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## Form **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

OMB No 1545-1150

Open to Public \_\_\_\_\_

Department of the Treasury Internal Revenue Service

		e 2009 calendar year, or tax year beginning an	d ending			
В	Check if applicabl	Please C Name of organization		D Emplo	yer id	entification number
	Address	use IRS				
7	Name Change	print or HELPING HANDS OF GEORGETOWN	57	- 0.8	883461	
<u> </u>	Initial	type Number and street (or P.O. boy if mail is not delivered to street address)	E Telephone number			
<u> </u>	_lreturn ∏Termir	1386	Room/suite	i '		
<u> </u>	lated	Instruct DJZ BUACK KIVEK KOAD				<u> </u>
بِا	Amen			F Group		ption
	Applica pending	GEORGETOWN, SC 29440			oer 돈	
	• Sect	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complet	ed G Accour	ntıng met	hod: [	X Cash Accrual
		Schedule A (Form 990 or 990-EZ)	Other (	specify)	<u> </u>	
ī	Nebsite	HTTP://WWW.HELPINGHANDSOFGEORGETOWN.COM/	H Check		] if th	e organization is not
		mpt status (check only one) $- \mathbb{X} = 501(c)(3)$ (insert no.) 4947(a)(1) or				Ile B (Form 990, 990-EZ, or 990-PF)
	Check					
κ .	JIICUN P	Form 990 return is not required, but if the organization chooses to file a return, be sure to	-		αι, ψε ι	7,000.711 01111 000 EE 01
	A al al 1. m a				\$	135,308.
	art I	s 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead  Revenue, Expenses, and Changes in Net Assets or Fund Balance	OF (See the petr	uctions fr	» Ψ or Dort	133,300.
			(See the man	uctions it		<del></del>
	1	Contributions, gifts, grants, and similar amounts received		-	1	121,795.
	1	Program service revenue including government fees and contracts		-	2	
	3	Membership dues and assessments		<u> </u>	3	
<i>e</i>	4	Investment income			4	
Ö	5a	Gross amount from sale of assets other than inventory 5a			1	
Š	b	Less' cost or other basis and sales expenses 5b			- 1	
$\mathbf{Z}$	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
FT2		Special events and activities (complete applicable parts of Schedule G). If any amount is from gam	nina, check here 🕨			
Œ	1	Gross revenue (not including \$ of contributions				
SCANNEU^3EP	1	reported on line 1) 6a	13,5	06	- (	
Щ,	1	Less: direct expenses other than fundraising expenses 6b	1,6			
	I .	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			60	11,906.
M	1			-	6c	11,300.
<b>A</b>	1				.	
2010	]	Less: cost of goods sold 7b			_	
<b>≅</b>	ł .	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	į.	Other revenue (describe >		' }-	8	100 700
		Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	_		9	133,708.
	1	Grants and similar amounts paid (attach schedule) STMT	3	-	10	74,908.
	11	Benefits paid to or for members			11	<u>"</u>
es	12	Salaries, other compensation, and employee benefits————————————————————————————————————			12	37,000.
ŠĽ	13	Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors CEIVED  Occupancy rent utilities and maintenance			13	<u>1,368.</u>
Expenses	14	Occupancy, rent, clinics, and mannerance	ATEMENT	2 _	14	3,521.
ш	15	Printing, publications, postage, and shipping Other expenses (describe			15	574.
	16	Other expenses (describe SEE   ST	ATEMENT	1)	16	7,953.
	17				17	125,324.
	18	Total expenses Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from tine 9) OGDEN, UT  Net assets or fund balances at beginning of year (from time 77 column (A))			18	8,384.
ets.	19	Net assets or fund balances at beginning of year (from line 27, column (A))			-	<u> </u>
Net Assets	"	(must agree with end-of-year figure reported on prior year's return)			19	16,216.
٠ <u>٠</u>	20	Other changes in net assets or fund balances (attach explanation)		· -	20	10,210.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20				24 600
To.	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Forr	n 000 unstand of Co		21	24,600.
	ai t ii	(See the instructions for Part II.)			CZ.	(D) Cad at
		·	(A) Beginning o		<del>                                     </del>	(B) End of year
22		n, savings, and investments	13,	868.		23,433.
23		d and buildings			23	<del></del>
24		r assets (describe OTHER DEPRECIABLE ASSETS )		348.		1,167.
25		lassets	16,	<u> 216.</u>		24,600.
26		l liabilities (describe ►)		0.	26	0.
27		assets or fund balances (line 27 of column (B) must agree with line 21)	16,	<u>216.</u>	27	24,600.
932 02-6	17 1 08- 10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2009)

	1 990-EZ (2009) HELPING HANDS OF GEORGETO			<u> </u>	08834	61 Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		Ex	cpenses
	at is the organization's primary exempt purpose?PROVIDING ASSI				(Required fo	or section 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt pur			he		1) organizations and
the	services provided, the number of persons benefited, and other relevan	t information for each proc	ram title		for others )	7(a)(1) trusts, optional
_	PROVIDE ASSISTANCE TO INDIVIDUALS B				1	
20			MIANT DM			
	HOUSING, UTILITIES, MEDICAL AND/OR	FOOD COSTS.				
		<del> </del>		_	1	T.4. 000
	(Grants \$ ) If this amount includes foreign of	rants, check here		<u> </u>	28a	74,908.
29						
					1 1	
	(Grants \$ ) If this amount includes foreign of	grants, check here	<b>&gt;</b>		29a	
30						
•						
		·				
	/O - 1 - 0				00.	
	(Grants \$ ) If this amount includes foreign g	rants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign of	rants, check here			31a	
	Total program service expenses (add lines 28a through 31a)				32	74,908.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(See the	instructions	lor Part IV)
		(h) Title and sucress hours	(a) Composition		ntributions	/a) [
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee	(e) Expense account and
	(a) name and addition	position	-0)		fit plans & eferred	other allowances
			•••		pensation	
	SEE STATEMENT 5	-	13,269.			
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02-0	8-10				Form	990-EZ (2009)

Form 990-EZ (2009) 57-0883461 Page 3 HELPING HANDS OF GEORGETOWN Part V Other Information (Note the statement requirements in the instructions for Part V) No Yes Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 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 N Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 36 37a 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 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 Х N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities N/A 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. section 4911 0 . ; section 4912 > 0 . ; 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 X 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 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. 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 41 List the states with which a copy of this return is filed. ▶ SC Telephone no.  $\triangleright$  (843) 527-3424 42a The organization's books are in care of ► ZELLA WILT Located at ▶ 552 BLACK RIVER ROAD, GEORGETOWN, ZIP+4 ► 29440 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 Yes No 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: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form 990-EZ (2009)

Х

completed instead of Form 990-EZ

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 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public No 46 office? If "Yes," complete Schedule C, Part I 46 Х Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Х 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 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." (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position other allowances deferred NONE compensation Total number of other employees paid over \$100,000 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." 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 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 efficier) is based or all information of which preparer has any knowledge Sign Here Signature of office 1 TREASURER Type or print name and title Paid Preparer's signature Check if self-Preparer's Identifying number (See instri) employed ь Preparer's P00047839 Use Only SAPP / BOOKHOUT 57-0801130 EIN > Firm's name (or yours 4728 JENN DR. SUITE 100 if self-employed), Phone >

843 448-8334

X Yes

address, and ZIP + 4

MYRTLE BEACH,

May the IRS discuss this return with the preparer shown above? See instructions

SC 29577

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

**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. Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** HELPING HANDS OF GEORGETOWN 57-0883461

Part I	Reason	for Public Char	ity Status (All organi	zations mu	ist comple	te this par	rt ) See ins	tructions.				
The organ			because it is: (For lines									
1 💍			s, or association of chui	_		-		<b>)</b> .				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3			ital service organization			170/b)/1	VΔViii)					
4								VbV 1V AVii	ii) Enter th	ne hospitali	s nam	e
•	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											
J												
6 🗀	section 170(b)(1)(A)(iv). (Complete Part II)											
7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
لما ١				or its supp	on iroin a	governm	entai unit t	or from the	generai p	ublic desci	nbea i	n
• —		(b)(1)(A)(vi). (Comple	•	(0	D- 4 11 )							
8			section 170(b)(1)(A)(vi).									_
9 📋			eives (1) more than 33									
			nctions - subject to certi									
			axable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired b	y the orga	inization a	fter June 3	0, 197	5
[		509(a)(2). (Complete	•									
10			perated exclusively to te									
11			perated exclusively for the									or
			ations described in secti				2) See see	ction 509(	<b>a)(3).</b> Ched	ck the box	that	
			organization and comp		-							
	a Type				e III - Fund	_	-			Type III C		
e			at the organization is not									n
			han one or more publicl						9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	ell, or Type	e III				
		rganization, check th										
g			organization accepted a			-		• .		,		_
	(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	ether with	persons (	described	ın (ıi) and (	ні) below,		Yes	No
	_		upported organization?							11g(i)		
	(II) A family	member of a persor	n described in (i) above?	>						11g(ii)		
			person described in (i)							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
	·····											
(i) Name	of supported	(ii) EIN	(iii) Type of		organization		u notify the	(vi) Is	the	(vii) Am	ount o	f
orga	anization		organization (described on lines 1-9		sted in your		tion in col.	organization (ii) organiz	ed in the	supp		
		•	above or IRC section	governing	document?	(i) of you	r support?	U.S	.?			
	<del></del>		(see instructions))	Yes	No	Yes	No	Yes	No			
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Total		,		<u> </u>				<u> </u>				
LHA For P	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedule	e A (Form	990 or 990	)-EZ)	2009

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 HELPING HANDS OF GEORGETOWN 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 (c) 2007 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008(e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 111,029. 107,930, 121,795. 578,450. 134,529. include any "unusual grants.") 103,167. 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 134,529. 111,029. 107,930. 103,167. 121.795 578,450. 4 Total, Add lines 1 through 3 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) 578,450 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (e) 2009 (d) 2008 (f) Total 103,167. 134,529. 111,029. 107,930. 121,795 578,450. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 85 201 90. 13. 7. 396. 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) 11 Total support. Add lines 7 through 10 578,846. 12 Gross receipts from related activities, etc. (see instructions) 49,001. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.93 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 99.90 15 16a 33 1/3% support test - 2009. 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  $\triangleright$  X b 33 1/3% support test - 2008. 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 17a 10% -facts-and-circumstances test - 2009. 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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2008. 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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990 EZ) 2009 ort III Support Schedule for (	Organizations	Described in	Section 509(a	)(2) (Complete onl	y if you checked the b	Page 3 ox on line 9 of Part I.
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not				İ		
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
4	Tax revenues levied for the organ- ization'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					<u> </u>	
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 \$5,000 or 196 of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	,		-		;	
	ction B. Total Support	,					1
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here	:- C + D-			<del></del>		▶∟
	ction C. Computation of Publ	·				T	<del></del>
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			column (f))		15	%
16	Public support percentage from 2008					16	%
	ction D. Computation of Inves			40 1 (0)	<del></del>	T T	
17		•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	%
18	Investment income percentage from :			an line 14	15 m m 15	18	<u>%</u>
19a	33 1/3% support tests - 2009. If the						17 is not
_	more than 33 1/3%, check this box a						
O	33 1/3% support tests - 2008. If the line 18 is not more than 33 1/3%, che						and
20	Private foundation. If the organization					•	
<u></u> -	ate roundation, n the organizatio	aid HOL CHECK A	50x 011 III 6 14, 19	a, or 130, check th		hedule A (Form 00	0

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Employer identification number Name of the organization HELPING HANDS OF GEORGETOWN 57-0883461 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_\_ Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual to (or retained by) (iv) Gross receipts (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes No 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

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

on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events FUND RAISINGBELK CHARITY NONE (add col (a) through DINNER DAYS col. (c)) (total number) (event type) (event type) Revenue 13,506. 10,778. 2,728 Gross receipts 2 Less Charitable contributions 10,778. 3 Gross income (line 1 minus line 2) 2.728 13,506. 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1,600. 9 Other direct expenses 1,600. 10 Direct expense summary Add lines 4 through 9 in column (d) 1,600) 11 Net income summary Combine line 3, column (d), and line 10 11,906. 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 (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 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 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?

Schedule G (Form 990 or 990-EZ) 2009 HELPING HANDS OF GEORGETOWN 57-08	8346	1 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:	F . #	7	. /
a The organization's facility	6 1	**	
b An outside facility 13b %		1	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	7	Ľ; -	( * .
11 = 10 me mm = 10 me	7 . ~ ~	***	`
Name			
		3,5	ľ
Address >	, `	,	
7.001000 P	1	~	Ť
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		•
100 Book the organization right a contract with a time party work the organization records gaining total ac	100		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			<b> </b>
of gaming revenue retained by the third party  \$\Bigs\\$			
c if "Yes," enter name and address of the third party			
the root, entermaine and address of the third party	1		
Name ▶	ŀ	1	
			ļ
Address >			
16 Gaming manager information			
		ł	
Name		ľ	
	1		
Gaming manager compensation > \$	- 1	1	
		·,	
Description of services provided		,	
	•		
			ĺ
Director/officer Employee Independent contractor	1		
			•
17 Mandatory distributions	1		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		:	
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	110	<u> </u>	
organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
VOLUNTEER EXPENSES CONFERENCES		200. 10.
INSURANCE MEMBERSHIP DUES OFFICE EXPENSE		971. 350. 2,081.
TRAVEL PAYROLL TAXES		1,772. 2,569.
TOTAL TO FORM 990-EZ, LINE 16		7,953.
FORM 990-EZ OCCUPANCY, REN	T, UTILITIES AND MAINTENANCE	STATEMENT 2
DESCRIPTION		AMOUNT
DEPRECIATION OTHER EXPENSES		1,181. 2,340.
TOTAL TO FORM 990-EZ, LINE 14		3,521.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS S	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ASSISTANCE TO INDIVIDUALS	NONE	1,454.
ASSISTANCE TO INDIVIDUALS	NONE	66,415.
ASSISTANCE TO INDIVIDUALS	NONE	4,285.
ASSISTANCE TO INDIVIDUALS	NONE	1,025.
ASSISTANCE TO INDIVIDUALS	NONE	1,403.
ASSISTANCE TO INDIVIDUALS	NONE	326.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		74,908.

FORM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT				
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?		[	] YES	[X]	NO			
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	•	[	] YES	[X]	NO			

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES				MENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
DAWN T. POMPEII, 7 PLOWDEN TRAIL, PAWLEYS ISLAND, SC 29440	EXECUTIVE DIRE		0.	0.
ZELLA WILT, 565 WHITEHALL DRIVE, GEORGETOWN, SC 29440	TREASURER 5.00	0.	0.	0.
MARY GIBSON 4004 KENT ROAD, ANDREWS, SC 29510	BOARD MEMBER 0.00	0.	0.	0.
GERMERIAL GRAYSON, 10516 POWELL ROAD, GEORGETOWN, SC 29440	SECRETARY 2.00	0.	0.	0.
JANE THOMAS, 287 KINGS RIVER ROAD, PAWLEYS ISLAND, SC 29585	PAST PRESIDENT 2.00	0.	0.	0.
HELEN SMITH, 2425 REDWOOD STREET, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
EVELYN WRAGG 81 BOYKIN ROAD, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
JOHN T. BUDDIN 241 KIMMEL ROAD, GEORGETOWN, SC 29440	VICE PRESIDENT 2.00	0.	0.	0.
JOHNNY THOMAS, 353 DEXTER STREET, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
LOIS TOMPKINS, 1939 ALLSTON STREET, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
MARY BLOUNT, 22 PENNCINE CIRCLE, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
LANCE DUVALL, 4161 CENTER ROAD, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
ANNIE CAMERON, 3972 N. FRASER STREET, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
DAWN BELL 232 KING STREET, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.

HELPING HANDS OF GEORGETOWN		•	. 57-08	83461
ED BELL 232 KING STREET, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
PAT PARSLEY, 253 GEORGE WASHINGTON TRAIL, GEORGETOWN, SC 29440	PRESIDENT 2.00	0.	0.	0.
VIRGINIA SKINNER P.O. BOX 975, GEORGETOWN, SC 29442	BOARD MEMBER 0.00	0.	0.	0.
PEGGY HERGATT 1607 OAK STREET, GEORGETOWN, SC 29440	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART	ıv	13,269.	0.	0.

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

Terrain terrain de principal de la contraction d		<del></del>
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this To not complete Part II unless you have already been granted an automatic 3-month extension on a previously file		<b>▶</b> 🗓
Part 19 Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
a corporation required to file Form 990-T and requesting an automatic 6 month extension - check this box and compart I only	plete	. •
M other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an o file income tax returns	exter	nsion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension toted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or colour must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file yow wirs gov/efile and click on e-file for Charities & Nonprofits.	cally if	f (1) you want the additional ated Form 990-T. Instead,
ype or Name of Exempt Organization	Emp	loyer identification number
HELPING HANDS OF GEORGETOWN	5	7-0883461
Number, street, and room or suite no. If a P.O box, see instructions  P.O. BOX 1033		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  GEORGETOWN, SC 29442-1033		
Check type of return to be filed (file a separate application for each return)		
Form 990       Form 990-T (corporation)       Form 47         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 52         X Form 990-EZ       Form 990-T (trust other than above)       Form 60         Form 990-PF       Form 1041 A       Form 88	27 169	
ZELLA WILT  The books are in the care of ▶ 552 BLACK RIVER ROAD - GEORGETOWN, SC 2  Telephone No ▶ (843) 527-3424  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  If it is for part of the group, check this box  If the organization is for a did attach a list with the names and EINs of all its organization.	s is fo	r the whole group, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti-  AUGUST 15, 2010 , to file the exempt organization return for the organization named all is for the organization's return for   X calendar year 2009 or  tax year beginning , and ending		The extension
2 If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
tax payments made Include any prior year overpayment allowed as a credit.  c Balance Due, Subtract line 3b from line 3a Include your payment with this form, or, if required,	3b	\$
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	, (	
See instructions	3c	\$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	
HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-2009)

Form	8868 (Rev. 4-2009)				Page 2		
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	eck this bo	x		▶ X		
	. Only complete Part II if you have already been granted an automatic 3-month extension on a prev			68.			
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	,					
Pai	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the on	iginal (no co	pies ne	eded)			
	Name of Exempt Organization	, ,	Emplo	yer identi	fication number		
Type							
print	HELPING HANDS OF GEORGETOWN	(1) (1) (1)	57	-0883	461		
File by extend	Number, street, and room or suite no. If a P.O. box, see instructions	14 M	For IRS	use only			
due da	1552 BHACK KIVEK KOAD				<u></u>		
return	1 2.7, 12 2.   2 2   2						
Chec	k type of return to be filed (File a separate application for each return)						
Form 990 X Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041 A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069							
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on	a previous	ly filed	Form 886	i8.		
	ZELLA WILT  be books are in the care of $\blacktriangleright$ 552 BLACK RIVER ROAD - GEORGETOWN, slephone No $\blacktriangleright$ (843) 527-3424  FAX No $\blacktriangleright$	, SC 2	9440				
	the organization does not have an office or place of business in the United States, check this box	<del></del>			▶ □		
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this	se for ti	ae whole i	aroup check this		
box l							
4	I request an additional 3 month extension of time until NOVEMBER 15, 2010	Enits of an i	nember.	S THE CALC	131017 13 101		
5	2000	d ending					
6	If this tax year is for less than 12 months, check reason Initial return Final re		Ct	nange in a	ccounting period		
7	State in detail why you need the extension			3			
	INFORMATION NECESSARY FOR THE PROPER COMPLETION O	OF THI	SRE	TURN	IS NOT		
	AVAILABLE AT THIS TIME.						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an	ıy					
	nonrefundable credits. See instructions		8a :	<b>B</b>			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimates a state of the control of the contro	nated	12 1				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868		8b :	<u> </u>			
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, de						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See ins	structions.	8c :	<u> </u>	N/A		
	Signature and Verification						
onder It is tri	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement ie, correct, and complete, and that I am authorized to prepare this form.	s, and to the		. 1.	ge and belief,		
Signat			Date	8/10	12010		
	6MITH, SAPP, BOOKHOUT, CRUMPLER CERTIFIED PUBLIC ACCOUNT	& Calliham. Tants	, FA	Form	8868 (Rev. 4-2009)		

CERTIFIED PUBLIC ACCOUNTANTS MYRTLE BEACH, S. C. 29578-1529 D # 57-0801130