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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)

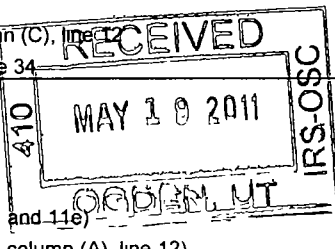
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 07/01/09 and ending 06/30/10

B Check if applicable: <input type="checkbox"/> Address change <input checked="" 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.	C Name of organization HELPING HAND CENTER		D Employer identification number 36-2327271
		Doing Business As		E Telephone number 708-352-3580
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	
		9649 WEST 55TH STREET		
City or town, state or country, and ZIP + 4 COUNTRYSIDE IL 60525		G Gross receipts \$ 11,156,165		
F Name and address of principal officer MARY BETH HEPP 9649 WEST 55TH STREET COUNTRYSIDE IL 60525				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>3</u>) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number
J Website: WWW.HHCENTER.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1955	M State of legal domicile IL

Part I Summary

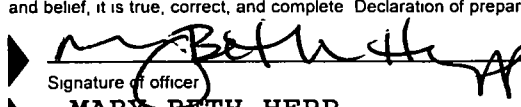
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF HELPING HAND CENTER IS TO ASSIST INDIVIDUALS WITH DISABILITIES TO ACHIEVE THEIR HIGHEST LEVEL OF INDEPENDENCE THROUGH QUALITY PROGRAMS AND SERVICES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5 Total number of employees (Part V, line 2a)	5 541
	6 Total number of volunteers (estimate if necessary)	6 225
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,357,429 Current Year 3,243,173
	9 Program service revenue (Part VIII, line 2g)	7,477,588 7,430,811
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,621 31,744
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	343,286 339,691
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,234,924 11,045,419
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,868,109 8,044,732
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) 302,932	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-14f)	3,256,546 3,703,329
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,124,655 11,748,061
	19 Revenue less expenses Subtract line 18 from line 12	110,269 -702,642
	20 Total assets (Part X, line 16)	Beginning of Current Year 15,299,636 End of Year 5,147,784
	21 Total liabilities (Part X, line 26)	8,371,386 2,041,215
Net Assets or Fund Balances	22 Net assets or fund balances Subtract line 21 from line 20	6,928,250 3,106,569



SCANNED JUN 16 2011

Part II Signature Block

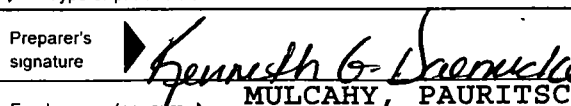
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here  **Date** 5/13/11

Signature of officer: **MARY BETH HEPP** Title: **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 5/12/11 Check if self-employed: Preparer's identifying number (see instructions): **P00094743**

Firm's name (or yours if self-employed), address, and ZIP + 4: **MULCAHY, PAURITSCH, SALVADOR & CO., LTD.** EIN: **36-3074623**

14300 S RAVINIA AVE STE 200 Phone no: **708-349-6999**

ORLAND PARK, IL 60462-2578

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

567

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF HELPING HAND CENTER IS TO ASSIST INDIVIDUALS WITH DISABILITIES TO ACHIEVE THEIR HIGHEST LEVEL OF INDEPENDENCE THROUGH QUALITY PROGRAMS AND SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ **4,880,375** including grants of \$) (Revenue \$ **3,810,896**)
ADULT DAY PROGRAMS

HELPING HAND CENTER CONTINUES TO PROVIDE HIGH QUALITY SERVICES AND PROGRAMS! THE ADULT SERVICES PROGRAM SERVED MORE THAN 400 INDIVIDUALS WITH DISABILITIES WITH SERVICES IN DEVELOPMENTAL TRAINING, VOCATIONAL TRAINING, HIGH SCHOOL TRANSITION AND EMPLOYMENT SERVICES. OUR ADULT SERVICES WERE AWARDED 99% ON OUR YEARLY SURVEY FOR ACCREDITATION BY THE STATE OF ILLINOIS DEPARTMENT OF HUMAN SERVICES; FOR BOTH THE DAY PROGRAM AND OUR RESIDENTIAL PROGRAM.

HELPING HAND PROGRAM SERVICES ARE PROVIDED WITHIN A NEWLY DEVELOPED

4b (Code) (Expenses \$ **3,013,484** including grants of \$) (Revenue \$ **1,496,021**)
COMMUNITY LIVING PROGRAMS

WE SERVED 106 INDIVIDUALS AT 10 DIFFERENT SITES TO PROVIDE SUPPORT FOR INDIVIDUALS WITH DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE IN THEIR LOCAL COMMUNITIES. SOME OF OUR CHOICES FOR HOME AND SUPPORT INCLUDE: LIVING WITH PEERS IN A 24 HOUR STAFF SUPERVISED HOME WITH PERSONALIZED ATTENTION, LIVING IN YOUR OWN OR YOUR FAMILIES HOME WITH INTERMITTENT STAFF SUPPORT, LIVING MORE INDEPENDENTLY IN A SUPPORTED LIVING HOME WITH PART TIME STAFF ASSISTANCE, LIVING ON YOUR OWN IN AN INDEPENDENT APARTMENT WITH OPTIONS FOR RENT ASSISTANCE.

4c (Code) (Expenses \$ **1,950,672** including grants of \$) (Revenue \$ **1,935,737**)
SCHOOL AND CHILDREN'S SERVICES PROGRAMS

"YOU HAVE HAND IN OUR FUTURE" HELPING CHILDREN ACHIEVE THEIR HIGHEST POTENTIAL.

WHEN WORKING WITH CHILDREN WITH DISABILITES, ACHIEVEMENT COMES IN MANY SHAPES AND SIZES. IT CAN BE AS SIMPLE AS THE TURNING OF A HEAD TO THE SIDE INDEPENDENTLY, MAKING A CONSONANT SOUND, OR BEING ABLE TO REMAIN SEATED FOR ONE MINUTE UNASSISTED. IT CAN BE MORE OBVOIUS, LIKE TAKING STEPS WITHOUT THE AID OF CRUTCHES OR A WALKER, CHAINING FOUR OR MORE WORDS TOGETHER IN A

4d Other program services (Describe in Schedule O)
 (Expenses \$ **167,096** including grants of \$) (Revenue \$ **188,157**)

4e Total program service expenses ► **10,011,627**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization 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
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
	1a 569		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b 2		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 541		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREA BARCZAK BOARD MEMBER	2.00	X					0	0	0	
ELAINE BURKE BOARD MEMBER	2.00	X					0	0	0	
SUSAN E. COX BOARD MEMBER	2.00	X					0	0	0	
DAVID DISANTO TREASURY	2.00	X		X			0	0	0	
ADAM FULLER BOARD MEMBER	2.00	X					0	0	0	
MARGARET M. HANNON, M.D. BOARD MEMBER	2.00	X					0	0	0	
DENNIS P. HIGGINS VICE-PRESIDE	2.00	X		X			0	0	0	
ANNE KOKORIS SECRETARY	2.00	X		X			0	0	0	
JAMES P. LIL BOARD MEMBER	2.00	X					0	0	0	
SUSAN SCHELL BOARD MEMBER	2.00	X					0	0	0	
THEODORE SNOW PRESIDENT	2.00	X		X			0	0	0	
DENNIS F. TRYBUS EXEC DIRECTO	40.00				X		158,506	0	0	
MICHAEL CUSICK DIR OF FIN.	40.00					X	128,909	0	0	
STEPHEN LYDON CHIEF CLINIC	40.00					X	106,868	0	0	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 33,286					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 3,026,307					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 183,580					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		3,243,173				
Program Service Revenue		Busn. Code					
	2a SERVICE FOR CLIENTS	900099	5,866,768	5,866,768			
	b SALE OF CLIENT SERVICES	900099	838,811	838,811			
	c RESIDENTIAL FACILITIES	900099	487,699	487,699			
	d THRIFT SHOPS	448000	188,157	188,157			
	e CONCESSION STAND REVENUE	900099	46,076	46,076			
	f All other program service revenue		3,300	3,300			
	g Total. Add lines 2a-2f		7,430,811				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31,744	31,744			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real					
		(ii) Personal					
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less cost or other basis & sales exps						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	316,306				
		b Less direct expenses	b 110,746				
c Net income or (loss) from fundraising events			205,560			205,560	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME	900099	134,131	134,131				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		134,131					
12 Total Revenue. See instructions		11,045,419	7,596,686	0	205,560		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	158,506		158,506	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,554,679	5,854,386	501,797	198,496
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	795,366	660,616	106,781	27,969
10 Payroll taxes	536,181	466,392	52,998	16,791
11 Fees for services (non-employees)				
a Management				
b Legal	79,471	1,959	77,512	
c Accounting	35,918	5,400	30,518	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	250,476	207,255	41,536	1,685
12 Advertising and promotion	8,330	1,016	300	7,014
13 Office expenses				
14 Information technology	34,507	22,773	8,986	2,748
15 Royalties				
16 Occupancy	279,116	262,324	15,929	863
17 Travel	207,589	197,882	8,282	1,425
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,045	8,801	4,036	1,208
20 Interest	182,263	161,876	19,507	880
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	379,398	345,476	32,045	1,877
23 Insurance	131,707	114,328	17,020	359
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BUILDING & EQUIPMENT	640,853	590,187	47,682	2,984
b SUPPLIES	408,173	368,316	30,999	8,858
c OUTSIDE LABOR	405,911	405,911		
d REPAIRS AND MAINTENANCE	227,939	209,713	17,101	1,125
e BAD DEBT	176,965		176,965	
f All other expenses	240,668	127,016	85,002	28,650
25 Total functional expenses. Add lines 1 through 24f	11,748,061	10,011,627	1,433,502	302,932
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	23,374	1
	2	Savings and temporary cash investments	286,776	2
	3	Pledges and grants receivable, net	17,000	3
	4	Accounts receivable, net	2,469,834	4
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	113,149	9
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,388,144	
	10b	Less accumulated depreciation	1,625,566	
			10,020,259	10c
	11	Investments—publicly traded securities	1,067,809	11
	12	Investments—other securities See Part IV, line 11		12
	13	Investments—program-related See Part IV, line 11		13
	14	Intangible assets		14
15	Other assets See Part IV, line 11	1,301,435	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	15,299,636	16	
Liabilities	17	Accounts payable and accrued expenses	788,171	17
	18	Grants payable		18
	19	Deferred revenue	31,400	19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	6,544,580	23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities Complete Part X of Schedule D	1,007,235	25
	26	Total liabilities. Add lines 17 through 25	8,371,386	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	5,860,885	27
	28	Temporarily restricted net assets	1,067,365	28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	6,928,250	33
	34	Total liabilities and net assets/fund balances	15,299,636	34

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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")	9,791,277	10,194,457	10,536,696	10,835,017	10,673,984	52,031,431
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	9,791,277	10,194,457	10,536,696	10,835,017	10,673,984	52,031,431
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						52,031,431

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	9,791,277	10,194,457	10,536,696	10,835,017	10,673,984	52,031,431
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,816	111,015	118,624	56,621	31,744	362,820
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.)	243,632	258,348	172,262	343,286	339,691	1,357,219
11 Total support. Add lines 7 through 10						53,751,470
12 Gross receipts from related activities, etc. (see instructions)					12	8,323,804
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	96.80%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.70%
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 checked="" 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.")						
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 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, 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)						

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						
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 lines 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 <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	%
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.

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENTS AND OTHER INCOME \$ 1,357,219

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

HELPING HAND CENTER

36-2327271

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	_____
1d	_____
1e	_____
1f	_____

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,402,083	1,667	1,400,416
d Equipment		1,986,061	1,623,899	362,162
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 1,762,578

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,045,419
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,748,061
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-702,642
4	Net unrealized gains (losses) on investments	4	29,536
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,148,575
9	Total adjustments (net) Add lines 4 through 8	9	-3,119,039
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-3,821,681

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	13,822,673
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	29,536
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,747,718
e	Add lines 2a through 2d	2e	2,777,254
3	Subtract line 2e from line 1	3	11,045,419
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,045,419

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	17,644,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	5,896,293
e	Add lines 2a through 2d	2e	5,896,293
3	Subtract line 2e from line 1	3	11,748,061
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	11,748,061

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

GAIN ON ASSETS TRANSFERRED TO HELPING HAND FOUNDATION	\$	2,747,718
TRANSFER OF ASSETS TO HELPING HAND FOUNDATION	\$	-5,870,375
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	\$	-25,918

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

GAIN ON ASSETS TRANSFERRED TO HELPING HAND FOUNDATION	\$	2,747,718
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Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

TRANSFER OF ASSETS TO HELPING HAND FOUNDATION \$ 5,870,375

CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS \$ 25,918

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>DINNER DANCE</u> (event type)	<u>ANNUAL APPEAL</u> (event type)	<u>2</u> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	119,478	115,824	78,385	313,687
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	119,478	115,824	78,385	313,687
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	52,038	5,652	51,280	108,970
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Combine line 3, column (d), and line 10					204,717

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)					
8	Net gaming income summary Combine line 1, column d, and line 7					

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?
 b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?
 12 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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

		Yes	No
13a	%		
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$
- amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address of the third party

and the

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

15a

17a

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

HELPING HAND CENTER

Employer identification number
36-2327271

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HELPING HAND CENTER

Employer identification number

36-2327271

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

WELLNESS MODEL THAT FOCUSES ON AN INCREASE IN OVERALL PHYSICAL AND EMOTIONAL HEALTH THROUGH DIVERSE AND UNIQUE PROGRAMMING THAT INCLUDE: FITNESS PROGRAMS, MUSIC, RECREATION, ART THERAPIES, ENVIRONMENT AWARENESS PROGRAMS, NEW GROUP COUNSELING CURRICULUMS, COMMUNITY INTEGRATION THROUGH VOLUNTEER OPPORTUNITIES AT OUR LOCAL THRIFT STORE, AND REGULAR COMMUNITY OUTINGS AND EXPANDED SERVICES IN THE TOTAL COMMUNICATION PROGRAM FUNDED BY THE LYONS TOWNSHIP MENTAL HEALTH COMMISSION.

A COLLABORATIVE INTER-AGENCY GRANT HAS FOCUSED ON EXPANDING THE HIGH SCHOOL TRANSITION SERVICES TO INCREASE THE NUMBER OF STUDENTS IN THE TRANSITION PROGRAM AS WELL AS REACHING MORE SCHOOLS IN THE COMMUNITY TO PROVIDE FAMILY AND STUDENT SUPPORT.

OUR EMPLOYMENT SERVICES HAVE DEVELOPED NEW BUSINESS RELATIONSHIPS IN THE COMMUNITY THAT HAVE RESULTED IN JOB PLACEMENTS THIS YEAR AT A 25% INCREASE.

SUBCON PACKING AND ASSEMBLY IS STRENGTHENING ITS TIES WITH EXISTING CUSTOMER BASE IN AN EFFORT TO ATTRACT BUSINESS FROM THEM. WE CONCENTRATED ON HAVING OUR CORE GROUP OF CUSTOMERS THINK OF US FIRST WHENEVER THERE WAS A NEW OPPORTUNITY. THIS APPROACH IS BEING USED TO ATTRACT NEW BUSINESS AND HAS LED TO A GAIN IN NEW CUSTOMERS. OUR CUSTOMERS ARE NOW REFERRING US TO THEIR FRIENDS AND ASSOCIATES AS BEING RELIABLE, TIMELY AND COST EFFECTIVE PARTNERS.

Name of the organization

HELPING HAND CENTER

Employer identification number

36-2327271

OUR GOAL, AS ALWAYS, IS TO LOOK FOR NEW OPPORTUNITIES FOR OUR CLIENTS TO INCREASE AND VARY THEIR JOB SKILLS. TO THAT END, WE HAVE BEGUN TO ADVERTISE ONLINE THROUGH GOOGLE.COM IN ORDER TO EXPAND OUR VISIBILITY. THE NEW WORK THAT WE'VE GAINED PROVIDES THAT, AND ALLOWS THEM TO WORK ALONGSIDE THOSE WHO ARE NON-DISABLED.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

SENTENCE, OR TYING SHOES INDEPENDENTLY. WHATEVER FORM IT TAKES, WE CELEBRATE THAT ACHIEVEMENT AND SUCCESS WITH THE FAMILY. HELPING CHILDREN ACHIEVE THEIR HIGHEST POTENTIAL, ONE GOAL AT A TIME, IS WHAT WE CELEBRATE DAILY IN CHILDREN'S SERVICES. YOU CAN BE A PART OF THAT CELEBRATION THROUGH YOUR SUPPORT OF HELPING HAND.

DURING THE PAST YEAR, THE PEDIATRIC OUTPATIENT CLINIC PROVIDED OVER 4,700 HOURS OF THERAPY FOR MORE THAN 240 CHILDREN AND ADMINISTERED FREE EARLY INTERVENTION SCREENINGS FOR 19 FAMILIES. WE HELPED OCCUPATIONAL, PHYSICAL, AND SPEECH AND LANGUAGE STUDENTS ACHIEVE PREREQUISITE REQUIREMENTS FOR GRADUATE SCHOOL ADMISSION BY PROVIDING 110 HOURS OF PROFESSIONAL SHADOWING/OBSERVATION TIME, INTERNS AND TWO MUSIC INTERNS, ALONG WITH A ROTATING INTERNSHIP FOR A LOCAL HIGH SCHOOL STUDENT PURSUING A CAREER IN THE FIELD OF ADULT/CHILD DISABILITIES.

THE PEDIATRIC CLINIC ALSO ACHIEVED AN OVERALL EXCELLENT AND 100% COMPLIANCE IN ALL AREAS OF OUR EARLY INTERVENTION MONITORING THIS PAST YEAR, AND ANOTHER THREE YEAR ACCREDITATION FROM CARF WITHOUT NEED OF CORRECTIVE ACTION. OTHER ACHIEVEMENTS INVOLVED INCREASED COMMUNITY AND FAMILY

Name of the organization

HELPING HAND CENTER

Employer identification number

36-2327271

INVOLVEMENT AND COLLABORATION THROUGH LAGRANGE BORDERS' "BUY A BOOK" AND "BUY A BUNNY" COMMUNITY AWARENESS INITIATIVE FOR HELPING HAND CHILDREN'S SERVICES (OVER 300 BOOKS AND 90 BUNNIES); PILLARS' "SAFE FROM THE START COALITION"; ABC CHANNEL 7'S SPECIAL REPORT IN HELPING HAND FEATURING ONE OF OUR STUDENTS; AND COMMUNITY AND PARENT PARTICIPATION IN THE PARENT NETWORK NIGHT (FREE MONTHLY PARENT SUPPORT PROGRAM), HELPING HAND "WALK FOR AUTISM" TEAM RAISING OVER \$2,000 FOR CURE AUTISM NOW, THE BROOKFIELD ZOO COMMUNITY TREE TRIM, AND CHILDREN'S SERVICES HOLIDAY PARTY SUPPORTED BY THE LAGRANGE KNIGHTS OF COLUMBUS WHO ACHIEVED OVER 20 YEARS OF VOLUNTEER PARTICIPATION AND FINANCIAL SUPPORT FOR CHILDREN'S SERVICES DURING THIS PAST YEAR. ADDITIONALLY, OUR CHILDREN'S SERVICES STAFF PROVIDED PRESENTATIONS AND TRAININGS FOR COMMUNITY AGENCIES AND ORGANIZATIONS LIKE THE LAGRANGE HOSPITAL FAMILY PRACTICE INTERN PROGRAM AND A STICKNEY DAY CARE CENTER.

OUR THERAPEUTIC DAY SCHOOL FOR CHILDREN WITH AUTISM, BESIDES ACHIEVING RECOGNITION THROUGHOUT THE STATE AS A MODEL BEST PRACTICE PROGRAM FOR ALL CHILDREN WITH AUTISM, PROVIDED OUR STUDENTS WITH SEVERAL OPPORTUNITIES TO PARTICIPATE FOR THE FIRST TIME IN "TYPICAL" SCHOOL ACTIVITIES: 1ST ALL SCHOOL FIELD TRIP TO THE NORM MEYERS SPECIAL EVENT DAY HELD IN ORLAND PARK, 1ST ALL SCHOOL PLAY, AND 1ST SCHOOL YEARBOOK. WE ARE ESPECIALLY EXCITED ABOUT MOVING TO A NEW CLASSROOM WHICH OFFERS OVER 1,200 SQUARE FEET OF USABLE SPACE, WHICH ALLOWED US TO EXPAND OUR SCHOOL TO ACCOMODATE FIVE ADDITIONAL STUDENTS, RAISING OUR ENROLLMENT TO 26 CHILDREN.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

THRIFT SHOPS

Name of the organization

HELPING HAND CENTER

Employer identification number

36-2327271

LOCATED IN THE HEART OF BROOKFIELD ON GRAND BOULEVARD WITHIN WALKING DISTANCE OF THE METRA TRAIN STATION, THE HELPING HAND THRIFT SHOP OFFERS A WIDE VARIETY OF CLOTHING, HOUSEHOLD GOODS, COLLECTIBLES, CHINA, CRYSTAL, SPORTING GOODS, BOOKS, RECORDS AND ANTIQUES AND COUNTLESS OTHER ITEMS AT BARGAIN PRICES. THE SHOP HAS OPERATED ON THIS SITE FOR MORE THAN THIRTY-FIVE YEARS AND IS STAFFED BY OVER 40 DEDICATED VOLUNTEERS. DONATIONS AND VOLUNTEERS ARE ALWAYS WELCOME!

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS, THE CORPORATE ARTICLES OF INCORPORATION WERE AMENDED IN SEPTEMBER OF 2009 IN ORDER TO CHANGE THE CORPORATE NAME FROM HELPING HAND REHABILITATION CENTER TO HELPING HAND CENTER.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED
STEPHEN LYDON
127 EAST YORK AVE
WEST CHICAGO, IL 60185

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS HIRES THE AUDIT AND TAX CONSULTANT TO PREPARE THE FORM 990. THE BOARD OF DIRECTORS DELEGATES THE FINANCE COMMITTEE TO REVIEW THE FORM 990. HELPING HAND MANAGEMENT STAFF WORKS IN COOPERATION WITH THE OUTSIDE TAX CONSULTANT TO PREPARE THE FORM 990. THE FINANCE COMMITTEE REVIEWS THE FORM 990. A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

Name of the organization

HELPING HAND CENTER

Employer identification number

36-2327271

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUALLY, ALL HELPING HAND BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON A CONFLICT OF INTEREST STATEMENT. ALONG WITH THIS SIGNING, AND IN AN EFFORT TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY, ALL BOARD MEMBERS ARE PROVIDED A LIST OF ALL HELPING HAND VENDORS, CONTRACTORS AND INVESTMENTS EXCEEDING \$20,000 ANNUALLY.

ON A YEARLY BASIS, AT THE END OF THE FISCAL YEAR, A LISTING OF VENDORS IS PREPARED BY MANAGEMENT STAFF WHICH LISTS ALL VENDORS WITH WHICH HELPING HAND HAS DONE GREATER THAN \$20,000 OF BUSINESS OVER THE FISCAL YEAR. THE LIST IS THEN PROVIDED TO THE EXECUTIVE DIRECTOR AND THE BOARD MEMBERS FOR THEIR REVIEW, AND FURTHER DISCUSSION CONCERNING ANY POSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE HELPING HAND BOARD OF DIRECTORS DELEGATES THE EXECUTIVE COMPENSATION REVIEW PROCESS TO THE EXECUTIVE COMMITTEE. PER THE BYLAWS, THE EXECUTIVE COMMITTEE FUNCTIONS AS THE PERSONNEL COMMITTEE. THE COMMITTEE CONDUCTS A BI-ANNUAL MARKET ANALYSIS OF SALARIES PAID TO SIMILAR POSITIONS IN THE FIELD OF COMMUNITY BASED AGENCIES PROVIDING SERVICES TO INDIVIDUALS WITH DISABILITIES. THE SALARY ANALYSIS INCLUDES A COMPARISON OF AGENCY REVENUES AND ASSETS AND THE NUMBER OF EMPLOYEES. EXECUTIVE COMPENSATION DECISIONS ARE MADE AND APPROVED BY PERSONS ON THE COMMITTEE WHO ARE FREE OF ANY CONFLICT OF INTEREST AND ARE DIRECTORS OF THE CORPORATION WHO SATISFY THE CRITERIA OF INDEPENDENCE. THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE ARE PRESENTED TO THE FULL BOARD FOR APPROVAL.

Name of the organization

HELPING HAND CENTER

Employer identification number

36-2327271

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION OF OTHER HIGHLY COMPENSATED EMPLOYEES ARE REVIEWED THROUGH THE BUDGET APPROVAL PROCESS. THE ANNUAL BUDGET IS REVIEWED BY THE FINANCE COMMITTEE AND RECOMMENDED TO THE BOARD OF DIRECTORS FOR ACCEPTANCE. EXECUTIVE COMPENSATION DECISIONS ARE MADE AND APPROVED BY PERSONS ON THE COMMITTEE WHO ARE FREE OF ANY CONFLICT OF INTEREST AND ARE DIRECTORS OF THE CORPORATION WHO SATISFY THE CRITERIA OF INDEPENDENCE. THE RECOMMENDATIONS OF THE FINANCE COMMITTEE ARE PRESENTED TO THE FULL BOARD FOR APPROVAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ARTICLES OF INCORPORATION ARE PUBLICLY AVAILABLE FROM THE OFFICE OF THE ILLINOIS SECRETARY OF STATE. HELPING HAND CENTER REVIEWS FOR MERIT ANY REQUEST FOR RELEASE OF THE CONFLICT OF INTEREST STATEMENT, FINANCIALS STATEMENTS, OR GOVERNING DOCUMENTS. THE FINAL DECISION FOR RELEASING THE DOCUMENTS TO THE PUBLIC IS THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR.

SCHEDULE O - ADDITIONAL INFORMATION

PART 1, LINE 5. TOTAL NUMBER OF EMPLOYEES INCLUDES W-2'S ISSUED TO 298 STAFF; AND TO 243 INDIVIDUALS WITH DISABILITIES WHO WORK IN VOCATIONAL TRAINING AND OTHER ADULT DAY PROGRAMS.

Mortgages and Other Notes Payable

Forms
990 / 990-PF

2009

For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**

Name HELPING HAND CENTER	Employer Identification Number 36-2327271
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FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) NOTES PAYABLE AND BONDS PAYABLE	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	6,544,580	61,466
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Totals	6,544,580	61,466

FORM NFP 110.30 (rev. Dec. 2003)
ARTICLES OF AMENDMENT
General Not For Profit Corporation Act



Doc#: 1001208135 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 01/12/2010 12:31 PM Pg: 1 of 2

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

FILED
DEC 18 2009

Remit payment in the form of a **JESSE WHITE**
check or money order payable to **SECRETARY OF STATE**
to Secretary of State.

File # N3511-4866 Filing Fee: \$25 Approved: _____

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate Name (See Note 1 on back.): HELPING HAND REHABILITATION CENTER

2. Manner of Adoption of Amendment:
The following amendment to the Articles of Incorporation was adopted on SEPTEMBER 14, 2009 in the man-
ner indicated below (check one only):
Month, Day & Year

- By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.)
- By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3 on back.)
- By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)
- By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.)

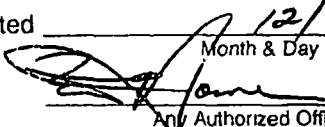
3. Text of Amendment:
(a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. *Article 1: The Name of the Corporation is:

HELPING HAND CENTER
New Name

(b.) All amendments other than name change.
If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.

4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

Dated 12/3, 2009 HELPING HAND REHABILITATION CENTER
Month & Day Year Exact Name of Corporation

Authorized Officer's Signature
W.D. Howe Board President
Name and Title (type or print)

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____, _____
Month & Day Year

Signature

Signature

Signature

Signature

Name and Title (print)

Name and Title (print)

Name and Title (print)

Name and Title (print)

NOTES

- 1 State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
- 2 Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
3. Director approval may be:
 - a. by vote at a director's meeting (either annual or special), or
 - b. by consent, in writing, without a meeting.
- 4 All amendments not adopted under Sec. 110.15 require that:
 - a. the board of directors adopt a resolution setting forth the proposed amendment, and
 - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- 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 form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I 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 complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	HELPING HAND REHABILITATION CENTER	36-2327271
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	9649 WEST 55TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	COUNTRYSIDE IL 60525	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **DR. DENNIS TRYBUS**

Telephone No. ▶ **708-352-3580** FAX No ▶

- 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 the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **07/01/09**, and ending **06/30/10**.

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.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization HELPING HAND CENTER	Employer identification number 36-2327271
	Number, street, and room or suite no If a P O box, see instructions 9649 WEST 55TH STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions COUNTRYSIDE IL 60525	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **DR. DENNIS TRYBUS**

Telephone No **708-352-3580**

FAX No

• 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 the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **05/15/11**

5 For calendar year , or other tax year beginning **07/01/09** , and ending **06/30/10**

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return

Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a 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	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title

Date