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2009

Open to Public
InspectionForm **990-EZ****Short Form
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)

▶ 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 \$500,000 and total assets less than \$1,250,000 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.

Department of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning** January 01, 2009, and ending December 31, 20 09**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type. See
Specific
Instructions.**C** Name of organization

Humanitarian Hands Foundation

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

17950 Preston Road 950

City or town, state or country, and ZIP + 4

Dallas, TX 75252-4651

D Employer identification number

20-5618632

E Telephone number

972-331-6098

F Group Exemption

Number ▶ NA

• 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.humanitarianhandsfoundation.org**J** Tax-exempt status (check only one) — ☒ 501(c) () ◀ (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
Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**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	116,891
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	232
	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)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	7800
	b	Less: direct expenses other than fundraising expenses	6b	3848
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3952	
7a	Gross sales of inventory, less returns and allowances	7a	386	
b	Less: cost of goods sold	7b	1320	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<934>	
8	Other revenue (describe ▶ miscellaneous)	8	51	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	120,192	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	22,100
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	650
	13	Professional fees and other payments to independent contractors	13	925
	14	Occupancy, rent, utilities, and maintenance	14	117
	15	Printing, publications, postage, and shipping	15	210
	16	Other expenses (describe ▶ office/computer supplies, ad cost, oper. mbrships, event, in kind)	16	10,499
	17	Total expenses. Add lines 10 through 16	17	34,501
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	85,691
	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	816
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	86,507

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	816	24,007
23 Land and buildings	0	62,500
24 Other assets (describe ▶ _____)	0	0
25 Total assets	816	86,507
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	816	86,507

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

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SCANNED AUG 11 2010

Expenses

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

28	Ronald Kizito/Nations Church-Fort Portal Uganda/Purchased 500 mosquito nets for 500 people to help prevent malaria.		
	(Grants \$ 6000) If this amount includes foreign grants, check here ► ☐	28a	6000
29	Wings of the Dawn-Organization that ships donated books/Shipped 20,000 books to Tamso Ghana for a Christian school w/600 students, various communities, & their local library. The books will benefit 5000+ people.		
	(Grants \$ 8000) If this amount includes foreign grants, check here ► ☐	29a	8000
30	Huni Valley Ghana Ladies Project/General construction supply store formed to generate funds for families whose husbands had to leave and go to other communities to find work to feed and cloth their families. The wives formed a group to work the supply store which helps with funds for their families. Serves 100+.		
	(Grants \$ 5020) If this amount includes foreign grants, check here ► ☐	30a	5020
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ►	32	19,020

(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 allowance	
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[illegible]

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

		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	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. 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.	40e	✓
41	List the states with which a copy of this return is filed. ▶ Texas		
42a	The organization's books are in care of ▶ Mary Christopher Telephone no. ▶ 972-331-6098 Located at ▶ 17950 Preston Road, Suite 950, Dallas, TX ZIP + 4 ▶ 75252-4651		
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)?	42b	✓
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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	☐	☒
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☐	☒
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☐	☒
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	☐	☒
b	If "Yes," was the related organization a section 527 organization?	49b	☐	☒

50 Complete this table for the organization's 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."

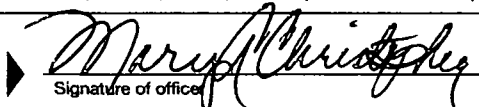
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

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		May 15, 2010 Date	
	Mary A. Christopher, President/CEO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶		Phone no. ▶
	May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No			