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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For th	ne 2010 calendar year, or tax year beginning and ending		
В	Check if applicat	C Name of organization	D Employ	er identification number
	Addr	ess change		
	Nam	e change HELPING HANDS OF GEORGETOWN	57-	-0883461
	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telepho	one number
	Term	inated 552 BLACK RIVER ROAD	843	3-5 <u>4</u> 6-9887
	Ame	Olty or town, state or country, and ZIP + 4		Exemption
	Applic	abon pending GEORGETOWN, SC 29440	Numbe	·
G				f the organization is not
1	Websi	te: ► HTTP://WWW.HELPINGHANDSOFGEORGETOWN.COM/		d to attach Schedule B
		tempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527		990, 990-EZ, or 990-PF).
	Check		more than	n \$50,000. A Form 990-EZ or
	Form 9	1990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization c		
		ete return.		
Ĺ	Add fin	ies 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11,	
	line 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 155,224.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Instru	ctions for	Part I.)
		Check if the organization used Schedule 0 to respond to any question in this Part I		\mathbf{x}
	1	Contributions, gifts, grants, and similar amounts received		137,555.
	2	Program service revenue including government fees and contracts	2	<u> </u>
	3	Membership dues and assessments	<u> 3</u>	
	4	Investment income SEE SCHEDULE O	4	2.
	5a	Gross amount from sale of assets other than inventory 5a		
103	b	Less: cost or other basis and sales expenses	.	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	c
∌	6	Gaming and fundraising events	İ	
e P	a	Gross income from gaming (attach Schedule G if greater than	İ	
크통		\$15,000) <u>6a</u>		
SCANNED JUL Revenue	b	Gross income from fundraising events (not including \$ of contributions		
	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b 17,60		
	C	Less: direct expenses from gaming and fundraising events 6c 2,2	25.	1
3	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6	d 15,442.
Ś	7a	Gross sales of inventory, less returns and allowances 7a		
	Ь	Less; cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	
	8	Other revenue (describe in Schedule 0)	_ -8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule OFCEIVED SEE SCHEDULE O	<u>▶ 9</u>	
	10		10	
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits	1:	
ses	12 13	Professional fees and other payments to independent contractors 2011	1:	
Expenses	14	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 2011 Occupancy, rent, utilities, and maintenance	1	
Ä	15	Printing, publications, postage, and shipping	1	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	1	
	17	Total expenses. Add lines 10 through 16		
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
Ass	"	(must agree with end-of-year figure reported on prior year's return)	1	24,600.
et	20	Other changes in net assets or fund balances (explain in Schedule 0)	2	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	> 2	
	A F=	Described Deduction And Making and the concepts instructions		Form 990-F7 (2010)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2010) · HELPING HANDS OF GEORGETO	NWO		_57-	-08834	161 Page :
Part II Balance Sheets. (see the instructions for Part II.)					
Check if the organization used Schedule 0 to respond to any question	in this Part II .	<u></u>			. X
	<u> </u>	(A) Beginning of year		(B) F	End of year
22 Cash, savings, and investments		23,433	3. 22	2	60,560.
23 Land and buildings		· · · · · · · · · · · · · · · · · · ·	23	1	
24 Other assets (describe in Schedule 0) SEE SCHEDULE (P	1,167		4	288.
25 Total assets	-	24,600		<u> </u>	60,848.
26 Total liabilities (describe in Schedule 0)	<u> </u>) . 26		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishme		24,600) . 27	<u>'</u>	60,848.
	•	for Part III.)			xpenses I for section
Check if the organization used Schedule O to respond to any question					and 501(c)(4)
What is the organization's primary exempt purpose? PROVIDING ASS				_ organizati	ions and section
Describe what was achieved in carrying out the organization's exempt puthe services provided, the number of persons benefited, and other relevant	rposes. In a clear and co	oncise manner, desci	ribe	for others	1) trusts; optional s.)
28 PROVIDE ASSISTANCE TO INDIVIDUALS I				+	·
HOUSING, UTILITIES, MEDICAL AND/OR	·	TING INEIK			
HOUSING, UTILITIES, MEDICAL AND/OR	FOOD COSIS.				
(Grants \$) If this amount includes foreign	granta shook hara		$\overline{}$	اموا	68,377.
29	grants, check here			28a	00,311.
(Grants \$) If this amount includes foreign	grants chack hare			29a	
30	grants, check here			234	
					
(Grants \$) If this amount includes foreign	grants, check here	•		30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign	grants, check here	.		31a	
32 Total program service expenses (add lines 28a through 31a)		<u> </u>	•	32	68,377.
Part IV List of Officers, Directors, Trustees, and Key E		ne even if not compensated	(see the	a instructions f	for Part IV)
Check if the organization used Schedule O to respond to any question	n in this Part IV .				
	(b) Title and average hor	1 ' '		Contributions employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	ben	nefit plans &	account and other allowances
	<u> </u>	-0)		deferred npensation	other allowances
SHARON THOMAS, 552 BLACK RIVER ROAD,	EXECUTIVE D	T		_	
GEORGETOWN, SC 29440	25.00	11,990.		0.	0.
ZELLA WILT, 565 WHITEHALL DRIVE,	TREASURER			_	
GEORGETOWN, SC 29440	5.00	0.	ļ	0.	0.
JANE THOMAS, 287 KINGS RIVER ROAD,	PAST PRESID			•	
PAWLEYS ISLAND, SC 29585	2.00	0.	┼	0.	0.
DICK SCHWAB, 14 COTILLION COURT,	PRESIDENT			^	
GEORGETOWN, SC 29440	2.00	0.	┼	0.	0.
KATHY BROWN, 237 SUMMERWOOD DRIVE, GEORGETOWN, SC 29440	SECRETARY	_	1	^	
SARCHELL LAURIMORE, 270 GREENTOWN	2.00 BOARD MEMBE	0.	+	0.	0.
ROAD, GEORGETOWN, SC 29440	BOARD MEMBER	0.		0.	0.
DON MABE, 301 SANDERLING AVENUE,	BOARD MEMBE		+	<u> </u>	
GEORGETOWN, SC 29440	0.00	0.		0.	0.
L. T. WILSON, 461 WILDEWOOD AVENUE,	BOARD MEMBE		 		1
GEORGETOWN, SC 29440	0.00	`\ o.	.]	0.	0.
		 	†		·
	1				

Check if the organization used Schedule 0 to respond to any question in this Part V Wes any agenticant changes made to the organization or governing documents? If Yes, "provide a detailed description of each activity in Schedule 0 Were any agenticant changes made to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions) 33 Were any agenticant changes made to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions) 34 Were any agenticant changes made to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions) 35 If the organization had recome from bissuess activities, such as times reported in nines. 26, and 26 (aprentice), but not reported on Form 990-T. 36 Did the organization had recome from such section 6033(4) ordine, reporting, and provy tax requirements? If Yes, "and 16 the organization had recome from 900-T is the file of the organization and provided bissues gives on some of \$1,000 or more or was at a section 501(c)(5), or 501(c)(5), or 501(c)(6) organization subject to section 6033(4) ordine, reporting, and provy tax requirements? 36 Did the organization or from 900-T is the year? 37 If If yes, "and the organization or from 900-T is the year? 38 Did the organization or from 1600 or miss any topic or misses and year or misses any tax or section 401(4) or misses and year or misses any tax or misses and year or misses and year or misses and capital contributions included on line 9 38 Did the organization or from 1000 or misses and year or misses and capital contributions included on line 9 39 Different from 1000 or misses and contributions included on line 9 39 Different from 1000 or misses and capital contributions included on line 9 39 Different from 500 or misses and capital contributions included on line 9 39 Different from 500 or misses and contribution included on line 9 39 Different from 500 or misses and capital contributions included on line 9 39 Different from 500 or misses and capit	Pa	ort V Other Information (Note the statement requirements in the instructions for Part V)	03401	•	
30 but the organization engage in any activity not previously reported to the IRSP II Yes, "provide a detailed description of each activity in Schedule 0 were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35 If the organization had income from thisness activities, such as those reported on line 70, and 74 (among others), but not reported on Form 90-1. The provided on Form 90-1 could be organization had uncerted morbide business gross one more of 15,000 or mere or was at a section 5016(4), 501(6), or 501(6)(8) organization subject to section 6033(e) notice, reporting, and priory tax requirements? 35 If Yes, has if this did a tax return on Form 990-1 for this year? 36 If the organization subject to section 6033(e) notice, reporting, and priory tax requirements? 37 If children or organization of pollural peptididents, direct or indirect, as described in the instructions. 36 Social 501(e) organization organization of the form 1120-POL for this year? 37 If children organization of Portine 1120-POL for this year? 38 If were considered to the organization of the form 1120-POL for this year? 39 If were completed Schedule I, Part I and enter the total amount involved 38 If year and still outstanding at the end of the tax year covered by this return? 39 If yes, complete Schedule I, Part I and enter the total amount involved 39 If year and still outstanding at the end of the tax year covered by this return? 39 If year and still outstanding at the end of the tax year covered by this return? 39 If year and still outstanding at the end of the tax year covered by this return? 39 If year and still outstanding at the end of the tax year covered by this return? 39 If year and still outstanding at the end of the tax year the section of the tax year that the tax of the tax year the section of the tax year that the tax of the tax ye					\mathbf{x}
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documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization of not report the income on Form 990-T. a bid the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), or \$01(c)(6), or \$01(c)(4), 501(c)(5), or \$01(c)(4), 501(c)(4), 50		Schedule 0	33		X
35 If the organization had income from bissness activates, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990-re, spin in Schedule 0 Why the organization do not export the income on Form 990-ri. a Did the organization have unrelated business gross income of \$1,000 or more or was 1 a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements? b If ***Cs*, has it filed a tax return or Form 990-rich this year? b If ***Cs*, has it filed a tax return or Form 990-rich this year? b If ***Cs*, has it filed a tax return or Form 990-rich this year? b If ***Cs*, because it filed a tax return or Form 990-rich this year? b If ***Cs*, because it filed a tax return or Form 990-rich this year? b If ***Cs*, complete a price of Schedule N complete a pollution form 1120-P01 for this year? b If **Cs*, complete schedule I, part I and enter the total amount involved s Port of If If **Cs*, complete schedule I, part I and enter the total amount involved s Port of If If **Cs*, complete schedule I, part I and enter the total amount involved s Port of If If **Cs*, complete schedule I, part I s Port of If If engage in an excess benefit transaction during the year under year, or did if engage in an excess benefit transaction during the year, or did if engage in an excess benefit transaction during the year, or did if engage in an excess benefit transaction during the year, or did if engage in an excess benefit transaction during the year, or did if engage in an excess benefit transaction during the year under year. That such sets in the part of the organization managers or disqualified persons during the year under year. If this part year, the year year year year. The year year year year year. The year year year year year year year. The year year year year year. The year year year year year. Year year year year year. Year year year year year. Year year year year year. Year year year year year. Year year year year year.	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section 603(6) indice, reporting, and proxy tax requirements? b If "Yes," has it filed a fax return on Form 990-T for this year? Did the organization undergo a diquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. Did the organization flor Form 1120-POL for this year? 35		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(3), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 50 It if yes, 'has it filled a tax return on Form 990-1 for this year? 50 It the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 51 Enter amount of political expenditures, direct or indirect, as described in the instructions. 50 It dit he organization life Form 1120-PDL for this year? 51 Enter amount of political expenditures, direct or indirect, as described in the instructions. 52 It if yes, a complete schedule It is a price year covered by this return? 53 It if yes, a complete schedule It is a price year covered by this return? 54 If Yes, 'complete schedule It is a price year covered by this return? 55 If Yes, 'complete schedule It is a price year covered by this return? 56 If Yes, 'complete schedule It is a price year to the lax year covered by this return? 57 If Yes, 'complete schedule It is a price year to the lax year was covered by this return? 58 If Yes, 'complete schedule It is year to take a price year to year of year year year year year year year year	35		. 5		
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b If Yes,* nas it filled a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a O. • 38 a Did the organization the Form 1120-POL for this year? 38 a Did the organization the Form 1120-POL for this year? 38 a Did the organization horrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If Yes,* complete Schedule I, Part I and enter the total amount involved 39 Saction 501(c)(7) organizations. Enter: 39 lif Yes,* complete Schedule I, Part I and enter the total amount of the start year under: 39 lif Yes,* complete Schedule I, Part I I and enter the total amount of tax imposed on the organization during the year under: 39 lif Yes,* complete Schedule I, Part I 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization and prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if Yes,* complete Schedule I, Part I 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqual/fined persons during the year under sections 4912, 4955, and 4958 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqual/fined persons during the year under sections 4912, 4955, and 4958 41 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqual/fined persons during the year under sections 4912, 4955, and 4958 42 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqual/fined persons during the tax year, was the organization organization organi	а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			'
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization like Form 1120-PDL for this year? 37b John the organization bird form of make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38 Section 501(c)(7) organizations. Enter: a Indiation fees and capital contributions included on line 9 6 Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Form 8886-T 4 It is the states with which a copy of this return is filled. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in a fill of the organization in a signature or other authority over a financial account; Yes, complete Form 886-T 4 It is the states with which	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
Did the organization for Form 1120-PGL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a priory year and still outstanding at the end of the tax year covered by this return? 18yes, complete Schedule I, Part II and enter the total amount involved 38b N/A 38s Section 501(e)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 39c Gross receipts, included on line 9, for public use of club facilities 39d N/A 40a Section 501(e)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39d N/A 39					X
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transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. SC 42a The organization's books are in care of ZELLA WILT Telephone no. (843) 527-34 Located at 552 BLACK RIVER ROAD, GEORGETOWN, SC ZIP+4 29440 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b List the states with which a copy of this return is filed. SC III and III and III and III and III and II and III and III and III and III and II	۵		•	`,,-'	
41 List the states with which a copy of this return is filed. ▶ SC 42a The organization's books are in care of ▶ ZELLA WILT Telephone no. ▶ (843) 527-34 Located at ▶ 552 BLACK RIVER ROAD, GEORGETOWN, SC Discreption of Polymer and	·		400	` ′	X
42a The organization's books are in care of ► ZELLA WILT Telephone no. ► (843) 527-34 Located at ► 552 BLACK RIVER ROAD, GEORGETOWN, SC ZIP+4 ► 29440 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	41		100	L	
Located at > 552 BLACK RIVER ROAD, GEORGETOWN, SC b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: > Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Yes Yes The form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a The form 990-EZ) 527	- 34	24
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b					
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b	b				
account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 42c 42c 42c 42c 42c 42c 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ				Yes	No
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes The pool of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		account)?	42b		х
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes 42c N/A Yes Ond the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b		If "Yes," enter the name of the foreign country:	4, 5%		Į.,/
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes The proof of the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_ ' :		2
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b	C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b		If "Yes," enter the name of the foreign country:			
Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	_	>	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b		and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b					
Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 44b				Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1		'. 1
of Form 990-EZ 44b		·	44a		X
· · · · · · · · · · · · · · · · · · ·	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	, ,		74
c Did the organization receive any payments for indoor tanning services during the year?		·	44b		X
· · · · · · · · · · · · · · · · · · ·			44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	d		1		4
ın Schedule O 44d		ın Schedule O		l	
Form 990-EZ (Form 9	90-EZ	(2010)

Form 990-6	(2010) · HELPING HANDS OF	GEORGETO	OWN		57-0883	461		Page 4
							Yes	No
45 Is any	related organization a controlled entity of the organ	ization within the	meaning of section 512(b)	(13)?		45		Х
	ie organization receive any payment from or engage i			e meaning of section	512(b)(13)?	\	-	·
	s," Form 990 and Schedule R may need to be complet					45a	ļ.,	X
	e organization engage, directly or indirectly, in politic	al campaign activiti	es on behalf of or in oppositior	n to candidates for pu	iblic office?			
Part VI	s, complete Schedule C, Part I		\47(\)(4)	.1		46_		X
rait.vi	J				-		•	, , ,
	organizations and section 4947(a)(1) nonexempt		•	and 52, and complete	the tables for li	nes 50	and 51	·
	Check if the organization used Schedule O to resp	und to any question	n in this Part VI		··		Yes	No
47 Did th	ne organization engage in lobbying activities? If "Yes	" complete Sche	dula C. Part II			47	165	X
	organization a school as described in section 170(b)			•		48		X
	ne organization make any transfers to an exempt non-		•			49a		X
	s," was the related organization a section 527 organization		4			49b	ļ	
50 Comp	plete this table for the organization's five highest comp	ensated employees	s (other than officers, directors	s, trustees and key en	nployees) who e	ach re	ceived i	more
	\$100,000 of compensation from the organization. If the							
			(b) Title and average hours	(c) Compensation	(d) Contribution	s (e) Expe	nse
	(a) Name and address of each employee paid m	ore	per week devoted to		to employee benefit plans &		ccount er allow	
	man \$100,000 NONE		position		compensation	Oth	er allow	ances
			1	Ì				
						-		
			-					
-		· · · · · · · · · · · · · · · · · · ·	-		•			
		· · · · · · · · · · · · · · · · · ·	·			+		
						_		
			_					
	plete this table for the organization's five highest compization. If there is none, enter "None." NONE (a) Name and address of each independent complete the com			ved more than \$100,			rom the	
								
				1				
-								
-								
			 					
d Total	number of other independent contractors each receiv	ing over \$100,000	· · · · · · · · · · · · · · · · · · ·	•				
52 Did th	ne organization complete Schedule A? Note: All section	n 501(c)(3) organiz	zations and 4947(a)(1) nonexe	mpt				
chari	able trusts must attach a completed Schedule A					X Ye		□ No
	Under penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than of	is return, including acc ficer) is based on all inf	ompanying schedules and statemen formation of which preparer has any	its, and to the best of my knowledge	knowledge and be	elief, it is	true,	
Sign	Sella Co Wilt				<u> </u>			
Here	Signature of officer		2510		Date			
	Type or print name and title	LI, IR	EASURER		<u> </u>			
	<u> </u>		Dete	T Chook E	lf PTIN			
Paid	1	reparer's signature	Date	Check	- 1			
	PETER J. FITZPATRICK,	KI/IN I	Trutt 6/22	Self-employ	yeu			
Prepare Use On		The Contract of the		Firm's EIN				
USE UII	Firm's address ► 4728 JENN DR	. SUITE 1	100	Phone no.		<u> 18</u> –	833	1
	MYRTLE BEACH			r none no.	0-23 %	-10 -	555	-3
May the IR	S discuss this return with the preparer shown above?				▶ [X Ye	s	□ No
032174 03-04-11							90-EZ	

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.

2010
Open to Public Inspection

Name of the organization

Employer identification number

Part I	Peacon	HELPING	HANDS OF GE ity Status (All organiz	ORGET	OWN		\\ C== :===	ha. a4ia aa	5	7-0883461	
								ructions.			
ne organ			because it is: (For lines 1	_		•					
2 🗔			s, or association of church		insed in Se	ction 170	(і)(А)(і)(а)				
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
3	A nospital of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4 📖			operated in conjunction	with a nos	pital desci	nbea in se	Ction 170	(D)(T)(O)	ıı). Enter t	ine nospitars name,	
e 🗀	city, and stat		benefit of a college or ur	oworesty ov	wood or or	orated by	2 00 VOTD	montal uni	t describ	od in	
5		(b)(1)(A)(iv). (Comple	-	iliversity ov	wited of of	berated by	a governi	nena un	i describ	ea in	
e 🗀			•	t dooorboo	d in acasia	- 470/b)/d	1.V.A.V3				
6 L 7 X		=	ent or governmental uni					fun un Aln a		and the sales and the sales and	
لما ١	•	•	eives a substantial part	oi iis supp	ort nom a	governme	mai unii o	or from the	general	public described in	
• 🗀		b)(1)(A)(vi). (Comple	•	(Complete	Dort II \						
9			ection 170(b)(1)(A)(vi).				h		- -		
.	_	-	eives: (1) more than 33 1						•	•	
		·	nctions - subject to certa	-		-				•	
			axable income (less sect	liononia	x) iroin bu	511165565 2	icquirea b	y the orga	mzanon	arter June 30, 1975.	
10 🔲		509(a)(2). (Complete	erated exclusively to te	at for audi	o oofotu (- F00(-)//				
	_	= :	•	*	-			•	v out the	nurnaces of one or	
11	-		perated exclusively for that itions described in section						•	• •	
			organization and compl				.). See sec	Jeoe non	a)(3). One	eck the box that	
	a Type !		¬ ·	E Type	-		egrated		а	Type III - Other	
e 🗀			t the organization is not			•	•	r more dis		- 7,0	
e	-	•	han one or more publicly		-	-	•		•	•	
f			ten determination from t		_				J(4)(1) Q1	300tion 303(a)(z).	
•		rganization, check th			it it is a 1y	po i, Typo	п, от турс				
~		-	organization accepted ar	ov aift or co	ontribution	from any	of the follo	owing ner	sons?	,,	
g	-	•	rectly controls, either al			-				Yes No	
	••	•	upported organization?		01.101 111.71	ps.000 0		(, (, 25.5,	11g(i)	
	_	· ·	n described in (i) above?	•		•	•			11g(ii)	
	• •	•	person described in (i)	-	e?		•			11g(iii)	
h	• •	-	about the supported or	• •	-			•		(***)	
		y		J	. - 7						
/i) Name	of supported -	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	ı notify the	(vi) Is	the	(vii) Amount of	
• •	anization	(11) = 114	organization		sted in your			organizátic (i) organiz	on in col.	support	
o. y.			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	U.S	.? " "	оброт.	
			(see instructions))	Yes	No	Yes	No	Yes	No		
			H-A1		!						
				 							
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		· ·			٠,		-			<u>-</u>	
Γotal				1	L:	L	<u> </u>	<u></u>			

Schedule A (Form 990' or 990 EZ) 2010 HELPING HANDS OF GEORGETOWN 57-0883461 Page 2

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	<u> </u>		X Z Z	(4)	(0) = 0	(1) 10141
	membership fees received. (Do not						
	include any "unusual grants.")	134,529.	111,029.	107,930.	121,795.	137,555.	612,838.
2	Tax revenues levied for the organ-		•				<u> </u>
	ization'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	134,529.	111,029.	107,930.	121,795.	137,555.	612,838.
5	The portion of total contributions		1.17	, ,	, ',-	-	
	by each person (other than a	-	, •			- 21	
	governmental unit or publicly	- , -	~				
	supported organization) included		1.5			-	
	on line 1 that exceeds 2% of the				,		
	amount shown on line 11,		•	* - •		یو	
	column (f)	, '	า	·	,		
6	Public support. Subtract line 5 from line 4			,		1 3- 1	612,838.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	134,529.	111,029.	107,930.	121,795.	137,555.	612,838.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	201.	90.	13.	7.	2.	313.
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.)	8,048.	4,650.	14,245.	13,506.	17,667.	<u>58,116.</u>
11	Total support. Add lines 7 through 10		-			, ,	671,267.
12	•	•	,			12	
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
804	organization, check this box and stor				<u>.</u>		
	ction C. Computation of Publ		<u>-</u>			- 1	01 00
	Public support percentage for 2010 (I		•	olumn (f))	• • • •	14	91.30 %
	Public support percentage from 2009	· · · · · · · · · · · · · · · · · · ·	•			15	99.93 %
168	33 1/3% support test - 2010. If the o				4 is 33 1/3% or m	ore, check this box	
_	stop here. The organization qualifies		•	•			▶\X
D	33 1/3% support test - 2009.If the o and stop here. The organization qual				line 15 is 33 1/3%	or more, check thi	s dox
17~	10% -facts-and-circumstances tes	•	• • • • • • • • • • • • • • • • • • • •	•	13 16a ar 16h a	nd line 14 is 100/ s	P
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	t iv now the organ	ızation ⊾ ┌┐
h					-	70 and line 15 := 1	اسا ◄
D	10% -facts-and-circumstances test more, and if the organization meets the	-					U76 UI
	organization meets the "facts-and-circ				= =		▶[7]
12	Private foundation. If the organization		-	•	,		
13	ate roundation, it the organizatio	did HOL CHECK d	50A OH IIII G 13, 102	i, 100, 17a, 01 170		dule A (Form 000	

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails to

Sec	etion A. Public Support	now, please comp	olete Fart II j		<u>-</u>		
-	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		()		(3,200	(0) = 0 0	(1)
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						<u>.</u> .
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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)	•	4. 12		- 4,64	24 - 2 (F)	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 🏻	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 6 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						
_	Add lines 10a and 10b 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)				<u> </u>	<u></u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth	tax year as a sectio	on 501(c)(3) organiz	ation,
_	check this box and stop here			·	·		
	ction C. Computation of Publi						
	Public support percentage for 2010 (li			olumn (f))	•	15	<u>%</u>
	Public support percentage from 2009					16	%
	ction D. Computation of Inves			a 12 aslumn (f)		T42	0/
	Investment income percentage for 20	,	•	ie 13, column (t))		17	<u>%</u>
	Investment income percentage from 2 a 33 1/3% support tests - 2010. If the			n line 14 and he	e 15 ie mara than '	18 33 1/3% and line 1	7 is not
198	more than 33 1/3%, check this box ar	-					, 19 HOL
t	33 1/3% support tests - 2009. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che			=		-	· •
20	Private foundation, If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check t</u>	this box and see in	structions	

SCHEDULE G ' (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2010

Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number HELPING HANDS OF GEORGETOWN 57-0883461 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 」Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

	edu i rt l	le G'(Form 990 or 990-EZ) 2010 HELPIN Fundraising Events. Complete if th			57-	0883461 Page 2
		of fundraising event contributions and gre				
_			(a) Event #1	(b) Event #2	(c) Other events	
			FUND RAISING	BELK CHARITY		(d) Total events (add col. (a) through
			DINNER	DAYS	1	col. (c))
<u>o</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	14,820.	1,765.	1,082.	17,667.
	2	Less: Charitable contributions			 	
	3	Gross income (line 1 minus line 2)	14,820.	1,765.	1,082.	17,667.
	4	Cash prizes				
Ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	120.			120.
Direct	7	Food and beverages	1,950.			1,950.
	8	Entertainment				
	9	Other direct expenses	154.			154.
	10	·		'	>	(2,224)
	11	Net income summary. Combine line 3, colum				15,443.
Pa	irt	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ф	•		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue				bingo/progressive bingo		coi. (a) through coi (e))
æ		Gross revenue				
	├ `	areas revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-	- Ctrior direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	□ No	7. 15. 1. 11. 11. 11. 11. 11. 11. 11. 11.
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			()
	8	Net gaming income summary Combine line	I, column d, and line 7	<u> </u>		<u></u>
9		iter the state(s) in which the organization opera	-			
		the organization licensed to operate gaming ac		states?	•	Yes No
t) If '	'No," explain.	 			
	_		 			
10=	W	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	vear?	Yes No
		Yes," explain:			· · · · · · · · · · · · · · · · · · ·	
	_					

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2010 HELPING HANDS OF GEORGETOWN 57-	0883	3461	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in.			
а	a The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	of "Yes," enter name and address of the third party			
	Nome N			
	Name ►		<u>.</u>	
	Address >			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pá	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (in lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.			
	·			-, ,
				 .
			·	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

QMB No 1545-0047
2010
Open to Public Inspection

1,570.

Employer identification number

Name of the organization

AMOUNT GIVEN:

HELPING HANDS OF GEORGETOWN 57-0883461

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: AMOUNT:

INTEREST INCOME 2.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: ASSISTANCE TO INDIVIDUALS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: HOUSING/MORTGAGE ASSISTANCE/RENT

ACTIVITY CLASSIFICATION: ASSISTANCE TO INDIVIDUALS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: UTILITIES

AMOUNT GIVEN: 59,728.

ACTIVITY CLASSIFICATION: ASSISTANCE TO INDIVIDUALS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: PRESCRIPTIONS/MEDICAL/DENTAL

AMOUNT GIVEN: 4,461.

ACTIVITY CLASSIFICATION: ASSISTANCE TO INDIVIDUALS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: FOOD PURCHASES

AMOUNT GIVEN: 842.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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Name of the organization

Name of the organization Employer identification number HELPING HANDS OF GEORGETOWN 57-0883461 ACTIVITY CLASSIFICATION: ASSISTANCE TO INDIVIDUALS GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: DISCRETIONARY ASSISTANCE AMOUNT GIVEN: 1.241. ACTIVITY CLASSIFICATION: ASSISTANCE TO INDIVIDUALS GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: TRANSPORTATION AMOUNT GIVEN: 535. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 68,377. FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: DESCRIPTION OF EXPENSES: AMOUNT: 879. DEPRECIATION 2.317. OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 3,196. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: VOLUNTEER EXPENSES 200. 100. CONFERENCES 1,471. INSURANCE MEMBERSHIP DUES 250. OFFICE EXPENSE 3,007. PAYROLL TAXES 2,804. TOTAL TO FORM 990-EZ, LINE 16 7,832.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** HELPING HANDS OF GEORGETOWN 57-0883461 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR OTHER DEPRECIABLE ASSETS 1,167. 288. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

							
	re filing for an Automatic 3-Month Extension, comple					X	
	re filing for an Additional (Not Automatic) 3-Month Ex						
	omplete Part II unless you have already been granted a						
	c filing (e-file). You can electronically file Form 8868 if y						
	o file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex-						
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on t	he elec	ctronic filing of this fo	orm,	
Part I	irs.gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time		bmit original (no copies needed).				
A corpora	tion required to file Form 990-T and requesting an autor			nplete			
Part I only	,				▶		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to request ar	n exten	sion of time		
Type or	Name of exempt organization			Emp	loyer identification	number	
print	HELPING HANDS OF GEORGETOW	NJ.		5	7-0883461		
File by the	Number, street, and room or suite no. If a P.O. box, s		tions	<u></u>	7-0003401		
due date for filing your	552 BLACK RIVER ROAD	co mando	nons.				
return See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress see instructions				
	GEORGETOWN, SC 29440	g					
							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 3	
Application	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990	·BL	02	Form 1041-A				
Form 990	-EZ	03	Form 4720	720			
Form 990	·PF	04	Form 5227		10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990	-T (trust other than above)	06_	Form 8870		·	12	
	ZELLA WILT						
• The bo	ooks are in the care of > 552 BLACK RIVER	R ROAL	D - GEORGETOWN, SC 2	944	0		
Teleph	one No. ► (843) 527-3424		FAX No. ►				
	organization does not have an office or place of business				· , •		
If this !	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is IS fo	r the whole group, c	heck this	
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.	
	quest an automatic 3-month (6 months for a corporation				÷		
		t organiza	tion return for the organization named a	above.	The extension		
_	or the organization's return for:						
►Į	X calendar year 2010 or	-					
►L	tax year beginning	, an	d ending		 ·		
2 If th	ie tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	ัก		
L_	☐ Change in accounting period						
3a If th	us application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	Γ			
	refundable credits. See instructions.	•	, ,	3a	\$	0.	
	us application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	mated tax payments made include any prior year overp	•		3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa			1			
	using EFTPS (Electronic Federal Tax Payment System)	•	• •	3c	s	0.	
	If you are going to make an electronic fund withdrawal v						
	or Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re		

STERTOROTE & CR