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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending		C Name of organization HELPING HANDS OF COLUMBUS, INC.		D Employer identification number 64-0771503
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input 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.	Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 1241		E Telephone number
		Room/suite		F Group Exemption Number
		City or town, state or country, and ZIP + 4 COLUMBUS MS 39701		

● 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: ► N/A	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> 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. ► \$ **116,648**

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	116,645
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3
	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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	116,648	
Expenses	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	32,081
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,622
	15	Printing, publications, postage, and shipping	15	150
	16	Other expenses (describe ► See Statement 1)	16	77,097
	17	Total expenses. Add lines 10 through 16	17	115,950
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	698
	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	6,429
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,127

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		7,755
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	0	7,755
26 Total liabilities (describe ► See Statement 2)	0	628
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	7,127

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

DAA

Form **990-EZ** (2009)

Expenses

(Required for section 501(c)(3) and 501(c)(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

28a

29a

30a

31a

32

115,929

115,929

(a) Name and address

[illegible](c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense
account and
other allowances

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.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
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		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 <u>0</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <u>0</u>		
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		X
41 List the states with which a copy of this return is filed. <u>None</u>		
42a The organization's books are in care of <u>NANCY GUERRY</u> Telephone no. <u></u> <u>223 22ND ST. NORTH</u> Located at <u>COLUMBUS, MS</u> ZIP + 4 <u>39701</u>		
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: <u></u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c 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: <u></u>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		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 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
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."

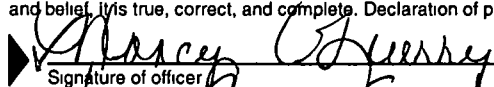
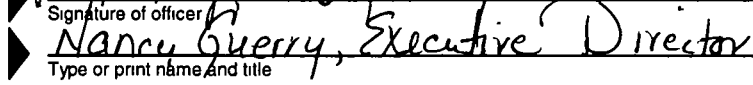
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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		11-22-2010 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	J. Richard Rollins, CPA	Date	11/15/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	Rollins & Crigler, P.A. CPAs P.O. Box 989 Columbus, MS 39703		
	Preparer's Identifying Number (See instr)	P00038537		
		EIN		
		Phone no	662-327-0272	
May the IRS discuss this return with the preparer shown above? See instructions				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					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 ► <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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <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 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 any "unusual grants")					116,645	116,645
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					3	3
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					116,648	116,648
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 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.)						116,648

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					116,648	116,648
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					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					116,648	116,648
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Complete this part to provide the 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.

64-0771503

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Office	490
PROGRAM ASSISTANCE	76,586
MISCELLANEOUS	21
Total	\$ 77,097

Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
	\$	\$ 628
		628

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

TO ESTABLISH AND OPERATE A CENTRALIZED, COOPERATIVE ASSOCIATION OF CHURCHES AND AGENCIES TO MEET THE CHARITABLE NEED OF THE LOWNDES COUNTY COMMUNITY THROUGH THE COMBINED RESOURCES OF THE WHOLE TO ALLOW GREATER FLEXIBILITY, GREATER EFFICIENCY, AND LESS DUPLICATION OF EFFORTS AND RESOURCES.

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

SEE ATTACHED

12 Describe the purposes and programs of the organization and those for which funds are solicited:

As stated in Article II (Purpose) of our bylaws:

To establish and operate a centralized, cooperative association of churches and agencies to meet the charitable need of the Lowndes County community through the combined resources of the whole to allow greater flexibility, greater efficiency, and less duplication of efforts and resources. To coordinated charitable services of the various agencies in the Columbus/Lowndes County area. To this end, we are connected (since January 2007) with an internet program (Charity Tracker) which allows for us to ascertain other services which have been provided to individuals and families.

Once an application has been obtained in our office and verification of income and expenses have been established we make every effort to provide assistance to those, whom, through no fault of their own are faced with an immediate financial need.

Unified Registration Statement (URS) for Charitable Organizations© (v. 3.10)

☐ Initial registration☒ Renewal/Update

This URS covers the reporting year which ended (day/month/year)

31/12/2009

Filer EIN

04-0771503

State

Mississippi

State ID

100014713

1. Organization's legal name

Helping Hands of Columbus, Inc.

If changed since prior filings, previous name used

N.A.

All other name(s) used

N.A.

2. (A) Street address

223 22nd Street North

City

Columbus

County

Lowndes

State

MS

Zip Code

39701

(B) Mailing address (if different)

P.O. Box 1241

City

Columbus

County

Lowndes

State

MS

Zip Code

39703

3. Telephone number(s)

662-328-8301

Fax number(s)

662-328-8301

E-mail

hhands3@bellsouth.net

Web site

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (attach list)

5. Date incorporated

Nov. 14, 1988

State of incorporation

MS

Fiscal year end: day/month

31 December

6. If not incorporated, type of organization, state, and date established

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes ☐ No ☒B. Had its registration denied or revoked? Yes ☐ No ☒C. Been the subject of a proceeding regarding any solicitation or registration? Yes ☐ No ☒D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes ☐ No ☒

7 F: Registered with or obtained exemption from any state or agency?

Yes - Mississippi

7 G: Solicited funds in any state

All of our funding has been provided in the state of Mississippi (locally – Lowndes Co.)

Our funding (since our inception) has come mainly through the donations of Lowndes County Churches. In 1992 we received a Venture Grant through the Lowndes County United Way. At which time we were not an agency of the United Way. We received Venture Grants annually until 1996, at which time we did become a United Way agency, and remain so currently.

Donations from the local churches & community social organizations are received mainly through the direct contact of our board members when we are invited to speak.

Articles have been written by our local paper (The Commercial Dispatch) concerning our ministry in connection with all the other United Way agencies.

We do not go door to door, use telephone solicitations, or employ or pay for any fundraising.

E. Applied for registration or exemption from registration (but not yet completed or obtained)?

Yes ☐ No ☒

F. Registered with or obtained exemption from any state or agency? Yes ☒ No ☐

G. Solicited funds in any state? Yes ☐ No ☒ (MS)

If "yes" to 7A, B, C, D, E, attach explanation.

If "yes" to 7F & G, attach list of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted. (Please see attached sheet)

8. Has the organization applied for or been granted IRS tax exempt status? Yes ☒ No ☐
If yes, date of application OR date of determination letter 3/6/92

If granted, exempt under 501(c) Are contributions to the organization tax deductible? Yes ☒ No ☐

9 Has tax exempt status ever been denied, revoked, or modified? Yes ☐ No ☒

10 Indicate all methods of solicitations:

Mail ☐ Telephone ☐ Personal Contact ☐ Radio/TV Appeals ☐
Special Events ☐ Newspaper/Magazine Ads ☐ Other(s)
(specify)

11. List the NTEE code(s) that best describes your organization P K
(food pantry)

12. Describe the purposes and programs of the organization and those for which funds are solicited (attach separate sheet if necessary)

Please See Attached Sheet

13. List the names, titles, addresses, (street & P.O), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (attach separate sheet).

14. (A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to:

(i) any other officer, director, trustee or employee OR

(ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR

(iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes ☒ No ☐

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes ☐ No ☒

(If yes to any part of 14A, attach sheet which specifies the relationship and provides the names, businesses, and addresses of the related parties).

14(A)(1) Rev. Ron Thomas and Mrs. Ann Thomas are married.

12 Describe the purposes and programs of the organization and those for which funds are solicited:

As stated in Article II (Purpose) of our bylaws:

To establish and operate a centralized, cooperative association of churches and agencies to meet the charitable need of the Lowndes County community through the combined resources of the whole to allow greater flexibility, greater efficiency, and less duplication of efforts and resources. To coordinated charitable services of the various agencies in the Columbus/Lowndes County area. To this end, we are connected (since January 2007) with an internet program (Charity Tracker) which allows for us to ascertain other services which have been provided to individuals and families.

Once an application has been obtained in our office and verification of income and expenses have been established we make every effort to provide assistance to those, whom, through no fault of their own are faced with an immediate financial need.

NAAG/NASCO Standardized Reporting
URS v. 3.10 Pg3

- (B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony?

(If yes, attach a complete explanation) Yes ☐ No ☒

15. Attach separate sheet listing names and addresses (street & P.O.) for all below.

Individual(s) responsible for custody of funds.

Individual(s) responsible for distribution of funds.

Individual(s) responsible for fund raising.

Individual(s) responsible for custody of financial records.

Individual(s) authorized to sign checks.

Bank(s) in which registrant's funds are deposited (include account number and bank phone number).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name J. RICHARD ROLLINS, CPA

Address PO BOX 989

City COLUMBUS State MS Zip Code 39703 Telephone 662-327-0272

Method of accounting Cash

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. This is a state-specific item See instructions N.A.

Name

Address

City State Zip Code Telephone

18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes ☒ No ☐

- (B) Does the organization share revenue or governance with any other non-profit organization?
Yes ☐ No ☒

- (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes ☐ No ☒

(If "yes" to A, B or C, attach an explanation including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? Yes ☐ No ☒

Does the organization use professionals to solicit directly? Yes ☐ No ☒

NAAG/NASCO Standardized Reporting
URS v. 3.10 Pg4

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venture"), attach list including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$ N/A

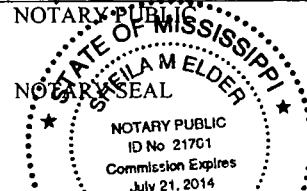
22. (A) Total contributions: \$ 116,645
(B) Program service expenses: \$ 75,630
(C) Management & general expenses: \$ 40,314
(D) Fundraising expenses: \$ - 0 -
(E) Total expenses: \$ 115,950
(F) Fundraising expenses as a percentage of funds raised: 0 %
(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: 34 %
(H) Program services as a percentage of total expenses: 64 %

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Nancy G. Garry 11-23-2010
SIGNATURE OF PRESIDENT OR DATE
OTHER AUTHORIZED OFFICER
Nancy Garry, Exec. Director
PRINTED OR TYPED NAME AND TITLE

JL L 11-23-10
CHIEF FINANCIAL OFFICER DATE
Jennifer L. Barnard CFO
PRINTED OR TYPED NAME AND TITLE

Sworn to and subscribed before me this the
23rd day of November, 20 10
Sheila M. Elden
NOTARY PUBLIC



Sworn to and subscribed before me this the
23rd day of November, 20 10
Sheila M. Elden
NOTARY PUBLIC



Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary statements or fees must accompany this form. Before submitting your registration, make sure you have attached or included everything required by each state to the year-end copy of the URS.

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

15.

Individual(s) responsible for custody of funds:

Nancy Guerry, Executive Director
P O. Box 1241 Columbus MS 39703

Individual(s) responsible for fund raising: N. A.

Individuals(s) authorized to sign checks:

Nancy Guerry, Executive Director
Jennifer Garrard – Treasurer
Columbus Police Dept. – 1501 Main Street Columbus, MS 39701
Peggy Adams – volunteer
129 W. Mason Drive Columbus, MS 39702

Individual(s) responsible for distribution of funds:

Nancy Guerry, Executive Director

Individual(s) responsible for custody of financial records:

Nancy Guerry, Executive Director

Bank: Cadence Bank

Account # 318725
662- 327-3700

19. Solicitation of funds.

- Speaking engagements by our volunteer board members or the director at local churches and or community organizations are presented for the purpose of informing our community about the services provided by Helping Hands. Contributions are never required or requested



DELBERT HOSEMAN
Secretary of State

FORM FS

ANNUAL FINANCIAL REPORT FORM

NAME OF ORGANIZATION

Helping Hands of Columbus, Inc.

MISSISSIPPI REGISTRATION #

CHARITY CONTACT PERSON:

Nancy Giverny

E-mail address:

nhands3@bellsouth.net

PERSON COMPLETING FORM:

J Richard Rollins

E-mail address:

jrollins@rollinsandcraigier.com

FORM FS must be completed and be in agreement with financial information reported on IRS Form 990 or the filed financial statement.

FORM COMPLETED USING ☒ IRS 990 ☐ FINANCIAL STATEMENT

FISCAL YEAR END 2009

1. RECEIPTS AND INCOME

CONTRIBUTIONS (LIST SEPARATELY FOR EACH PROJECT OR SOURCE)

1. United Way of Lowndes County \$ 16,500
2. Lowndes County Churches 50,570
3. G.T.M.G. 7,000
4. ARRA 22,575
5. E.F.S.G. 20,000

SUBTOTAL CONTRIBUTIONS \$ 116,645

OTHER INCOME (MEMBERSHIP DUES, ENDOWMENTS, ETC.)

1. Interest Income \$ 3
- 2.
- 3.

SUBTOTAL OTHER INCOME \$ 3

TOTAL RECEIPTS AND INCOME: \$ 116,648

2. EXPENSES -

1. PROGRAM SERVICES
ITEMIZE BY CATEGORY THE AMOUNT DISBURSED
FOR EACH MAJOR PURPOSE.

\$ 75,636

PUBLIC EDUCATION

\$

\$

\$

2. ADMINISTRATION (MANAGEMENT & GENERAL)

\$ 40,314

3. FUNDRAISING

\$ 0

4. OTHER

\$

TOTAL EXPENSES

\$ 115,950

List joint costs reported in Program Services from a combined educational campaign and fundraising solicitation:

Total Amount before allocation :

Amount allocated to Program Services:

Amount allocated to Fundraising:

Amount allocated to Management & General:

I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Nancy Guerry
SIGNATURE OF PRESIDENT OR
OTHER AUTHORIZED OFFICER

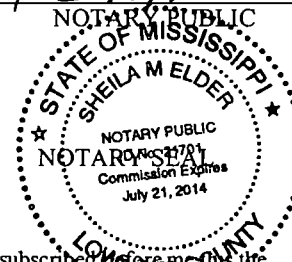
11-23-2010
DATE

Nancy Guerry, Exec. Director
PRINTED OR TYPED NAME AND TITLE

Sworn to and subscribed before me this the

23rd day of November, 20 10

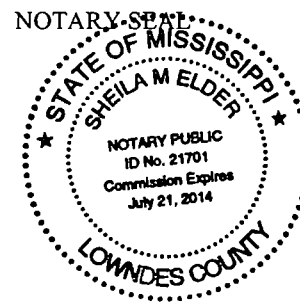
Sheila M. Elder
NOTARY PUBLIC



Sworn to and subscribed before me this the

23rd day of November, 20 10

Sheila M. Elder
NOTARY PUBLIC



J. L. L.
CHIEF FINANCIAL OFFICER

11-23-10
DATE

Jennifer L. Garrard CFO
PRINTED OR TYPED NAME AND TITLE

EFSG – Emergency Food and Shelter Program
701 North Fairfax Street, Suite 310
Alexandria, VA 22314-2064
Phone 703-706-9660 Fax 703-706-9677

These Federal Funds are provided to every county yearly – received through the United Way of Lowndes Co and then distributed to non profits for designated use. Helping Hands receives these funds for rent/mortgages

AARA – American Recovery and Reinvestment Act
701 North Fairfax Street, Suite 310
Alexandria, VA 22314-2064
Phone 703-706-9660 Fax 703-706-9677

These Federal Funds were provided as part of the stimulus - ONE time only to assist with rents/mortgages/utilities for Lowndes Co residents who were in need due to the economy (job loss or reduction in employment hours)

Golden Triangle Regional Medical Foundation
P O Box 9457
Columbus, MS 39705

This foundation disbanded sometime the early part of 2010, at which time Helping Hands received \$39,942.33 (deposited 06/22/2010) Designated funds restricted for Medical and Dental purposes

#13

2009 Board of Directors:

Billy Crossley – Advisor

Columbus Insurance Services –2610 Main Street Columbus, MS 39701

662 327-0777

Rev Ron Thomas – Broadacres United Methodist Church –

618 31st Ave North Columbus, MS 39705

662 328-8955

Ms Brenda Wilson – Secretary

E M C.C – Special Populations Department – P O. Box 100 Mayhew, MS 39753

662 243-2658

Ms Patti Johnson – President

Century 21 Real Estate – 3600 Bluecutt Road Columbus, MS 39705

662 327-8596

Ms Ann Thomas

Admin Assist – Central UMC -1201 College Street Columbus, MS 39701

662 328-7895

Ms Shirley Pinckney

Family Support Services CAFB – 680 Seven Street Suite 17 CAFB

Columbus, MS 39710-2790

662 434-2790

Rev Clark Richardson – Vice President

Harvest Life Church - 425 Military Road Columbus, MS 39701

662 329-2820

Ms Jennifer Garrard – Treasurer

Community Resource Connection – Columbus Police Dept. 1501 Main Street Columbus,
MS 39701

662 244-3521

Rev Archie Taflinger – First Christian Church-811 N McCrary Rd Columbus,MS
39702

662 328-2657

Nancy Guerry – Executive Director

223 22nd Street North Columbus, MS 39701

662 328-8301