Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions
C Name of organization	AMERICANS HELPING AMERICANS, INC.
Doing Business As	
Number and street (or P.O. box if mail is not delivered to street address)	2550 HUNTINGTON AVENUE
Room/suite	200
City or town, state or country, and ZIP + 4	ALEXANDRIA, VA 22303
D Employer identification number	54-1594577
E Telephone number	703-317-9086
G Gross receipts $	875,079.
F Name and address of principal officer:	EUGENE L. KRIZEK SAME AS C ABOVE
H(a) Is this a group return for affiliates?	☐ Yes ☒ No
H(b) Are all affiliates included?	☐ Yes ☐ No
If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	3299
I Tax-exempt status	☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527
J Website: ▶	WWW.HELPINGAMERICANS.ORG
K Form of organization	☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation	1990
M State of legal domicile	VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities ASSIST THE ALLEVIATION OF HUMAN SUFFERING, DISABILITY & PAIN BY IMPROVING THE WELFARE OF AMERICANS.

2 Check this box ▶ ☐ 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	10
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,969,580.	874,982.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4.	97.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,969,584.	875,079.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,718,698.	690,119.
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)	161,302.	129,362.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,700.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	112,024.	65,918.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,992,024.	885,399.
19	Revenue less expenses Subtract line 18 from line 12	<22,440.>	<10,320.>
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	38,251.	29,105.
21	Total liabilities (Part X, line 26)	11,676.	12,850.
22	Net assets or fund balances Subtract line 21 from line 20	26,575.	16,255.

RECEIVED
NOV 15 2010
OGDEN, UT
IRS-OSC
056

SCANNED DEC 0 3 2010

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

▶ Signature of officer — Date 11-9-2010

▶ EUGENE L. KRIZEK, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 11/8/10
Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	RAFFA, PC 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036
EIN ▶	
Phone no ▶	202-822-5000

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

916-18

17

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
TO ADDRESS THE NEEDS OF THE POOR IN THE UNITED STATES BY WAY OF HELPING FELLOW AMERICANS WITH BASIC NECESSITIES SUCH AS SHELTER, HOME REPAIR, FOOD AND CLOTHING. AHA IN APPALACHIA IS A PROJECT DEDICATED TO WORKING WITH POVERTY-STRICKEN FAMILIES, ELDERLY AND DISABLED ADULTS

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.
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 363,136. including grants of $ 289,850.) (Revenue $)
FOOD AND BASIC NEEDS - (TENNESSEE, KENTUCKY, WEST VIRGINIA, OHIO AND GEORGIA, WASHINGTON, DC, FAIRFAX COUNTY AND STAFFORD COUNTY, VA,) POVERTY HAS PERSISTED IN APPALACHIA THROUGHOUT THE NATION'S ECONOMIC BOOM YEARS AND IS EVEN WORSE NOW AT THE END OF THE RECESSION. THIS IS WHERE ILLNESS AND MALNUTRITION IS MOST PERVASIVE, WHERE TOO OFTEN CHILDREN DON'T HAVE SHOES AND LIVE WITH THEIR FAMILIES IN RUN DOWN HOMES, OFTEN WITHOUT HEAT AND LITTLE NUTRITIOUS FOOD TO EAT. IT IS HARD FOR A CHILD TO SUCCEED IN SCHOOL IF THEY ARE COLD, HUNGRY, OR DON'T HAVE ADEQUATE SCHOOL SUPPLIES THEY NEED.

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses $ 403,488. including grants of $ 345,060.) (Revenue $)
YOUTH DEVELOPMENT - AHA ALSO WORKS AS A LINK WITH LOCAL NONPROFITS AND CIVIC GROUPS TO ADDRESS THE LONG TERM PROBLEMS OF INSUFFICIENT ACTIVITIES FOR YOUTH DURING THE SUMMER, HIGH RISK YOUTH AND PERSISTENT UNEMPLOYMENT WHEN SCHOOL IS OUT, BECAUSE OF SUMMER VACATION OR SIMPLY THE END OF A DAY, DISMISSAL OFTEN LEAVES KIDS ACROSS THE COUNTRY STRANDED WITHOUT POSITIVE AREAS TO ATTEND CAMP, MENTORS OR AFTER SCHOOL ACTIVITIES, AND MANY TIMES IT MEANS THE END OF STUDENT ENRICHMENT AND THE BEGINNING OF GETTING INTO TROUBLE.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code) (Expenses $ 40,345. including grants of $ 55,209.) (Revenue $)
HOUSING, SHELTER - AMERICANS HELPING AMERICANS IN APPALACHIA PROGRAM TARGETS THE EMERGENCY NEEDS OF SEVERELY POVERTY STRICKEN FAMILIES AND INDIVIDUALS IN RURAL APPALACHIA. LEAKY ROOFS, CRUMBLING PORCHES, NO INDOOR PLUMBING, MEDICAL ASSISTANCE, EVICTION PREVENTION AND UTILITY ASSISTANCE ARE JUST SOME OF THE WAYS WE HELP FAMILIES AND INDIVIDUALS DUE TO THEIR ECONOMIC AND PHYSICAL LIMITATIONS. THE EXTREME LEVEL OF UNEMPLOYMENT AND POVERTY THAT EXISTS IN THESE RURAL AREAS COMBINED WITH FEW LOCAL RESOURCES DEMONSTRATES A TREMENDOUS NEED FOR THIS TYPE OF ASSISTANCE.

(SEE SCHEDULE O FOR CONTINUATION)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 806,969.

Part IV Checklist of Required Schedules

		Line	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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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*	5	N/A	
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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10		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*	11	X	
	• 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 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*	12	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* — 12A: Yes X, No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17		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*	18		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*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		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*	21	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*	22		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*	23	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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*	25a		X
b	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*	25b		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*	26		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*	27		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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34	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*	35		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*	36		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*	37		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	38	X	

Form **990** (2009)

932004
02-04-10

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

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 11			
b	Enter the number of voting members that are independent	1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AZ,CA,CT,MI,MO,NJ,NC,VA,WI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION - 703-317-9412
2550 HUNTINGTON AVENUE, #200, ALEXANDRIA, VA 22303

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
EUGENE L. KRIZEK PRESIDENT	1.00	X		X				0.	75,384.	0.
JAMES J. O'BRIEN, ESQ CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
CLYDE B. RICHARDSON TREASURER	1.00	X		X				0.	0.	0.
EMIL HER MANY HORSES DIRECTOR	1.00	X						0.	0.	0.
ROBERT J. HISEL, JR. DIRECTOR	1.00	X						0.	0.	0.
REV. CHARLES T. HOLLIDAY DIRECTOR	1.00	X						0.	0.	0.
MYRIAM I. JONES, MD DIRECTOR	1.00	X						0.	0.	0.
MARSHALL A. MACKLER DIRECTOR	1.00	X						0.	0.	0.
THOMAS O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
FRANK STITELY, CPA DIRECTOR	1.00	X						0.	0.	0.
TRACY K. KELSO, MSW DIRECTOR	1.00	X						0.	0.	0.
BRYAN KRIZEK CEO	3.00			X				0.	158,533.	9,591.
PAUL KRIZEK VP / GENERAL COUNSEL	3.00			X				0.	141,353.	9,591.
QUELYNN THOMAS EXECUTIVE DIRECTOR	38.00			X				57,728.	24,741.	10,953.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								57,728.	400,011.	30,135.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 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	1 a Federated campaigns	1a	26,125.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	816,546.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,311.				
	g Noncash contributions included in lines 1a-1f $		594,466.				
	h Total. Add lines 1a-1f ▶			874,982.			
Program Service Revenue		Business Code					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10 a 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	Business Code					
	11 a OTHER INCOME	900099		97.			97.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶			97.			
	12 Total revenue See instructions ▶			875,079.	0.	0.	97.

932009
02-04-10

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	690,119.	690,119.		
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	81,305.	44,718.	16,261.	20,326.
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	31,958.	28,526.	1,540.	1,892.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	127.	14.	50.	63.
9 Other employee benefits	6,729.	5,140.	706.	883.
10 Payroll taxes	9,243.	6,067.	1,413.	1,763.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,920.		10,920.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	10,883.	10,883.		
12 Advertising and promotion	1,060.	685.	25.	350.
13 Office expenses	15,920.	11,731.	3,766.	423.
14 Information technology	426.		426.	
15 Royalties				
16 Occupancy	10,111.		10,111.	
17 Travel	7,889.	7,889.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	193.	193.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	694.	694.		
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 UNCOLLECTABLE PLEDGE	6,864.		6,864.	
b REPAIRS & MAINTENANCE	617.		617.	
c MISCELLANEOUS	341.	310.	31.	
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	885,399.	806,969.	52,730.	25,700.
26 **Joint costs.** Check here ▶ ☐ 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	6,690.	1	569.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	29,110.	3	24,446.
	4	Accounts receivable, net		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		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		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	2,451.	15	4,090.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	38,251.	16	29,105.
Liabilities	17	Accounts payable and accrued expenses	11,676.	17	12,566.
	18	Grants payable		18	
	19	Deferred revenue		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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0.	25	284.
	26	**Total liabilities.** Add lines 17 through 25	11,676.	26	12,850.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	<2,786.>	27	<8,191.>
	28	Temporarily restricted net assets	29,361.	28	24,446.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	26,575.	33	16,255.
	34	Total liabilities and net assets/fund balances	38,251.	34	29,105.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization AMERICANS HELPING AMERICANS, INC.

Employer identification number 54-1594577

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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 ")	365,653.	553,918.	493,835.	1969580.	874,982.	4257968.
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	365,653.	553,918.	493,835.	1969580.	874,982.	4257968.
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						4257968.

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	365,653.	553,918.	493,835.	1969580.	874,982.	4257968.
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)				4.	97.	101.
11 **Total support.** Add lines 7 through 10						4258069.

12 Gross receipts from related activities, etc (see instructions) | 12 | 12,323.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 100.00 %

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 ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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 ▶ ☐

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** ▶ ☐

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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: AMERICANS HELPING AMERICANS, INC.

Employer identification number: 54-1594577

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 the 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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
DUE FROM AFFILIATE	4,090.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	4,090.

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATE	284.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	284.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	875,079.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	885,399.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<10,320.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<10,320.>

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	983,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	108,515.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	108,515.
3	Subtract line **2e** from line **1**			3	875,079.
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	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	875,079.

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

1	Total expenses and losses per audited financial statements			1	993,914.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	108,515.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	108,515.
3	Subtract line **2e** from line **1**			3	885,399.
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	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	885,399.

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 X: THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2010, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: AMERICANS HELPING AMERICANS, INC.

Employer identification number 54-1594577

Part I — General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II — Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCOEE OUTREACH 2707 N. OCOEE STREET CLEVELAND, TN 37312	62-1667847	501(C)(3)	11,000.	0.			HOME REPAIR/PURCHASE OF SHOES AND BOOTS
CHRISTIAN HELP, INC OF MINGO COUNTY - PO BOX 1257 - KERMIT, WV 25674	55-0750315	501(C)(3)	10,000.	0.			DENTAL PROGRAM
APPALACHIAN OUTREACH PO BOX 71904 JEFFERSON CITY, TN 37760	62-0479189	501(C)(3)	8,500.	39,550.	WHOLESALE	HYGIENE ITEMS, CLOTHING, TOYS, SCHOOL SUPPLIES, CRAFT ITEMS,	HOME REPAIR
BIG CREEK PEOPLE IN ACTION HC 32, BOX 541 WAR, WV 24892	55-0710393	501(C)(3)	10,000.	138,709.	WHOLESALE	HYGIENE ITEMS, CLOTHING, TOYS, SCHOOL SUPPLIES, CRAFT ITEMS,	HOME REPAIR
CUMBERLAND MOUNTAIN OUTREACH 102 EAST THIRD STREET BEATTYVILLE, KY 41311	55-0818110	501(C)(3)	7,500.	34,383.	WHOLESALE	HYGIENE ITEMS, CLOTHING, TOYS, SCHOOL SUPPLIES, CRAFT ITEMS,	SUMMER CAMP
L.A.M.P. MINISTRIES PO BOX 5637 GAINESVILLE, GA 30504	58-2330849	501(C)(3)	5,000.	0.			SUMMER CAMP

2 Enter total number of section 501(c)(3) and government organizations ▶ 6.

3 Enter total number of other organizations ▶ 3.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANT REQUESTS ARE SUBMITTED BY THE ORGANIZATION TO AMERICANS HELPING AMERICANS BASED ON THE PUBLISHED FUNDING GUIDELINES. AMERICANS HELPING AMERICANS STAFF THEN REVIEWS THEM AND DETERMINES WHETHER THE PROPOSED PROJECT IS CONSISTENT WITH AMERICANS HELPING AMERICAN'S MISSION, FUNDING GUIDELINES AND BUDGET. THE REQUEST IS DISCUSSED WITH RELEVANT STAFF AND THE EXECUTIVE DIRECTOR, CONTACTING THE PROPOSED PROGRAM FOR MORE INFORMATION IF NECESSARY. IF APPROVED BY THE EXECUTIVE DIRECTOR, GRANTS ARE SUBMITTED FOR FINAL PROCESSING. GRANTEES ARE MONITORED THROUGH REQUIRED REPORTING AND SITE VISITS FROM STAFF.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
AMERICANS HELPING AMERICANS, INC.

Employer identification number
54-1594577

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE COMMUNITY CROSSING 225 MAPLE AVENUE WELCH, WV 24801	55-0747619	501(C)(3)	17,500.	0.			HOME REPAIR, SUMMER CAMP
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	10,000.	0.			UTILITY ASSISTANCE
CARING HANDS MINISTRIES PO BOX 2681 CLEVELAND, GA 30528	58-2475459	501(C)(3)	6,000.	35,593.	WHOLESALE	HYGIENE ITEMS, CLOTHING, CRAFT ITEMS	UTILITY ASSISTANCE
APPALACHIAN REGION MISSION PO BOX1033 HARLAN, KY 40831	62-1753292	501(C)(3)	0.	121,543.	WHOLESALE	FOOD ITEMS	
ARMS OUTSTRETCHED MINISTRY, INC. 1 GREENRIDGE DRIVE STAFFORD, VA 22554	26-4091676	501(C)(3)	0.	23,854.	WHOLESALE	HYGIENE ITEMS, CLOTHING, SCHOOL SUPPLIES, CRAFT ITEMS, HOUSEHOLD	
COME-UNITY COOPERATIVE CARE PO BOX 56 LONDON, KY 40743	61-1032782	501(C)(3)	0.	102,204.	WHOLESALE	HYGIENE ITEMS, CLOTHING, TOYS, SCHOOL SUPPLIES, CRAFT ITEMS,	TO PROVIDE FOOD AND OTHER NECESSITIES TO NEEDY CHILDREN AND THEIR FAMILIES
GRANDMA'S GIFTS 444 GREEN MEADOWS DRIVE WEST POWELL, OH 43065	31-1620483	501(C)(3)	0.	43,881.	WHOLESALE	HYGIENE ITEMS, CLOTHING, TOYS, SCHOOL SUPPLIES, CRAFT ITEMS,	
HEAVEN'S GROCERY STORE 3182 BLANDENSBURG ROAD, NE WASHINGTON, DC 20018	52-2273466	501(C)(3)	0.	9,893.	WHOLESALE	FOOD ITEMS, CLOTHING	TO PROVIDE FOOD AND OTHER NECESSITIES TO NEEDY CHILDREN AND THEIR FAMILIES

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I-1 (Form 990) 2009**

932241 02-01-10

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: AMERICANS HELPING AMERICANS, INC.

Employer identification number 54-1594577

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMES FOR THE HOMELESS, INC. 2550 HUNTINGTON AVENUE ALEXANDRIA, VA 22303	13-3351420	501(C)(3)	0.	16,946.	WHOLESALE	HYGIENE ITEMS, CLOTHING, TOYS, CRAFT ITEMS, HOUSEHOLD GOODS	
OF ONE ACCORD PO BOX 207 ROGERSVILLE, TN 37857	63-1391365	501(C)(3)	0.	27,910.	WHOLESALE	HYGIENE ITEMS, CLOTHING, TOYS, SCHOOL SUPPLIES, CRAFT ITEMS,	TO PROVIDE FOOD AND OTHER NECESSITIES TO NEEDY CHILDREN AND THEIR FAMILIES

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
AMERICANS HELPING AMERICANS, INC.

Employer identification number
54-1594577

Part I Questions Regarding Compensation

			Yes	No
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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are 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	1b		
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?	2		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
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	4c		X
	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?	5a		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b		X
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?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6b		X
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	7		X
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRYAN KRIZEK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	158,533.	0.	0.	0.	9,591.	168,124.	0.
PAUL KRIZEK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	141,353.	0.	0.	0.	9,591.	150,944.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: AMERICANS HELPING AMERICANS, INC.

Employer identification number: 54-1594577

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		435,020.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate Other				
18 Collectibles				
19 Food inventory	X	1	159,446.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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: AMERICANS HELPING AMERICANS, INC.

Employer identification number 54-1594577

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO MEET THEIR EMERGENCY NEEDS AND STRENGTHEN THEIR EFFORTS TO BE SELF-SUPPORTING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAT'S WHY AMERICANS HELPING AMERICANS DONATED 276,414.88 LBS. OF FOOD TO FOUR COMMUNITY BASED PROGRAMS SERVING THE MOST NEEDY ALONG WITH PROVIDING 6,080 TURKEYS FOR THANKSGIVING. TOYS ARE SOMETHING THAT MANY CHILDREN TAKE FOR GRANTED AND DO NOT THINK TWICE ABOUT RECEIVING FOR CHRISTMAS. HOWEVER, FOR THOSE WHOSE FAMILIES CANNOT AFFORD THE LUXURY OF BUYING GIFTS FOR THEIR CHILDREN DURING THE HOLIDAYS AMERICANS HELPING AMERICANS MADE SURE THAT THIS YEAR WAS A JOYOUS ONE. IN ADDITION TO PROVIDING 1,460 NEW TOYS WE ALSO PROVIDED $3,500 IN CASH GRANTS TO SUPPORT FIVE HOLIDAY PARTIES IN VIRGINIA, WEST VIRGINIA AND KENTUCKY. THIS YEAR WE PROVIDED 1,050 NEW WINTER COATS, 810 NEW BLANKETS, 1,740 PAIRS OF NEW SHOES, 750 HYGIENE AND 1,050 SCHOOL SUPPLY KITS TO 23,333 CHILDREN AND THEIR FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AHA SUMMER CAMP PROVIDED A HEALTHY, EDUCATIONAL, TROUBLE FREE OUTLET FOR 3,012 CHILDREN LIVING IN THE IMPOVERISHED AREAS OF BEATTYVILLE, KENTUCKY, WELCH, WEST VIRGINIA AND GAINESVILLE, GEORGIA. MANY OF THESE KIDS ARE FROM VERY LOW-INCOME FAMILIES AND ARE OFTEN RAISED BY GRANDPARENTS ON A FIXED INCOME, LIVING IN HOMES AND TRAILERS TWENTY YEARS PAST THEIR LIFE EXPECTANCY. AHA SUMMER CAMP AIDS CHILDREN IN ESCAPING THEIR WORLD OF POVERTY BY GIVING THEM POSITIVE AND

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: AMERICANS HELPING AMERICANS, INC.
Employer identification number: 54-1594577

CONSTRUCTIVE CAMP OPPORTUNITIES OF ARTS AND CRAFTS, SWIMMING, WORKING WITH OTHERS AND CAMP PROJECTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
AHA PROVIDES A UNIQUE FRAMEWORK THAT FOSTERS TRANSFORMATIONAL EXPERIENCES FOR VOLUNTEERS AND THE 913 INDIVIDUALS WE SERVED. VOLUNTEERS AND THE FAMILIES BUILD RELATIONSHIPS WITH EACH OTHER THAT BREAK DOWN CULTURAL, SOCIAL AND ECONOMIC BARRIERS. IN ADDITION TO THE $59,072 IN CASH GRANTS PROVIDED TO LOCAL ORGANIZATIONS IN APPALACHIA OFTEN TIMES WE HEAR OF SIGNIFICANT LIFE CHANGES RESULTING FROM THE HOME REPAIR PROJECTS: OF FAMILIES RENEWING THEIR FAITH IN THE GOODNESS OF OTHERS, OF PEOPLE NEWLY MOTIVATED TO CONTINUE THEIR EDUCATION, AND OF YOUTH/YOUNG ADULTS. INADEQUATE AND UNSAFE HOUSING IMPACTS THE YOUNG AND ELDERLY ALIKE IN APPALACHIA. AMERICANS HELPING AMERICANS HOUSING PROGRAM ASSISTS FAMILIES IN NEED BY PROVIDING HOUSING MATERIALS AND REPAIRS ON THEIR EXISTING HOME. WHEN YOU LIVE IN POVERTY, NOT ONLY DO YOU NOT HAVE MONEY FOR INCIDENTALS, YOU OFTEN CANNOT AFFORD TO MAKE EVEN BASIC REPAIRS TO YOUR HOME OR PAY UTILITY BILLS. YOU LEARN TO MAKE DUE WITH WHAT YOU HAVE.

FORM 990, PART VI, SECTION A, LINE 2: EUGENE L. KRIZEK, PRESIDENT, BRYAN KRIZEK, CEO, AND PAUL KRIZEK, VP/GENERAL COUNSEL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEE HAS THE AUTHORITY TO ACT INDEPENDENT OF THE FULL BOARD.

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: AMERICANS HELPING AMERICANS, INC.
Employer identification number: 54-1594577

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY A CPA FIRM. THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE 990 PRIOR TO REPORTING TO THE FULL BOARD AT THE QUARTERLY MEETING. AT THAT TIME, THE FULL BOARD DISCUSSES AND APPROVES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CHARITY MAKES A REASONABLE EFFORT TO DETERMINE THE BUSINESS AND FAMILY RELATIONSHIPS AMONG BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES BY HAVING THE GENERAL COUNSEL DISTRIBUTE A QUESTIONNAIRE ENTITLED "CONFLICT OF INTEREST DISCLOSURE STATEMENT" AND THE CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING TO THE ORGANIZATION'S OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ASKING FOR THE INFORMATION REQUIRED BY QUESTION 2 OF PART VI AND QUESTION 28 OF PART IV OF THE FORM 990. THE QUESTIONNAIRE INCLUDES THE NAME, TITLE, DATE AND SIGNATURE OF THE PERSON RESPONDING AND IS WITH THE CONFLICT OF INTEREST POLICY WHICH PROVIDES THE DEFINITIONS OF INDEPENDENT VOTING MEMBER, FAMILY RELATIONSHIP, BUSINESS RELATIONSHIP, AND KEY EMPLOYEE. FURTHERMORE, THE SIGNING PARTY AGREES TO PROMPTLY INFORM THE BOARD CHAIR OF ANY MATERIAL CHANGE THAT DEVELOPS WITH REGARD TO THEIR DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE CHARITY'S POLICY FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES WAS ESTABLISHED FIRST BY THE BOARD AT ITS MEETING ON JUNE 26, 2004 TO REGULARLY ASSESS THE ORGANIZATION'S PERFORMANCE AND EFFECTIVENESS, AND TO SET GOALS AND OBJECTIVES TO ACHIEVE THE MISSION OF AMERICANS HELPING AMERICANS, INC. A BIENNIAL REPORT IS MADE OF THE PERFORMANCE AND EFFECTIVENESS ASSESSMENTS OF

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: AMERICANS HELPING AMERICANS, INC.

Employer identification number: 54-1594577

THE CHARITY, WITH RECOMMENDATIONS FOR FUTURE ACTIONS, AS REQUIRED BY STANDARD 7 OF THE STANDARDS FOR CHARITY ACCOUNTABILITY OF THE BBB WISE GIVING.

AT THE DIRECTION OF THE BOARD, THE CHAIRMAN AND THE EXECUTIVE/GOVERNMENT COMMITTEE OF THE BOARD UNDERTOOK A COMPARABILITY SURVEY OF OTHER NON-PROFIT ORGANIZATIONS WITH SIMILAR MISSIONS, INCOMES AND GEOGRAPHICAL LOCATIONS. IN CONDUCTING THE RESEARCH FOR THIS SURVEY, IT RELIED ON ASSOCIATION SURVEYS, PHONE INQUIRIES, CONSULTANT RESEARCH, ETC. IN PARTICULAR, THE CHARITY RELIED ON COMPARABILITY DATA INCLUDING PROFESSIONAL SURVEYS PUBLISHED BY GUIDESTAR PHILANTHROPIC RESEARCH, INC., IN 2007, AND ON THE 2008 PUBLICATION BY THE HANOVER RESEARCH COUNCIL OF EXECUTIVE COMPENSATION DATA PERTAINING TO NONPROFITS LOCATED WITHIN THE WASHINGTON, D.C. METROPOLITAN AREA. THE PUBLISHED SURVEYS, CONTAINING THE MAXIMUM TOTAL COMPENSATION PER COMPARABILITY DATA, WERE PRINTED ON A FORM FOR CREATING THE SAFE HARBOR FOR EXECUTIVE COMPENSATION AND WERE CONSIDERED BY THE EXECUTIVE/GOVERNMENT COMMITTEE, WHICH AGREED ON A MINIMUM TOTAL COMPENSATION PACKAGE FOR SUBMISSION TO THE FULL BOARD OF DIRECTORS FOR ITS FINAL APPROVAL TOGETHER WITH A BOARD EVALUATION ON EACH OFFICER ON JUNE 14, 2008.

THE CHARITY HAS FOUND THAT ITS EXECUTIVES ARE WELL UNDERPAID COMPARED TO WHAT THEY MIGHT OBTAIN ELSEWHERE, INCLUDING IN THE CHARITABLE SECTOR. THE CHARITY HAS NEVER MADE A DECISION TO RAISE THE COMPENSATION OF ITS EXECUTIVES AS FAR UP TO WHAT THE MARKET SURVEYS SAY THAT THE CHARITY SHOULD BE PAYING THEM AND NO SALARY INCREASES HAVE OCCURRED SINCE THIS DATE. FUTHERMORE, THE PRESIDENT'S SALARY HAS DECREASED BY APPROXIMATELY 50% IN

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: AMERICANS HELPING AMERICANS, INC.

Employer identification number: 54-1594577

RECOGNITION OF THE ECONOMIC CLIMATE.

THE INDEPENDENT BOARD OF DIRECTORS OF THE CHARITY IS ALSO AWARE THAT TWO OF THE HIGHEST PAID EXECUTIVES OF ITS PARENT ORGANIZATION, CHRISTIAN RELIEF SERVICES CHARITIES, INC., (WHOSE COMBINED ASSETS TOTAL APPROX. $100 MILLION) ARE BROTHERS, FIRST BROUGHT INTO THE CHARITY AS VOLUNTEERS 17 AND 20 YEARS AGO, RESPECTIVELY, BY ITS FOUNDER, THEIR FATHER. OVER THE YEARS, THE BOARD HAS INDEPENDENTLY MONITORED AND APPROVED THEIR GRADUAL DEVELOPMENT INTO PAID EMPLOYEES, AND HAS GIVEN ITS ASSENT TO PAY INCREASES FOR THESE EXECUTIVES (UPON RECUSAL OF THE FOUNDER FROM THAT DECISION-MAKING). THE BOARD HAS GRATEFULLY RECEIVED ON BEHALF OF THE CHARITY THE DEVELOPMENT OF BOTH OF THESE EXECUTIVES, ONE A LAWYER AND THE OTHER, A SUCCESSFUL BUSINESSMAN, INTO TIRELESS ADVOCATES AND EXECUTORS OF THE CHARITY'S MISSION. FURTHER, THE BOARD HAS RECOGNIZED THAT THE INTENSE COMMITMENT OF BOTH TO THE CHARITABLE PURPOSES OF THE ORGANIZATION HAS (A) CREATED ENORMOUS EFFICIENCIES IN FAVOR OF THE CHARITABLE MISSION REPRESENTED BY THE WILLINGNESS OF EACH TO UNDERTAKE MULTIPLE RESPONSIBILITIES FOR WHICH THE CHARITY WOULD OTHERWISE NEED TO HIRE ADDITIONAL WORKERS; AND, (B) REQUIRED EACH TO MAKE PERSONAL SACRIFICES IN FOREGOING MORE LUCRATIVE PROFESSIONAL OPPORTUNITIES, FOR WHICH EACH WAS CLEARLY QUALIFIED, IN ORDER TO REMAIN WITH THE CHARITY. THE BOARD HAS ENDORSED THE CULTIVATION OF THESE EXECUTIVES, UNDER THE SUPERVISION OF THE CHARITY'S FOUNDER, INTO KEY ROLES IN THE ORGANIZATION'S NEXT GENERATION OF LEADERSHIP. THUS, THE CHARITY SEES THE FAMILIAL BOND OF THESE EXECUTIVES AS ONE OF THE GREATEST SOURCES OF STRENGTH OF THE ORGANIZATION. THEY HAVE A STRONG COMMITMENT TO BUILD ORGANIZATIONAL STRENGTH AND ARE MORE LIKELY TO

Name of the organization	Employer identification number
AMERICANS HELPING AMERICANS, INC.	54-1594577

TAKE A MORE FLEXIBLE APPROACH TO PUT IN THE EXTRA HOURS NEEDED TO MAKE THE CHARITABLE MISSION A SUCCESS. THE LOYALTY OF THEIR STRONG PERSONAL BONDS PERMEATES THE ORGANIZATION WITH COHESION DURING HARD TIMES AND REINFORCES THE DETERMINATION NEEDED FOR SUCCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE CHARITY POSTS THE LAST THREE YEARS AUDITS AND LINKS TO THE LAST THREE YEARS 990'S (VIA GUIDESTAR) ON ITS WEBSITE. ALSO, THE ARTICLES AND BYLAWS ARE AVAILABLE TO ANYONE WHO REQUESTS THEM AT NO CHARGE. THEY ARE COPIED AND MAILED OUT WITHIN 30 DAYS. THE SAME APPLIES FOR THE CONFLICT OF INTEREST POLICIES.

THE CHARITY IS AFFILIATED WITH ITS PARENT ORGANIZATION, CHRISTIAN RELIEF SERVICES CHARITIES, INC., (CRSC) AS A SUBSIDIARY UNDER AN IRS GROUP EXEMPTION LETTER. THE TOTAL CURRENT AFFILIATION OF SUBSIDIARY SUBORDINATE UNITS OF CRSC UNDER THIS GROUP EXEMPTION LETTER INCLUDES 17 INDIVIDUAL CHARITIES, EACH WITH DIVERSE MISSIONS AND ACCOMPLISHMENTS AND ALL ENJOYING THE BENEFITS OF SHARED RESOURCES IN AREAS WHICH OTHERWISE WOULD BE HARD AND EXPENSIVE TO REALIZE INDEPENDENTLY. SUCH SHARED RESOURCES INCLUDE: ECONOMY OF SCALE FROM A COMBINED $40 MILLION BUDGET, HUMAN RESOURCES, ACCOUNTING AND INFORMATION TECHNOLOGY, INTERNET PHILANTHROPY, NON-PROFIT LEGAL COUNSEL AND RISK MANAGEMENT, BUSINESS MANAGEMENT FOR CHARITIES IN THE 21ST CENTURY, LOWER CORPORATE OVERHEAD, INSURANCE AND BENEFITS, GRANT MANAGEMENT, TRANSPARENCY AND FISCAL ACCOUNTABILITY, AND MANAGING THE MYRIAD OF CHANGING REGULATORY REQUIREMENTS IN TODAY'S WORLD.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization AMERICANS HELPING AMERICANS, INC.

Employer identification number 54-1594577

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN INDIAN YOUTH RUNNING STRONG - 54-1594578, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES, INC. - 54-1884868 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHEYENNE RIVER YOUTH PROJECT, INC. - 46-0423106, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	SOUTH DAKOTA	501(C)(3)	LINE 7	
BREAD AND WATER FOR AFRICA, INC. - 54-1884520, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2009**

932161
02-04-10

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	CHRISTIAN RELIEF SERVICES, INC.	C	669,459.
(2)	CHRISTIAN RELIEF SERVICES CHARITIES, INC.	C	142,844.
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHRISTIAN RELIEF SERVICES OF VIRGINIA - 54-1609844, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CENTER FOR HOUSING COUNSELING TRAINING, INC. - 91-1812359, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES CHARITIES, INC. - 52-1394775, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS TRIANGLE HOUSING CORPORATION - 54-1922277, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE HOUSING CORPORATION - 54-1779171, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
MOUNTAIN LAKES HOUSING FOUNDATION, INC. - 54-1639377, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	DELAWARE	501(C)(3)	LINE 7	
CRS ALEXANDRIA HOUSING CORPORATION - 31-1659036, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS SCOTTSDALE HOUSING CORPORATION - 54-1990752, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS CAMBRIDGE HOUSING CORPORATION - 54-2041806, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS PINE RIDGE HOUSING CORPORATION - 54-2041803, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS FOUNTAIN PLACE HOUSING CORPORATION - 54-2041804, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	
CRS THE COVE HOUSING CORPORATION - 54-2041798, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CRSC RESIDENTIAL, INC. - 54-2041807 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS HOUSING PRESERVATION, INC. - 71-1031988 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS 21ST CENTURY - 54-1748859 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 11, TYPE 1	