENTS SUBCON PACKING AND ASSEMBLY IS STRENGTHENING ITS TIES WITH EXISTING CUSTOMER BASE IN AN EFFORT TO ATTRACT ADDITIONAL BUSINESS FROM THEM WE CONCENTRATED ON HAVING OUR CORE GROUP OF CUSTOMERS THINK OF US FIRST WHENEVER THERE WAS A NEW OPPORTUNITY THIS APPROACH IS BEING USED TO ATTRACT NEW BUSINESS AND HAS LED TO A GAIN IN NEW CUSTOMERS OUR CUSTOMERS ARE NOW REFERRING US TO THEIR FRIENDS AND ASSOCIATES AS BEING RELIABLE, TIMELY AND COST EFFECTIVE PARTNERS OUR GOAL, AS ALWAYS, IS TO LOOK FOR NEW OPPORTUNITIES FOR OUR CLIENTS TO INCREASE AND VARY THEIR JOB SKILLS THE NEW WORK THAT WE'VE GAINED PROVIDES THAT AND ALLOWS THEM TO WORK ALONGSIDE THOSE WHO ARE NON-DISABLED

4b (Code) (Expenses \$ 3,112,333 including grants of \$) (Revenue \$ 1,411,231)
 COMMUNITY LIVING PROGRAMS WE SERVED 105 INDIVIDUALS AT 10 DIFFERENT SITES TO PROVIDE SUPPORT FOR INDIVIDUALS WITH DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE IN THEIR LOCAL COMMUNITIES SOME OF OUR CHOICES FOR HOME AND SUPPORT INCLUDE LIVING WITH PEERS IN A 24 HOUR STAFF SUPERVISED HOME WITH PERSONALIZED ATTENTION, LIVING IN YOUR OWN OR YOUR FAMILIES HOME WITH INTERMITTENT STAFF SUPPORT, LIVING MORE INDEPENDENTLY IN A SUPPORTED LIVING HOME WITH PART TIME STAFF ASSISTANCE, LIVING ON YOUR OWN IN AN INDEPENDENT APARTMENT WITH OPTIONS FOR RENT ASSISTANCE














4c (Code) (Expenses \$ 1,903,918 including grants of \$) (Revenue \$ 2,081,131)
 SCHOOL AND CHILDREN'S SERVICES PROGRAMS IN CHILDREN'S SERVICES, WE STRIVE TO HELP CHILDREN WITH DISABILITIES AND DELAYS TO REACH THEIR HIGHEST POTENTIAL IN ORDER TO IMPROVE THE QUALITY OF THEIR LIVES AT HOME, AT SCHOOL AND IN THE COMMUNITY -- AND WE DO THIS BY WORKING "TOGETHER AS ONE" WITH THE FAMILIES AND THE COMMUNITY THIS YEAR, THROUGH OUR PEDIATRIC OUTPATIENT CLINIC OUR THERAPISTS PROVIDED 5826 HOURS OF INDIVIDUAL THERAPY, 70 HOURS OF STUDENT SHADOWING TIME TO MEET COLLEGE REQUIREMENTS FOR UPCOMING THERAPISTS, 160 HOURS OF SUPERVISED INTERNSHIP TIME AND 14 FREE EARLY INTERVENTION SCREENING OPPORTUNITIES FOR LOCAL SCHOOL DISTRICTS, PEDIATRICIANS, AND TOWNSHIPS OUR THERAPEUTIC DAY SCHOOL FOR CHILDREN WITH AUTISM HAS DEVELOPED THE REPUTATION FOR BEING "THE BEST OUT THERE," AND IS CONSIDERED A MODEL BEST-PRACTICE PROGRAM FOR CHILDREN WITH AUTISM THIS IS BECAUSE WE WORK ON THE WHOLE CHILD WITH THE FAMILY AND THEIR HOME SCHOOL DISTRICT TO HELP THE CHILD DEVELOP THE SKILLS NEEDED TO BE AS INDEPENDENT AND SUCCESSFUL AS POSSIBLE WE KNOW THAT TO PROVIDE THE BEST SERVICES POSSIBLE, WE NEED TO WORK TOGETHER AS ONE WITH OTHER COMMUNITY AGENCIES AND ORGANIZATIONS CHILDREN'S SERVICES HAS PARTICIPATED WITH PILLARS' COMMUNITY COLLABORATIVE PROJECT, SAFE FROM THE START, TO INCREASE PUBLIC AWARENESS OF THE EFFECTS OF CHILDREN'S EXPOSURE TO VIOLENCE WE HAVE ALSO COLLABORATED WITH THE COMMUNITY ORGANIZATIONS AND THE COOK COUNTY HEALTH DEPARTMENT TO PROVIDE FREE TRAININGS AND WORKSHOPS ON ATTENTION DEFICIT DISORDER AND AUTISM FOR DAY CARE PROVIDERS, PROFESSIONALS WHO WORK WITH CHILDREN AND PARENTS WE ARE ALSO EXCITED ABOUT OUR NEW TOTAL COMMUNICATION SERVICES PROGRAM TO ASSIST INDIVIDUALS WITH AUTISM TO ACQUIRE FUNCTIONAL COMMUNICATION SKILLS THIS WAS MADE POSSIBLE THROUGH A GENEROUS GRANT FROM THE LYONS TOWNSHIP MENTAL HEALTH COMMISSION TRAINING AND SUPPORT FOR FAMILIES ARE ALSO INTEGRAL PARTS OF CHILDREN'S SERVICES' PHILOSOPHY OF BEING "FAMILY ORIENTED" AND WORKING "TOGETHER AS ONE " AS PART OF OUR CONTINUING EFFORT TO PROVIDE QUALITY SERVICES TO FAMILIES, THIS PAST YEAR, OUR PARENTS' SUPPORT GROUP, PARENT'S NETWORK NIGHT, A FREE MONTHLY EVENT FOR PARENTS OF CHILDREN WITH DISABILITIES AND/OR DELAYS OFFERED NINE EVENTS WITH GUEST SPEAKERS

(Code) (Expenses \$ 162,779 including grants of \$) (Revenue \$ 207,210)
 THRIFT SHOP LOCATED IN THE HEART OF BROOKFIELD ON GRAND BOULEVARD WITHIN WALKING DISTANCE OF THE METRA TRAIN STATION, THE HELPING HAND THRIFT SHOP OFFERS A WIDE VARIETY OF CLOTHING, HOUSEHOLD GOODS, COLLECTIBLES, CHINA, CRYSTAL, SPORTING GOODS, BOOKS, RECORDS AND ANTIQUES AND COUNTLESS OTHER ITEMS AT BARGAIN PRICES THE SHOP HAS OPERATED ON THIS SITE FOR MORE THAN THIRTY-FIVE YEARS AND IS STAFFED BY OVER 40 DEDICATED VOLUNTEERS DONATIONS AND VOLUNTEERS ARE ALWAYS WELCOME

4d Other program services (Describe in Schedule O)
 (Expenses \$ 162,779 including grants of \$) (Revenue \$ 207,210)

4e Total program service expenses \$ 9,622,789 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 25		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 3		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 562		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	Yes	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		No
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>IL</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization DR DENNIS TRYBUS 9649 W 55TH STREET COUNTRYSIDE, IL 60525 (708) 352-3580

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREA BARCZAK , BOARD MEMBER	2	X						0	0	
SUSAN E COX , BOARD MEMBER	2	X						0	0	
ADAM FULLER , BOARD MEMBER	2	X						0	0	
MARGARET M HANNON MD , BOARD MEMBER	2	X						0	0	
ELAINE BURKE , BOARD MEMBER	2	X						0	0	
DAVID DISANTO , BOARD MEMBER	2	X						0	0	
GAIL MATHEWS , BOARD MEMBER	2	X						0	0	
SUSAN SHELL , BOARD MEMBER	2	X						0	0	
WILLIAM D HOWE , PRESIDENT	2			X				0	0	
ANNE KOKORIS , SECRETARY	2			X				0	0	
THEODORE SNOW , VICE PRESIDE	2			X				0	0	
DENNIS HIGGINS , TREASURER	2			X				0	0	
DENNIS F TRYBUS , EXEC DIRECTO	40				X		153,127	0	0	
MICHAEL CUSICK , A A DIR	40					X	125,148	0	0	
STEPHEN LYDON , CHIEF CLINIC	40					X	104,475	0	7,714	

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							382,750		7,714	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **▶**3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 60,581					
	b	Membership dues 1b					
	c	Fundraising events 1c 105,137					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 3,029,293					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 267,555					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f) 3,462,566					
Program Service Revenue	2a	SERVICE FOR CLIENTS Business Code 900,099	5,980,861	5,980,861			
	b	SALE OF CLIENT SERVICES 900,099	780,433	780,433			
	c	RESIDENTIAL FACILITIES 900,099	465,628	465,628			
	d	THRIFT SHOPS 448,000	204,585	204,585			
	e	CONCESSION STAND REVENUE 900,099	43,456	43,456			
	f	All other program service revenue	2,625	2,625			
	g	Total. Add lines 2a-2f \$ 7,477,588					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	56,621	56,621			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses				
			Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 181,185 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a 105,137					
Less direct expenses b 101,335							
Net income or (loss) from fundraising events 79,850						79,850	
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
		Less direct expenses b					
		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances a						
		Less cost of goods sold b					
		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue Business Code						
11a	OTHER INCOME 900,099	158,299	158,299				
b							
c							
d	All other revenue _____						
e	Total. Add lines 11a-11d \$ 158,299						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	11,234,924	7,692,508		79,850		

Additional Data

Software ID:

Software Version:

EIN: 36-2327271

Name: HELPING HAND REHABILITATION CENTER

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a SERVICE FOR CLIENTS	900,099	5,980,861	5,980,861		
b SALE OF CLIENT SERVICES	900,099	780,433	780,433		
c RESIDENTIAL FACILITIES	900,099	465,628	465,628		
d THRIFT SHOPS	448,000	204,585	204,585		
e CONCESSION STAND REVENUE	900,099	43,456	43,456		

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	281,163		281,163	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,339,666	5,769,173		192,065
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	740,686	614,867	99,480	26,339
10	Payroll taxes	506,594	441,280	49,944	15,370
11	Fees for services (non-employees)				
a	Management				
b	Legal	56,172	735	55,437	
c	Accounting	31,000	5,400	25,600	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	141,702	122,303	15,326	4,073
12	Advertising and promotion	7,891	828	75	6,988
13	Office expenses				
14	Information technology	24,811	13,784	7,926	3,101
15	Royalties				
16	Occupancy	303,188	285,321	16,832	1,035
17	Travel	218,776	210,239	8,006	531
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	27,422	10,293	14,531	2,598
20	Interest	375,564	344,719	30,277	568
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	626,851	573,167	49,657	4,027
23	Insurance	135,281	118,280	16,737	264
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SUPPLIES	480,312	414,748	32,039	33,525
b	OUTSIDE LABOR	324,239	324,239		
c	REPAIRS AND MAINTENANCE	210,981	192,971	16,847	1,163
d	TELEPHONE	85,761	80,351	3,534	1,876
e	BAD DEBT	47,532	12,032	35,500	
f	All other expenses	159,063	88,059	42,806	28,198
25	Total functional expenses. Add lines 1 through 24f	11,124,655	9,622,789	1,180,145	321,721
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	107,611	1	23,374
	2 Savings and temporary cash investments	1,024,458	2	286,776
	3 Pledges and grants receivable, net	108,500	3	17,000
	4 Accounts receivable, net	1,113,017	4	2,469,834
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	89,262	9	113,149
	10a Land, buildings, and equipment cost basis			
		10a 18,004,080		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 7,983,821	9,811,558	10c 10,020,259
	11 Investments—publicly traded securities	1,645,899	11	1,067,809
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	1,251,164	15	1,301,435	
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,151,469	16	15,299,636	
Liabilities	17 Accounts payable and accrued expenses	570,120	17	788,171
	18 Grants payable		18	
	19 Deferred revenue	33,525	19	31,400
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,609,745	23	6,544,580
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	801,430	25	1,007,235
	26 Total liabilities. Add lines 17 through 25	8,014,820	26	8,371,386
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,072,588	27	5,860,885
	28 Temporarily restricted net assets	1,064,061	28	1,067,365
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,136,649	33	6,928,250	
34 Total liabilities and net assets/fund balances	15,151,469	34	15,299,636	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

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
HELPING HAND REHABILITATION CENTER

Employer identification number

36-2327271

Part I Reason for Public Charity Status (to be completed by all organizations) (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 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	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

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")	8,717,964	9,791,277	10,194,457	10,536,696	10,835,017	50,075,411
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	8,717,964	9,791,277	10,194,457	10,536,696	10,835,017	50,075,411
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						50,075,411

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	8,717,964	44,816	10,194,457	10,536,696	10,835,017	50,075,411
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,581	44,816	111,015	118,624	56,621	362,657
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	329,368	243,632	258,348	172,262	343,286	1,346,896
11 Total Support (Add lines 7 through 10)						51,784,964
12 Gross receipts from related activities, etc (See instructions)					12	571,287
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	96.698 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	93.877 %

- 16a 33 1/3% 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
- b 33 1/3% Test - 2007.** If the organization did not check the 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
- 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
- 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
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

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

- 19a 33 1/3% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization HELPING HAND REHABILITATION CENTER

Employer identification number 36-2327271

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,234,924
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,124,655
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	110,269
4	Net unrealized gains (losses) on investments	4	-108,262
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-210,406
9	Total adjustments (net) Add lines 4 - 8	9	-318,668
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-208,399

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,234,924
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,234,924
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	11,234,924

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,443,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	318,668
e	Add lines 2a through 2d	2e	318,668
3	Subtract line 2e from line 1	3	11,124,655
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	11,124,655

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS - 210,406 UNREALIZED LOSSES ON INVESTMENTS -108,262
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS 210,406 UNREALIZED LOSSES ON INVESTMENTS 108,262

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization HELPING HAND REHABILITATION CENTER

Employer identification number

36-2327271

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

IL

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DINNER DANCE</u> (event type)	<u>ANNUAL APPEAL</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	133,835	79,728	63,572	277,135
	2 Less Charitable contributions	95,115		10,022	105,137
	3 Gross revenue (line 1 minus line 2)	38,720	79,728	53,550	171,998
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	46,015	5,103	48,752	99,870
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				99,870
9 Net income summary Combine lines 3 and 8 in column (d) ▶				72,128	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Yes No

15a

17a

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
HELPING HAND REHABILITATION CENTER

Employer identification number
36-2327271

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DENNIS F TRYBUS	(i)	153,127					153,127	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization
HELPING HAND REHABILITATION CENTER

Employer identification number
36-2327271

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	LESSONS, HORTICULTURE, SELF ADVOCACY TRAINING, COMMUNITY MEMBERSHIP THROUGH VOLUNTEERING AT THE CHICAGO FOOD DEPOSITORY, TOTAL COMMUNICATION PROGRAM FUNDED BY THE LYONS TOWNSHIP MENTAL HEALTH BOARD, INTERN PROGRAMS IN MUSIC AND RECREATION, HIGH SCHOOL TRANSITION SERVICES AT 11 DIFFERENT HIGH SCHOOLS WE BUILT BUSINESS RELATIONSHIPS IN THE COMMUNITY THAT INCLUDED JOB PLACEMENTS AT LOWES, HOME DEPOT, TARGET, FAMILY DOLLAR, PETCO AND WHITELODGE WE EXPANDED HIGH SCHOOL TRANSITION SERVICES TO INCLUDE ASSESSMENTS AND TRAINING, INCLUDING INDEPENDENT LIVING, COMMUNITY PARTICIPATION AND STUDENT/PARENT EDUCATION WE WORKED WITH OVER FIVE LOCAL HIGH SCHOOLS TO PROVIDE TRANSITION SERVICES TO OVER 20 STUDENTS FOR THE FIRST TIME, WE OFFERED CUSTOMER SERVICE TRAINING PROGRAMS TO HIGH SCHOOL STUDENTS RESULTING IN COMMUNITY JOB PLACEMENTS SUBCON PACKING AND ASSEMBLY IS STRENGTHENING ITS TIES WITH EXISTING CUSTOMER BASE IN AN EFFORT TO ATTRACT ADDITIONAL BUSINESS FROM THEM WE CONCENTRATED ON HAVING OUR CORE GROUP OF CUSTOMERS THINK OF US FIRST WHENEVER THERE WAS A NEW OPPORTUNITY THIS APPROACH IS BEING USED TO ATTRACT NEW BUSINESS AND HAS LED TO A GAIN IN NEW CUSTOMERS OUR CUSTOMERS ARE NOW REFERRING US TO THEIR FRIENDS AND ASSOCIATES AS BEING RELIABLE, TIMELY AND COST EFFECTIVE PARTNERS OUR GOAL, AS ALWAYS, IS TO LOOK FOR NEW OPPORTUNITIES FOR OUR CLIENTS TO INCREASE AND VARY THEIR JOB SKILLS THE NEW WORK THAT WE'VE GAINED PROVIDES THAT AND ALLOWS THEM TO WORK ALONGSIDE THOSE WHO ARE NON-DISABLED

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	OPTIONS FOR RENT ASSISTANCE

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	REQUIREMENTS FOR UPCOMING THERAPISTS, 160 HOURS OF SUPERVISED INTERNSHIP TIME AND 14 FREE EARLY INTERVENTION SCREENING OPPORTUNITIES FOR LOCAL SCHOOL DISTRICTS, PEDIATRICIANS, AND TOWNSHIPS OUR THERAPEUTIC DAY SCHOOL FOR CHILDREN WITH AUTISM HAS DEVELOPED THE REPUTATION FOR BEING "THE BEST OUT THERE," AND IS CONSIDERED A MODEL BEST-PRACTICE PROGRAM FOR CHILDREN WITH AUTISM THIS IS BECAUSE WE WORK ON THE WHOLE CHILD WITH THE FAMILY AND THEIR HOME SCHOOL DISTRICT TO HELP THE CHILD DEVELOP THE SKILLS NEEDED TO BE AS INDEPENDENT AND SUCCESSFUL AS POSSIBLE WE KNOW THAT TO PROVIDE THE BEST SERVICES POSSIBLE, WE NEED TO WORK TOGETHER AS ONE WITH OTHER COMMUNITY AGENCIES AND ORGANIZATIONS CHILDREN'S SERVICES HAS PARTICIPATED WITH PILLARS' COMMUNITY COLLABORATIVE PROJECT, SAFE FROM THE START, TO INCREASE PUBLIC AWARENESS OF THE EFFECTS OF CHILDREN'S EXPOSURE TO VIOLENCE WE HAVE ALSO COLLABORATED WITH THE COMMUNITY ORGANIZATIONS AND THE COOK COUNTY HEALTH DEPARTMENT TO PROVIDE FREE TRAININGS AND WORKSHOPS ON ATTENTION DEFICIT DISORDER AND AUTISM FOR DAY CARE PROVIDERS, PROFESSIONALS WHO WORK WITH CHILDREN AND PARENTS WE ARE ALSO EXCITED ABOUT OUR NEW TOTAL COMMUNICATION SERVICES PROGRAM TO ASSIST INDIVIDUALS WITH AUTISM TO ACQUIRE FUNCTIONAL COMMUNICATION SKILLS THIS WAS MADE POSSIBLE THROUGH A GENEROUS GRANT FROM THE LYONS TOWNSHIP MENTAL HEALTH COMMISSION TRAINING AND SUPPORT FOR FAMILIES ARE ALSO INTEGRAL PARTS OF CHILDREN'S SERVICES' PHILOSOPHY OF BEING "FAMILY ORIENTED" AND WORKING "TOGETHER AS ONE" AS PART OF OUR CONTINUING EFFORT TO PROVIDE QUALITY SERVICES TO FAMILIES, THIS PAST YEAR, OUR PARENTS' SUPPORT GROUP, PARENT'S NETWORK NIGHT, A FREE MONTHLY EVENT FOR PARENTS OF CHILDREN WITH DISABILITIES AND/OR DELAYS OFFERED NINE EVENTS WITH GUEST SPEAKERS

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	THRIFT SHOP LOCATED IN THE HEART OF BROOKFIELD ON GRAND BOULEVARD WITHIN WALKING DISTANCE OF THE METRA TRAIN STATION, THE HELPING HAND THRIFT SHOP OFFERS A WIDE VARIETY OF CLOTHING, HOUSEHOLD GOODS, COLLECTIBLES, CHINA, CRYSTAL, SPORTING GOODS, BOOKS, RECORDS AND ANTIQUES AND COUNTLESS OTHER ITEMS AT BARGAIN PRICES THE SHOP HAS OPERATED ON THIS SITE FOR MORE THAN THIRTY-FIVE YEARS AND IS STAFFED BY OVER 40 DEDICATED VOLUNTEERS DONATIONS AND VOLUNTEERS ARE ALWAYS WELCOME

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE BOARD OF DIRECTORS HIRES THE AUDIT AND TAX CONSULTANT TO PREPARE THE FORM 990 THE BOARD OF DIRECTORS DELEGATES THE FINANCE COMMITTEE TO REVIEW THE FORM 990 HELPING HAND MANAGEMENT STAFF WORKS IN COOPERATION WITH THE OUTSIDE TAX CONSULTANT TO PREPARE THE FORM 990 THE FINANCE COMMITTEE REVIEWS THE FORM 990 A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	HELPING HAND BOARD OF DIRECTORS DELEGATES THE EXECUTIVE COMPENSATION REVIEW PROCESS TO THE EXECUTIVE COMMITTEE PER THE BYLAWS THE EXECUTIVE COMMITTEE FUNCTIONS AS THE PERSONNEL COMMITTEE THE EXECUTIVE COMMITTEE CONDUCTS A BI-ANNUAL MARKET ANALYSIS OF SALARIES PAID TO SIMILAR POSITIONS IN THE FIELD OF COMMUNITY BASED AGENCIES PROVIDING SERVICES TO INDIVIDUALS WITH DISABILITIES THE SALARY ANALYSIS INCLUDES A COMPARISON OF AGENCY REVENUES AND ASSETS AND THE NUMBER OF EMPLOYEES EXECUTIVE COMPENSATION DECISIONS ARE MADE AND APPROVED BY PERSONS ON THE COMMITTEE WHO ARE FREE OF ANY CONFLICT OF INTEREST AND ARE DIRECTORS OF THE CORPORATION WHO SATISFY THE CRITERIA OF INDEPENDENCE THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE ARE PRESENTED TO THE FULL BOARD FOR APPROVAL

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF OTHER HIGHLY COMPENSATED EMPLOYEES ARE REVIEWED THROUGH THE BUDGET APPROVAL PROCESS THE ANNUAL BUDGET IS REVIEWED BY THE FINANCE COMMITTEE AND RECOMMENDED TO THE BOARD OF DIRECTORS FOR ACCEPTANCE EXECUTIVE COMPENSATION DECISIONS ARE MADE AND APPROVED BY PERSONS ON THE COMMITTEE WHO ARE FREE OF ANY CONFLICT OF INTEREST AND ARE DIRECTORS OF THE CORPORATION WHO SATISFY THE CRITERIA OF INDEPENDENCE THE RECOMMENDATIONS OF THE FINANCE COMMITTEE ARE PRESENTED TO THE FULL BOARD FOR APPROVAL

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ARTICLES OF INCORPORATION ARE PUBLICLY AVAILABLE FROM THE ILLINOIS SECRETARY OF STATE'S OFFICE HELPING HAND CENTER REVIEWS FOR MERIT ANY REQUEST FOR RELEASE OF THE CONFLICT OF INTEREST STATEMENT, FINANCIAL STATEMENTS OR GOVERNING DOCUMENTS THE FINAL DECISION FOR RELEASING THE DOCUMENTS TO THE PUBLIC IS THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	990 PART VI SECTION B LINE 12B ANNUALLY, ALL HELPING HAND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT BEGINNING WITH THE NEXT SCHEDULED SIGNING OF CONFLICT OF INTEREST STATEMENTS, AND IN AN EFFORT TO MONITOR AND ENFORCE THIS POLICY, ALL BOARD MEMBERS WILL BE PROVIDED A LIST OF ALL HELPING HAND VENDORS, CONTRACTORS AND INVESTMENTS EXCEEDING 20,000 ANNUALLY 990 PART I, LINE 5 TOTAL NUMBER OF EMPLOYEES INCLUDES 307 STAFF AND INCLUDES W2S ISSUED TO 255 INDIVIDUALS WITH DISABILITIES INCLUDED IN THE VOCATIONAL TRAINING PROGRAM INCLUDED IN THE "ADULT DAY PROGRAMS"