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**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)

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Open to Public  
Inspection**

**A For the 2009 calendar year, or tax year beginning** , **2009**, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Heart and Hand House Inc.		<b>D Employer identification number</b> 55-0522469
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 128	<b>E Telephone number</b> (304) 457-1295	
		City or town, state or country, and ZIP + 4 Philippi WV 26416-0128	<b>F Group Exemption Number</b> ▶ 2573	

• 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) ▶

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

**I Website:** ▶ [www.heartandhandhouse.org](http://www.heartandhandhouse.org)

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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.** ▶ \$ 412,348.

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	293,227.
	2 Program service revenue including government fees and contracts	2	114,575.
	3 Membership dues and assessments	3	
	4 Investment income	4	4,546.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	412,348.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	18,381.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	154,665.
	13 Professional fees and other payments to independent contractors	13	3,625.
	14 Occupancy, rent, utilities, and maintenance	14	53,632.
	15 Printing, publications, postage, and shipping	15	1,558.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	122,830.
	<b>17 Total expenses.</b> Add lines 10 through 16	17	354,691.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	57,657.
NET ASSETS OR FUND BALANCES	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	466,617.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	524,274.

**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	188,894.	238,569.
23 Land and buildings	144,200.	144,200.
24 Other assets (describe ▶ See L-24 Stmt)	133,523.	141,505.
<b>25 Total assets</b>	<b>466,617.</b>	<b>524,274.</b>
26 Total liabilities (describe ▶ _____)	0.	.0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>466,617.</b>	<b>524,274.</b>

SCANNED AUG 19 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <b>SEE ATTACHED MISSION STATEMENT</b>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	PROVIDED EMERGENCY FINANCIAL & MATERIAL ASSISTANCE BENEFITTING OVER 1,370 INDIVIDUALS. ASSISTANCE INCLUDED PROVISIONS OF FOOD, HEALTH KITS, CLEANING KITS, NEWBORN LAYETTES, AND FINANCIAL ASSISTANCE WITH MEDICATIONS, DELINQUENT RENT & UTILITIES, AND CERTAIN OTHER EXPENSE. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	18,381.
29	NUTRITION PROGRAM PROVIDED ASSISTANCE THROUGH THE MINISTRY'S FOOD PANTRY TO NEARLY 990 LOW-INCOME FAMILIES. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,716.
30	PROVIDED 2 NEW HOMES AND APPROXIMATELY 36 HOME REPAIR PROJECTS TO 38 FAMILIES. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	93,302.
31	Other program services (attach schedule) SEE ATTACHED STMT (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	28,442.
32	Total program service expenses (add lines 28a through 31a)	32	151,841.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
DESTRY DANIELS RR 3 BOX 514 RIVER RD BELINGTON WV 26250	PRESIDENT 0.50	0.	0.	
EUGENE RIGHMAN PO BOX 1 PHILIPPI WV 26416	VICE PRES 0.50	0.	0.	
JOHN LOYD RR 4 BOX 152 A PHILIPPI WV 26416	TREASURER 0.50	0.	0.	
JOYCE HAWKINS RR 2 BOX 94 - A1 BELINGTON WV 26250	SECRETARY 0.50	0.	0.	
BRENDA HUNT RR 1 BOX 195 A MOATSVILLE WV 26405	EXEC DIRECTOR 50.00	19,041.	2,688.	
ROBERT BAER, JR 512 BEVERLY PIKE BELINGTON WV 26250	EX-OFFICIO BD MBR 0.50	0.	0.	
LINDA PAYTON RR 1 BOX 36 PHILIPPI WV 26416	EX-OFFICIO BD MBR 0.50	0.	0.	
ALICIA RAPKING 302 LOCUST AVE PHILIPPI WV 26416	EX-OFFICIO BD MBR 0.50	0.	0.	
RANDY SIMMS HC 31 BOX 230 VOLGA WV 26238	EX-OFFICIO BD MBR 0.50	0.	0.	
DOT STEWART RR 2 BOX 87 C PHILIPPI WV 26416	EX-OFFICIO BD MBR 0.50	0.	0.	
ELLIS CONLEY 307 FAIRMONT AVE FAIRMONT WV 26554	EX-OFFICIO BD MBR 0.50	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> _____; section 4912 <b>▶</b> _____; section 4955 <b>▶</b> _____		
<b>b</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	<b>40b</b>	X
<b>c</b> 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 <b>▶</b> _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> _____		

**42a** The organization's books are in care of **▶** BRENDA HUNT Telephone no **▶** (304) 457-1295  
 Located at **▶** 110 MASON ST PHILIPPI WV ZIP + 4 **▶** 26416

	Yes	No
<b>b</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)? If 'Yes,' enter the name of the foreign country <b>▶</b> _____	<b>42b</b>	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. <b>▶</b> _____	<b>42c</b>	X

**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

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> 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	<b>45</b>	X

**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.

- |     | Yes | No |
|-----|-----|----|
| 46  |     | X  |
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |
- 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If 'Yes,' was the related organization a section 527 organization?

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 and deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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


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.

**Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature		Date	05/14/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Andrea S. Poling, A.C. P.O. Box 400 Philippi	EIN	WV 26416-0400	Phone no	(304) 457-2286

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

Heart and Hand House Inc.

Employer identification number

55-0522469

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

h Provide the following information about the supported organizations.

(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	
<b>Total</b>									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	247,584.	276,764.	285,264.	254,837.	293,227.	1,357,676.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 <b>Total.</b> Add lines 1 through 3	247,584.	276,764.	285,264.	254,837.	293,227.	1,357,676.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						1,357,676.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	247,584.	276,764.	285,264.	254,837.	293,227.	1,357,676.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,827.	4,642.	5,802.	1,784.	4,546.	21,601.
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)	971.		159.	422.		1,552.
11 <b>Total support.</b> Add lines 7 through 10						1,380,829.
12 Gross receipts from related activities, etc. (see instructions)					12	589,166.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.32%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 through 5						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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 lns 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 section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: GRANT ADMINISTRATION FEE

2008: 175.

Description: REFUNDS/REBATES

2005: 971.

2007: 159.

2008: 247.

Name as Shown on Return  
Heart and Hand House Inc.

Employer Identification No  
55-0522469

Line 24 - Other Assets:	Beginning of Year	End of Year
HOUSING LOANS RECEIVABLE	123,695.	141,505.
NOTES RECEIVABLE	3,513.	0.
OTHER MISCELLANEOUS ASSETS	6,315.	0.
Totals to Form 990-EZ, Part II, line 24	133,523.	141,505.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990 E Z, 2009  
PART III, PAGE 2  
EXEMPT PURPOSE

**HEART AND HAND HOUSE, INC.**

55-0522469

**MISSION STATEMENT**

Heart and Hand House, Inc., is a mission project of The United Methodist Church. It exists because of the clear Christian mandate to minister to the physical, mental, spiritual and emotional needs of in-crisis, low-income people of Barbour County and its immediate surroundings.

**MISSION RATIONALE**

Located in rural Appalachia, the community is faced with:

- ❖ severely limited employment opportunity
- ❖ a high rate of unemployment & underemployment
- ❖ a high incidence of broken or disrupted homes
- ❖ limited awareness & use of social services
- ❖ aging population
- ❖ low educational achievement
- ❖ absentee ownership of land and industry
- ❖ land that does not lend itself to farming

These characteristics call for the direct and indirect services that Heart and Hand provides, such as food, medical assistance, clothing, rental assistance, counseling, information referral, housing repairs, and empowerment education.

This broadly conceived ministry is designed to elicit the human and financial support of not only United Methodists but all individuals and groups who realize the needs of the area and have the means to meet them.

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

TRAVEL & MEETINGS	1,509.
ADVERTISING/PROMOTION	1,163.
STAFF DEVELOPMENT	2,844.
COMMUNITY RELATIONS	5,211.
SUPPLIES	10,547.
HOUSING SUPPLIES & EQUIPMENT	72,416.
FUEL	4,560.
GARDEN MARKET	18,619.
TAX	5,452.
MISCELLANEOUS	509.
Total	<u>122,830.</u>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ALAN RANDALL MITCHELL RR 1 BOX 183 WAVERLY WV 26184 Foreign city _____ Foreign country _____	Title EX-OFFICIO BD MBR Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JUDY NUTTER 2278 HEBRON RD ST MARYS WV 26170 Foreign city _____ Foreign country _____	Title EX-OFFICIO BD MBR Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WILLIAM WILSON UNITED METHODIST CTR, PO BOX 2313 CHARLESTON WV 25328 Foreign city _____ Foreign country _____	Title EX-OFFICIO BD MBR Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CORTEZ TIPTON 103 KEYES AVE PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title HONORARY BD MBR Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BOB WILKINS RR 3 BOX 278 A5 PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title HONORARY BD MBR Hours/Week 0.50	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ELAINE BENSON 106 KEYES AVE PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HELEN BIGGS RR 1 BOX 232 D PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KAREN COMPTON RR 3 BOX 548 PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JO CRISS PO BOX 382 PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SHIRLEY DANIELS PO BOX 194 PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DANNY FRANKE 11 HILLTOP DR PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CALVIN FRIDLEY 106 S STURMER ST BELINGTON WV 26250 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BRYAN HEADLEY RR 4 BOX 330 A4 PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JIM JORDAN RR 1 BOX 408 MOATSVILLE WV 26405 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PHYLLIS KNIGHT RR 1 BOX 337 MT CLARE WV 26408 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MAVIS MARTIN RR 2 BOX 105 A PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARTHA R ROY RR 4 BOX 20 D PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CHUCK SCHEICK RR 4 BOX 317 B4 PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RAY SHAW RR 3 BOX 38 I PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BARBARA SMITH 16 WILLIS LN PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FRED STREETS HC 31 BOX 230 BUCKHANNON WV 26201 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LOUISE TIPTON 103 KEYES AVE PHILIPPI WV 26416 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DARLENE WADDELL 1 DAVID AVE BELINGTON WV 26250 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SUE WOLFE RR 2 BOX 319 BELINGTON WV 26250 Foreign city _____ Foreign country _____	Title BD MEMBER Hours/Week 0.50	0.	0.	

**Supporting Statement of:**

Form 990-EZ/Line 4

Description	Amount
INTEREST INCOME	250.
RENTAL INCOME	4,296.
Total	<u>4,546.</u>

**Supporting Statement of:**

Form 990-EZ/Line 23, Column (A)

Description	Amount
110 MASON ST	37,500.
118 MASON ST	32,500.
308 COLUMBIA ST	2,500.
319 COLUMBIA ST	32,500.
309 S MAIN ST	16,500.
234 BEECH AVE	21,200.
2ND ST	1,500.
Total	<u>144,200.</u>

**Supporting Statement of:**

Sch. A, page 2/Gross Receipts

Description	Amount
2005 RELATED ACTIVITIES RECEIPTS	110,797.
2006 " " "	109,970.
2007 " " "	104,459.
2008 " " "	149,365.
2009 " " "	114,575.
Total	<u>589,166.</u>

Additional Information For Tax Return

Heart and Hand House Inc.

55-0522469

Form 990-EZ: Other Program Service Exp

LINE 31

CHRISTMAS/CHILDREN'S PROGRAM PROVIDED GIFT BAGS WITH HATS, GLOVES, & TOYS TO 80 HEADSTART CHILDREN. ALSO PROVIDED TOYS AT DISCOUNTED PRICES TO 112 FAMILIES THROUGH OPERATION OF A CHRISTMAS TOY STORE. EXPENSES WERE \$1,771.

COMMUNITY GARDEN MARKET PROGRAM PROVIDED FACILITIES AND MANAGEMENT FOR A COMMUNITY FARMER'S MARKET TO BENEFIT BOTH LOCAL GROWERS AND CONSUMERS. NEARLY 90 GROWERS PARTICIPATED, SERVING OVER 3,900 CUSTOMERS. THE MARKET PROVIDES AN OUTLET FOR LOW-INCOME GROWERS TO SELL THEIR PRODUCE TO LOW-INCOME BUYERS WHOM CAN USE SNAP EBT AND NUTRITION PROGRAM COUPONS (WIC AND SENIORS). EXPENSES WERE \$26,671.