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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

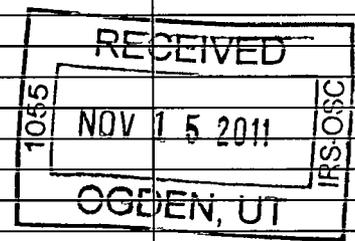
**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements

**For calendar year 2010, or tax year beginning** \_\_\_\_\_ **, and ending** \_\_\_\_\_

**G** Check all that apply:  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

|   |   |   |
|---|---|---|
| Name of foundation<br><b>The Hand Foundation, Inc</b>   |   | <b>A</b> Employer identification number<br>65-0118848   |
| Number and street (or P O box number if mail is not delivered to street address)<br>1499 Forest Hill Blvd   | Room/suite<br>116   | <b>B</b> Telephone number (see page 10 of the instructions)<br>561-439-0171   |
| City or town, state, and ZIP code<br>West Palm Beach FL 33406   |   | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>                                       |
| <b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |   | <b>D 1</b> Foreign organizations, check here <input type="checkbox"/>   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 36,462   | <b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br><i>(Part I, column (d) must be on cash basis)</i> | <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>         |
|   |   | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>    |
|   |   | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

|   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|------------------------------------|---------------------------|-------------------------|---|
| <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)                   | 145,038                            |                           |                         |   |
| <b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |   |
| <b>3</b> Interest on savings and temporary cash investments                               | 13                                 | 13                        |                         |   |
| <b>4</b> Dividends and interest from securities   | 0                                  | 0                         |                         |   |
| <b>5 a</b> Gross rents  |                                    |                           |                         |   |
| <b>b</b> Net rental income or (loss)  | 0                                  |                           |                         |   |
| <b>6 a</b> Net gain or (loss) from sale of assets not on line 10                          | 0                                  |                           |                         |   |
| <b>b</b> Gross sales price for all assets on line 6a                                      | 0                                  |                           |                         |   |
| <b>7</b> Capital gain net income (from Part IV, line 2)                                   |                                    | 0                         |                         |   |
| <b>8</b> Net short-term capital gain  |                                    |                           | 0                       |   |
| <b>9</b> Income modifications   |                                    |                           |                         |   |
| <b>10 a</b> Gross sales less returns and allowances                                       | 0                                  |                           |                         |   |
| <b>b</b> Less Cost of goods sold  | 0                                  |                           |                         |   |
| <b>c</b> Gross profit or (loss) (attach schedule)   | 0                                  |                           |                         |   |
| <b>11</b> Other income (attach schedule)  | 0                                  | 0                         | 0                       |   |
| <b>12 Total.</b> Add lines 1 through 11   | 145,051                            | 13                        | 0                       |   |
| <b>13</b> Compensation of officers, directors, trustees, etc                              | 0                                  |                           |                         |   |
| <b>14</b> Other employee salaries and wages   |                                    |                           |                         |   |
| <b>15</b> Pension plans, employee benefits  |                                    |                           |                         |   |
| <b>16 a</b> Legal fees (attach schedule)  | 0                                  | 0                         | 0                       | 0   |
| <b>b</b> Accounting fees (attach schedule)  | 0                                  | 0                         | 0                       | 0   |
| <b>c</b> Other professional fees (attach schedule)  | 0                                  | 0                         | 0                       | 0   |
| <b>17</b> Interest  |                                    |                           |                         |   |
| <b>18</b> Taxes (attach schedule) (see page 14 of the instructions)                       | 0                                  | 0                         | 0                       | 0   |
| <b>19</b> Depreciation (attach schedule) and depletion                                    | 0                                  | 0                         | 0                       |   |
| <b>20</b> Occupancy   |                                    |                           |                         |   |
| <b>21</b> Travel, conferences, and meetings   |                                    |                           |                         |   |
| <b>22</b> Printing and publications   | 61                                 |                           |                         | 61  |
| <b>23</b> Other expenses (attach schedule)  | 0                                  | 0                         | 0                       | 0   |
| <b>24 Total operating and administrative expenses.</b><br>Add lines 13 through 23         | 61                                 | 0                         | 0                       | 61  |
| <b>25</b> Contributions, gifts, grants paid   | 145,038                            |                           |                         | 145,038   |
| <b>26 Total expenses and disbursements</b> Add lines 24 and 25                            | 145,099                            | 0                         | 0                       | 145,099   |
| <b>27</b> Subtract line 26 from line 12   |                                    |                           |                         |   |
| <b>a</b> Excess of revenue over expenses and disbursements                                | -48                                |                           |                         |   |
| <b>b</b> Net investment income (if negative, enter -0-)                                   |                                    | 13                        |                         |   |
| <b>c</b> Adjusted net income (if negative, enter -0-)                                     |                                    |                           | 0                       |   |



100% 1.2 JUN 2010

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| Part II Balance Sheets      |  | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                     |                |                       |        |
|-----------------------------|--|--|----------------|-----------------------|--------|
|                             |  | Beginning of year  | End of year    |                       |        |
|                             |  | (a) Book Value   | (b) Book Value | (c) Fair Market Value |        |
| Assets                      | 1  | Cash—non-interest-bearing  | 500            | 500                   | 500    |
|                             | 2  | Savings and temporary cash investments   | 30,611         | 35,962                | 35,962 |
|                             | 3  | Accounts receivable ▶  | 0              |                       |        |
|                             |  | Less allowance for doubtful accounts ▶   | 0              | 0                     | 0      |
|                             | 4  | Pledges receivable ▶   | 0              |                       |        |
|                             |  | Less allowance for doubtful accounts ▶   | 0              | 0                     | 0      |
|                             | 5  | Grants receivable  |                |                       |        |
|                             | 6  | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | 0              | 0                     | 0      |
|                             | 7  | Other notes and loans receivable (attach schedule) ▶   | 0              |                       |        |
|                             |  | Less allowance for doubtful accounts ▶   | 0              | 0                     | 0      |
|                             | 8  | Inventories for sale or use  |                |                       |        |
|                             | 9  | Prepaid expenses and deferred charges  |                |                       |        |
|                             | 10 a   | Investments—U S and state government obligations (attach schedule)   | 0              | 0                     | 0      |
|                             | b  | Investments—corporate stock (attach schedule)  | 0              | 0                     | 0      |
|                             | c  | Investments—corporate bonds (attach schedule)  | 0              | 0                     | 0      |
|                             | 11   | Investments—land, buildings, and equipment basis ▶   | 0              |                       |        |
|                             | Less accumulated depreciation (attach schedule) ▶  | 0  | 0              | 0                     |        |
| 12                          | Investments—mortgage loans   |  |                |                       |        |
| 13                          | Investments—other (attach schedule)  | 0  | 0              | 0                     |        |
| 14                          | Land, buildings, and equipment basis ▶   | 0  |                |                       |        |
|                             | Less accumulated depreciation (attach schedule) ▶  | 0  | 0              | 0                     |        |
| 15                          | Other assets (describe ▶ )   | 0  | 0              | 0                     |        |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)  | 31,111   | 36,462         | 36,462                |        |
| Liabilities                 | 17   | Accounts payable and accrued expenses  |                |                       |        |
|                             | 18   | Grants payable   |                |                       |        |
|                             | 19   | Deferred revenue   |                |                       |        |
|                             | 20   | Loans from officers, directors, trustees, and other disqualified persons   | 0              | 0                     |        |
|                             | 21   | Mortgages and other notes payable (attach schedule)  | 0              | 0                     |        |
|                             | 22   | Other liabilities (describe ▶ )  | 0              | 0                     |        |
|                             | 23   | <b>Total liabilities</b> (add lines 17 through 22)   | 0              | 0                     |        |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |  |                |                       |        |
|                             | 24   | Unrestricted   |                |                       |        |
|                             | 25   | Temporarily restricted   |                |                       |        |
|                             | 26   | Permanently restricted   |                |                       |        |
|                             | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 27 through 31.</b>              |  |                |                       |        |
|                             | 27   | Capital stock, trust principal, or current funds   | 500            | 500                   |        |
|                             | 28   | Paid-in or capital surplus, or land, bldg, and equipment fund  |                |                       |        |
| 29                          | Retained earnings, accumulated income, endowment, or other funds   |  |                |                       |        |
| 30                          | <b>Total net assets or fund balances</b> (see page 17 of the instructions)   | 30,611   | 35,962         |                       |        |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)  | 31,111   | 36,462         |                       |        |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |  |   |        |
|---|--|---|--------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 30,611 |
| 2 | Enter amount from Part I, line 27a   | 2 | -48    |
| 3 | Other increases not included in line 2 (itemize) ▶   | 3 | 0      |
| 4 | Add lines 1, 2, and 3  | 4 | 30,563 |
| 5 | Decreases not included in line 2 (itemize) ▶   | 5 | 0      |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  | 6 | 30,563 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|--|--|--------------------------------------|----------------------------------|
| 1a   |  |                                      |                                  |
| b  |  |                                      |                                  |
| c  |  |                                      |                                  |
| d  |  |                                      |                                  |
| e  |  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a 0                   | 0  | 0   | 0  |
| b 0                   | 0  | 0   | 0  |
| c 0                   | 0  | 0   | 0  |
| d 0                   | 0  | 0   | 0  |
| e 0                   | 0  | 0   | 0  |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |   | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|---|--------------------------------------|---|---|
| (i) FMV as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |   |
| a 0   | 0                                    | 0   | 0   |
| b 0   | 0                                    | 0   | 0   |
| c 0   | 0                                    | 0   | 0   |
| d 0   | 0                                    | 0   | 0   |
| e 0   | 0                                    | 0   | 0   |

|   |   |   |
|---|---|---|
| 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }   | 2 | 0 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the<br>instructions) If (loss), enter -0- in Part I, line 8 } | 3 | 0 |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

| 1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries  |  |  |   |
|---|--|--|---|
| (a)<br>Base period years<br>Calendar year (or tax year beginning in)  | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
| 2009  | 192,311                                  | 30,623                                       | 6.279953  |
| 2008  | 122,117                                  |  | 0.000000  |
| 2007  | 179,562                                  |  | 0.000000  |
| 2006  | 126,201                                  |  | 0.000000  |
| 2005  | 140,763                                  |  | 0.000000  |
| 2 Total of line 1, column (d)   |  |  | 6.279953  |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years   |  |  | 6.279953  |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5  |  |  | 26,141  |
| 5 Multiply line 4 by line 3   |  |  | 164,164   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)  |  |  | 0   |
| 7 Add lines 5 and 6   |  |  | 164,164   |
| 8 Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See<br>the Part VI instructions on page 18 |  |  | 145,099   |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

|     |   |    |   |
|-----|---|----|---|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |    |   |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b   | 1  | 0 |
| c   | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)   |    |   |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  | 2  | 0 |
| 3   | Add lines 1 and 2   | 3  | 0 |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  | 4  |   |
| 5   | <b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-   | 5  | 0 |
| 6   | Credits/Payments  |    |   |
| a   | 2010 estimated tax payments and 2009 overpayment credited to 2010   | 6a | 0 |
| b   | Exempt foreign organizations—tax withheld at source   | 6b |   |
| c   | Tax paid with application for extension of time to file (Form 8868)   | 6c | 0 |
| d   | Backup withholding erroneously withheld   | 6d |   |
| 7   | Total credits and payments Add lines 6a through 6d  | 7  | 0 |
| 8   | Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached  | 8  | 0 |
| 9   | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed  | 9  | 0 |
| 10  | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 10 | 0 |
| 11  | Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/>   | 11 | 0 |

**Part VII-A Statements Regarding Activities**

|     | Yes | No |
|-----|-----|----|
| 1 a |     | X  |
| b   |     | X  |
| c   |     | X  |
| d   |     |    |
| e   |     |    |
| 2   |     | X  |
| 3   |     | X  |
| 4 a |     | X  |
| 4 b | N/A |    |
| 5   |     | X  |
| 6   |     | X  |
| 7   |     | X  |
| 8 a |     |    |
| 8 b |     |    |
| 9   |     | X  |
| 10  | X   |    |

**Part VII-A Statements Regarding Activities (continued)**

|    |   |    |     |    |
|----|---|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)  | 11 |     | X  |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?   | 12 |     | X  |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ▶  | 13 | X   |    |
| 14 | The books are in care of ▶ Ruben Ledesma, Jr Telephone no ▶ (561) 439-0171<br>Located at ▶ 1499 Forest Hill Blvd, Suite 116, West Palm Beach, FL ZIP+4 ▶ 33406  |    |     |    |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15  |    |     |    |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶ | 16 | Yes | No |
|    |   |    |     | X  |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|     |   | Yes | No  |
|-----|---|-----|-----|
| 1a  | During the year did the foundation (either directly or indirectly)  |     |     |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |     |     |
| b   | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>   | 1b  | N/A |
| c   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?   | 1c  | X   |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))   |     |     |
| a   | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ▶ 20____, 20____, 20____, 20____  |     |     |
| b   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions )  | 2b  | N/A |
| c   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____  |     |     |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| b   | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010 ) | 3b  | N/A |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a  | X   |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?   | 4b  | X   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here  **5b** N/A

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

| (a) Name and address   | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| Thomas L. Altman<br>1000 NE 2nd St Belle Glade FL 33430          | Director<br>2hrs/week                                     | 0   | 0   | 0                                     |
| Paul Orsenigo<br>1836 Stallion Drive Loxahatchee FL 33470        | Director<br>2hrs/week                                     | 0   | 0   | 0                                     |
| Ruben Ledesma, Jr<br>1499 Forest Hill #116 W Palm Beach FL 33406 | Director<br>12hrs/week                                    | 0   | 0   | 0                                     |
| Homer J. & Frances R. Hand<br>P O Box 572 Belle Glade FL 33430   | Directors<br>2hrs/week                                    | 0   | 0   | 0                                     |

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
| <b>Total number of other employees paid over \$50,000</b>     |   |                  |   |                                       |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     | 0                |
| .....   |                     | 0                |
| .....   |                     | 0                |
| .....   |                     | 0                |
| .....   |                     | 0                |
| .....   |                     | 0                |

Total number of others receiving over \$50,000 for professional services ▶

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 Educational Grants - 39 Individuals  |          |
| 2  |          |
| 3  |          |
| 4  |          |

**Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1  |        |
| 2  |        |
| All other program-related investments. See page 24 of the instructions   |        |
| 3  | 0      |
| <b>Total.</b> Add lines 1 through 3 <span style="float: right;">▶</span>   | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

|          |   |           |        |
|----------|---|-----------|--------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes            |           |        |
| <b>a</b> | Average monthly fair market value of securities   | <b>1a</b> |        |
| <b>b</b> | Average of monthly cash balances  | <b>1b</b> | 26,539 |
| <b>c</b> | Fair market value of all other assets (see page 25 of the instructions)   | <b>1c</b> |        |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)   | <b>1d</b> | 26,539 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)             | <b>1e</b> |        |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets  | <b>2</b>  |        |
| <b>3</b> | Subtract line 2 from line 1d  | <b>3</b>  | 26,539 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see page 25 of the instructions) | <b>4</b>  | 398    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4           | <b>5</b>  | 26,141 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5  | <b>6</b>  | 1,307  |

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

|           |   |           |       |
|-----------|---|-----------|-------|
| <b>1</b>  | Minimum investment return from Part X, line 6   | <b>1</b>  | 1,307 |
| <b>2a</b> | Tax on investment income for 2010 from Part VI, line 5  | <b>2a</b> | 0     |
| <b>b</b>  | Income tax for 2010 (This does not include the tax from Part VI)  | <b>2b</b> | 0     |
| <b>c</b>  | Add lines 2a and 2b   | <b>2c</b> | 0     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | 1,307 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions   | <b>4</b>  |       |
| <b>5</b>  | Add lines 3 and 4   | <b>5</b>  | 1,307 |
| <b>6</b>  | Deduction from distributable amount (see page 25 of the instructions)                                     | <b>6</b>  |       |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 1,307 |

**Part XII Qualifying Distributions** (see page 25 of the instructions)

|          |   |           |         |
|----------|---|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes   |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26   | <b>1a</b> | 145,099 |
| <b>b</b> | Program-related investments—total from Part IX-B  | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the   |           |         |
| <b>a</b> | Suitability test (prior IRS approval required)  | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule)   | <b>3b</b> | 0       |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   | <b>4</b>  | 145,099 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) | <b>5</b>  | 0       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4   | <b>6</b>  | 145,099 |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2009 | (c)<br>2009 | (d)<br>2010 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2010 from Part XI, line 7   |               |                            |             | 1,307       |
| <b>2</b> Undistributed income, if any, as of the end of 2010  |               |                            |             |             |
| <b>a</b> Enter amount for 2009 only   |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____   |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2010  |               |                            |             |             |
| <b>a</b> From 2005  | 0             |                            |             |             |
| <b>b</b> From 2006  | 0             |                            |             |             |
| <b>c</b> From 2007  | 0             |                            |             |             |
| <b>d</b> From 2008  | 0             |                            |             |             |
| <b>e</b> From 2009  | 0             |                            |             |             |
| <b>f</b> Total of lines 3a through e  | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2010 from Part XII, line 4 <b>▶</b> \$ 145,099  |               |                            |             |             |
| <b>a</b> Applied to 2009, but not more than line 2a   |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)   |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions)   | 145,099       |                            |             |             |
| <b>d</b> Applied to 2010 distributable amount   |               |                            |             | 145,099     |
| <b>e</b> Remaining amount distributed out of corpus   | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))   | 0             |                            |             | 0           |
| <b>6</b> Enter the net total of each column as indicated below:   |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 145,099       |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b  |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions   |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions   |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011  |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)                   |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)   | 143,792       |                            |             |             |
| <b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  | 1,307         |                            |             |             |
| <b>10</b> Analysis of line 9  |               |                            |             |             |
| <b>a</b> Excess from 2006   | 0             |                            |             |             |
| <b>b</b> Excess from 2007   | 0             |                            |             |             |
| <b>c</b> Excess from 2008   | 0             |                            |             |             |
| <b>d</b> Excess from 2009   | 0             |                            |             |             |
| <b>e</b> Excess from 2010   | 0             |                            |             |             |

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶  

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|  | Tax year |          |          |          | (e) Total |
|--|----------|----------|----------|----------|-----------|
|  | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     | 0        | 0        | 0        | 0        | 0         |
| <b>b</b> 85% of line 2a  | 0        | 0        | 0        | 0        | 0         |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed   | 0        | 0        | 0        | 0        | 0         |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities   |          |          |          |          | 0         |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities<br>Subtract line 2d from line 2c                                 | 0        | 0        | 0        | 0        | 0         |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon   |          |          |          |          |           |
| <b>a</b> "Assets" alternative test—enter   |          |          |          |          |           |
| <b>(1)</b> Value of all assets   |          |          |          |          | 0         |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |          |          |          | 0         |
| <b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                                | 0        | 0        | 0        | 0        | 0         |
| <b>c</b> "Support" alternative test—enter  |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          | 0         |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          | 0         |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |          |          |          | 0         |
| <b>(4)</b> Gross investment income   |          |          |          |          | 0         |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number of the person to whom applications should be addressed

Ruben Ledesma, Jr 1499 Forest Hill Blvd, Suite 116 West Palm Beach FL 33406 561-439-0171

**b** The form in which applications should be submitted and information and materials they should include

Specific letter request-reviewed by selection committee-history/education/finances/goals

**c** Any submission deadlines

None - generally for calendar use

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Primary criteria - financial need for education and meeting criteria of selection committee

**Part XV Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount              |
|--|---|--------------------------------|----------------------------------|---------------------|
| Name and address (home or business)                                  |   |                                |                                  |                     |
| <b>a</b> <i>Paid during the year</i><br>See Attached Schedule        | None  | Active                         | Educational Grants               | 144,161             |
| <b>Total</b>   |   |                                |                                  | ▶ <b>3a</b> 144,161 |
| <b>b</b> <i>Approved for future payment</i><br>See Attached Schedule | None  | Active                         | Educational Grants               | 938                 |
| <b>Total</b>   |   |                                |                                  | ▶ <b>3b</b> 938     |





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**2010**

Name of the organization

Employer identification number

The Hand Foundation, Inc

65-0118848

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |  |
|--|--|
| Name of organization<br>The Hand Foundation, Inc | Employer identification number<br>65-0118848 |
|--|--|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | Homer J. and Frances R. Hand<br>P O Box 572<br>Belle Glade, FL 33430<br>Foreign State or Province _____<br>Foreign Country _____ | \$ 145,038                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution ) |
| 2          | _____<br>_____<br>Foreign State or Province _____<br>Foreign Country _____   | \$ 0                           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |
| 3          | _____<br>_____<br>Foreign State or Province _____<br>Foreign Country _____   | \$ 0                           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |
| 4          | _____<br>_____<br>Foreign State or Province _____<br>Foreign Country _____   | \$ 0                           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |
| 5          | _____<br>_____<br>Foreign State or Province _____<br>Foreign Country _____   | \$ 0                           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |
| 6          | _____<br>_____<br>Foreign State or Province _____<br>Foreign Country _____   | \$ 0                           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |

|  |  |
|--|--|
| Name of organization<br>The Hand Foundation, Inc | Employer identification number<br>65-0118848 |
|--|--|

**Part II Noncash Property** (see instructions)

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ ----- 0                                     | -----                |

|  |  |
|--|--|
| Name of organization<br>The Hand Foundation, Inc | Employer identification number<br>65-0118848 |
|--|--|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of \$1,000 or less for the year (Enter this information once See instructions ) ▶ \$ 0

| (a) No. from Part I  | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
|--|-------------------------|---|-------------------------------------|
| -----  | -----<br>-----<br>----- | -----<br>-----<br>-----                         | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>                                      |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b>                   |                         | <b>Relationship of transferor to transferee</b> |                                     |
| -----<br>-----<br>-----<br>For Prov                      Country |                         | -----<br>-----<br>-----                         |                                     |
| (a) No. from Part I  | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
| -----  | -----<br>-----<br>----- | -----<br>-----<br>-----                         | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>                                      |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b>                   |                         | <b>Relationship of transferor to transferee</b> |                                     |
| -----<br>-----<br>-----<br>For Prov                      Country |                         | -----<br>-----<br>-----                         |                                     |
| (a) No. from Part I  | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
| -----  | -----<br>-----<br>----- | -----<br>-----<br>-----                         | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>                                      |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b>                   |                         | <b>Relationship of transferor to transferee</b> |                                     |
| -----<br>-----<br>-----<br>For Prov                      Country |                         | -----<br>-----<br>-----                         |                                     |
| (a) No. from Part I  | (b) Purpose of gift     | (c) Use of gift                                 | (d) Description of how gift is held |
| -----  | -----<br>-----<br>----- | -----<br>-----<br>-----                         | -----<br>-----<br>-----             |
| <b>(e) Transfer of gift</b>                                      |                         |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b>                   |                         | <b>Relationship of transferor to transferee</b> |                                     |
| -----<br>-----<br>-----<br>For Prov                      Country |                         | -----<br>-----<br>-----                         |                                     |

**Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers**

|    | Name                     | Check "X" if Business | Street                | City         | State | Zip Code | Foreign Country | Title     | Average Hours |
|----|--------------------------|-----------------------|-----------------------|--------------|-------|----------|-----------------|-----------|---------------|
| 1  | Thomas L Altman          |                       | 1000 NE 2nd St        | Belle Glade  | FL    | 33430    |                 | Director  | 2hrs/week     |
| 2  | Paul Orsenigo            |                       | 1836 Stallion Drive   | Loxahatchee  | FL    | 33470    |                 | Director  | 2hrs/week     |
| 3  | Ruben Ledesma, Jr        |                       | 1499 Forest Hill #116 | W Palm Beach | FL    | 33406    |                 | Director  | 12hrs/week    |
| 4  | Homer J & Frances R Hand |                       | P O Box 572           | Belle Glade  | FL    | 33430    |                 | Directors | 2hrs/week     |
| 5  |                          |                       |                       |              |       |          |                 |           |               |
| 6  |                          |                       |                       |              |       |          |                 |           |               |
| 7  |                          |                       |                       |              |       |          |                 |           |               |
| 8  |                          |                       |                       |              |       |          |                 |           |               |
| 9  |                          |                       |                       |              |       |          |                 |           |               |
| 10 |                          |                       |                       |              |       |          |                 |           |               |

**SPage 1 - Part I, Line 1**

**Total:** 145,038

|   |  |   |         |
|---|--|---|---------|
| 1 | Contributions - Homer J and Frances R Hand | 1 | 145,038 |
| 2 |  | 2 |         |
| 3 |  | 3 |         |
| 4 |  | 4 |         |
| 5 |  | 5 |         |

**SPage 4 - Part VIIA, Line 10**

**Total:** 0

|   |                            |   |       |
|---|----------------------------|---|-------|
| 1 | Substantial Contributors   | 1 | _____ |
| 2 | Homer J and Frances R Hand | 2 | _____ |
| 3 | P O Box 572                | 3 | _____ |
| 4 | Belle Glade, FL 33430      | 4 | _____ |
| 5 |                            | 5 | _____ |

**SPage 9 - Part XIII, Line 4c**

**Total:** 145,099

|   |  |   |         |
|---|--|---|---------|
| 1 | Election to distribute out of corpus from contributions received in 2009 | 1 | 145,099 |
| 2 |  | 2 |         |
| 3 |  | 3 |         |
| 4 |  | 4 |         |
| 5 |  | 5 |         |

**The Hand Foundation, Inc. - Form 990PF - 2010**  
**Part XV a - Grants Paid**

**EIN 65-0118848**

| <b>Name</b>              | <b>Institution</b>            | <b>Disbursements 2010</b> |
|--------------------------|-------------------------------|---------------------------|
| Jason D Stafford         | Delta Community College       | 2,400 00                  |
| Catherine Spangler       | University of Central Florida | 2,000 00                  |
| Morgan D Richey          | University of Florida         | 7,500 00                  |
| Micaela Cayson           | University of Florida         | 5,000 00                  |
| Joshua M Ingram          | Edison Community College      | 750 00                    |
| Megan Nelson             | Colorado State University     | 10,000 00                 |
| Debra J. Bowles          | Palm Beach State College      | 15,000 00                 |
| Lauren Sweet             | Palm Beach State College      | 1,500.00                  |
| Katrina McCormick        | Stetson University            | 5,000.00                  |
| Katherine Brown          | William & Mary                | 5,000 00                  |
| Rebecca L True           | Stetson University            | 4,000 00                  |
| Stephanie Kirchman       | University of Florida         | 3,000 00                  |
| Alex Clarke              | Dickinson College             | 7,500 00                  |
| Cynthia A Orsenigo       | Auburn University             | 6,000 00                  |
| Joshua Becker            | University of Florida         | 2,000.00                  |
| Armad R Morman           | Moorehouse College            | 2,000 00                  |
| Pablo Rodriguez          | University of North Florida   | 3,000 00                  |
| Ryan Shackelford         | Palm Beach State College      | 2,500 00                  |
| James E Arnett           | Asbury Theological Seminary   | 1,500 00                  |
| Brittany L. Textron      | Palm Beach State College      | 750 00                    |
| Nina G. Wills            | Florida Atlantic University   | 3,750 00                  |
| Rebecca C. Lloyd (Czirr) | Elizabeth City College        | 2,511 00                  |
| Ana L. Elrod             | Nova Southeastern University  | 3,000 00                  |
| Rory S. Sheffield        | Palm Beach State College      | 2,000 00                  |
| Wesley A Ledesma         | University of Central Florida | 12,000.00                 |
| Brandy N Johnson         | University of Florida         | 2,000 00                  |
| Alana Byrd               | University of Central Florida | 3,000 00                  |
| Ashley R Causey          | Oglethorpe University         | 1,500 00                  |
| Brandi W. Herring        | Stetson University            | 2,000 00                  |
| Alison B Allen           | University of Florida         | 1,500.00                  |
| Sarah Shine              | Auburn University             | 2,500.00                  |
| Steven T Courson         | Edison Community College      | 3,000 00                  |
| Ashley L. Bulger         | Nova Southeastern University  | 3,000 00                  |
| Judith A Austin          | Indian River State College    | 4,000 00                  |
| Alejandra Perez          | Florida Atlantic University   | 2,000.00                  |
| Erin McCarthy            | University of Florida         | 2,000 00                  |
| Yesenia Acosta           | Florida Atlantic University   | 4,000.00                  |
| Leanna Robinson          | University of Central Florida | 2,000.00                  |
| Sharla J. Bynes          | Florida Atlantic University   | 2,000 00                  |
| <b>Total</b>             |                               | <b>144,161.00</b>         |

**The Hand Foundation, Inc. - Form 990 PF - 2010**  
**Part XV b - Approved For Future Payment**

**EIN 65-0118848**

| <b>Name</b>     | <b>Institution</b>         | <b>Amount</b> |
|-----------------|----------------------------|---------------|
| Judith A Austin | Indian River State College | 938           |

**Total** **938**

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

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

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

|   |   |  |
|---|---|--|
| <b>Type or print</b>  | Name of exempt organization<br>The Hand Foundation, Inc   | Employer identification number<br>65-0118848 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P O box, see instructions<br>1499 Forest Hill Blvd, Room No 116          |  |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br>West Palm Beach FL 33406 |  |

Enter the Return code for the return that this application is for (file a separate application for each return) 04

| Application Is For                      | Return Code | Application Is For       | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990                                | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                             | 02          | Form 1041-A              | 08          |
| Form 990-EZ                             | 03          | Form 4720                | 09          |
| Form 990-PF                             | 04          | Form 5227                | 10          |
| Form 990-T (sec 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)     | 06          | Form 8870                | 12          |

- The books are in the care of ▶ Ruben Ledesma, Jr.....
- Telephone No ▶ (561) 439-0171..... FAX No ▶ (561) 439-0388.....
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for
  - ▶  calendar year 2010 or
  - ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

|  |           |   |
|--|-----------|---|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                   | <b>3a</b> | \$                                      |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | <b>3b</b> | \$                                      |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions      | <b>3c</b> | \$ <span style="float: right;">0</span> |

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

|  |  |   |
|--|--|---|
| <b>Type or print</b><br><br><small>File by the extended due date for filing your return See instructions</small> | Name of exempt organization<br><b>The Hand Foundation, Inc</b>   | Employer identification number<br><b>65-0118848</b> |
|  | Number, street, and room or suite no If a P O box, see instructions<br><b>1499 Forest Hill Blvd , Suite 116</b>            |   |
|  | City, town or post office, state, and ZIP code For a foreign address, see instructions<br><b>West Palm Beach, FL 33406</b> |   |
|  |  |   |

Enter the Return code for the return that this application is for (file a separate application for each return) 04

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

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

- The books are in the care of  **Ruben Ledesma, Jr - Secretary/Treasurer**  
Telephone No  **(561) 439-0171** FAX No  **(561) 439-0388**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**4** I request an additional 3-month extension of time until 11/15/2011

**5** For calendar year 2010, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

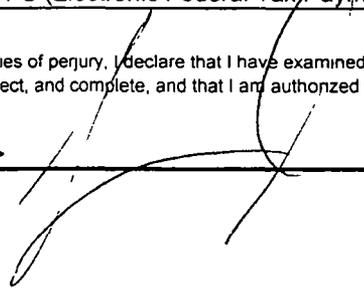
**6** If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension  
Information necessary for filing the return has not been received from third parties.

|   |           |             |
|---|-----------|-------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  | <b>8a</b> | \$          |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> | \$          |
| <b>c Balance due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.  | <b>8c</b> | \$ <b>0</b> |

**Signature and Verification**

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

Signature   Title  **Secretary/Treasurer** Date  **7/26/2011**