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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**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)

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

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

OMB No 1545-1150

~~2004~~ 2009

**Open to Public Inspection**

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

|   |  |   |                                  |  |
|---|--|---|----------------------------------|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions. | <b>C</b> Name of organization<br><b>TNE Community Helpers, Inc</b>  |                                  | <b>D</b> Employer identification number<br><b>54 : 1814003</b> |
|   |  | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br><b>P O Box 797</b> | <b>E</b> Telephone number<br>( ) |  |
|   |  | City or town, state or country, and ZIP + 4<br><b>Norton, Virginia 24273</b>                                |                                  | <b>F</b> Enter 4-digit (GEN) ▶                                 |

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**i** Web site: ▶

**J** Organization type (check only one)—  501(c) ( ) ◀ (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's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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

|            |  |  |            |         |
|------------|--|--|------------|---------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received                                       | 1          | 49,961. |
|            | 2  | Program service revenue including government fees and contracts                                  | 2          |         |
|            | 3  | Membership dues and assessments  | 3          |         |
|            | 4  | Investment income  | 4          |         |
|            | 5a   | Gross amount from sale of assets other than inventory  | 5a         |         |
|            | 5b   | Less: cost or other basis and sales expenses   | 5b         |         |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c         |         |
|            | 6  | Special events and activities (attach schedule)  |            |         |
|            | 6a   | Gross revenue (not including \$ _____ of contributions reported on line 1)                       | 6a         |         |
| Expenses   | 6b   | Less: direct expenses other than fundraising expenses  | 6b         |         |
|            | 6c   | Net income or (loss) from special events and activities (line 6a less line 6b)                   | 6c         |         |
|            | 7a   | Gross sales of inventory, less returns and allowances  | 7a         |         |
|            | 7b   | Less: cost of goods sold   | 7b         |         |
|            | 7c   | Gross profit or (loss) from sales of inventory (line 7a less line 7b)                            | 7c         |         |
|            | 8  | Other revenue (describe ▶ _____)   | 8          |         |
|            | 9  | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)                                   | 9          | 49,961. |
|            | 10   | Grants and similar amounts paid (attach schedule)  | 10         |         |
|            | 11   | Benefits paid to or for members  | 11         |         |
|            | 12   | Salaries, other compensation, and employee benefits  | 12         |         |
| Net Assets | 13   | Professional fees and other payments to independent contractors                                  | 13         |         |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14         | 6,350.  |
|            | 15   | Printing, publications, postage, and shipping  | 15         |         |
|            | 16   | Other expenses (describe ▶ <u>Attached Schedule</u> )  | 16         | 43,782. |
|            | 17   | <b>Total expenses</b> (add lines 10 through 16)  | 17         | 50,132. |
| 18         | Excess or (deficit) for the year (line 9 less line 17)   | 18   | (171) Loss |         |
| 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   |            |         |
| 20         | Other changes in net assets or fund balances (attach explanation)  | 20   |            |         |
| 21         | <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)  | 21   | (171) Loss |         |

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 39)

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments   | 22                    |                 |
| 23 Land and buildings   | 23                    |                 |
| 24 Other assets (describe ▶ _____)  | 24                    |                 |
| 25 <b>Total assets</b>  | 25                    |                 |
| 26 <b>Total liabilities</b> (describe ▶ _____)  | 26                    |                 |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 27                    | (171) Loss      |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2001)

SCANNED JUN 24 2010

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Part II: Statement of Program Service Accomplishments (See Specific Instructions on page 40)

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

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

Table with 2 columns: Description (lines 28-31) and Expenses (lines 28a-31a). Line 32: Total program service expenses.

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

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances.

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

Table with 3 columns: Question (lines 33-43), Yes, No. Includes questions about IRS reporting, business income, liquidation, political expenditures, loans, and tax-exempt interest.

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Anna Spriggs Co-Chair, Date: 4-15-10, Type or print name and title: Anna Spriggs Co Chair.

Paid Preparer's Use Only: Preparer's signature: Marjorie Stanley, Date: 4/15/10, Check if self-employed: [X], Preparer's SSN or PTIN: 408-705330, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no.



SCHEDULE OF DEDUCTION FOR 2009

|                 |                 |
|-----------------|-----------------|
| Fuel            | 4,450.00        |
| Insurance       | 2,040.00        |
| Purchases       | 28,515.00       |
| Depreciation    | 1,777.00        |
| Pay for helpers | <u>7,000.00</u> |
|                 | 43,782.00       |