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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 HELPING HAND CENTER

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 9649 WEST 55TH STREET

City or town, state or country, and ZIP + 4
 COUNTRYSIDE, IL 60525

D Employer identification number
 36-2327271

E Telephone number
 (708) 352-3580

G Gross receipts \$ 13,019,414

F Name and address of principal officer
 MARY BETH HEPP
 9649 WEST 55TH STREET
 COUNTRYSIDE, IL 60525

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.HHCENTER.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1955 **M** State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF HELPING HAND CENTER IS TO ASSIST INDIVIDUALS WITH DISABILITIES TO ACHIEVE THEIR HIGHEST LEVEL OF INDEPENDENCE THROUGH QUALITY PROGRAMS AND SERVICES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	539
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,507,907	3,897,409
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,286	41,525
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	717,514	688,885
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,316,726	12,938,920
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		8,164,806	8,586,840
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 463,266			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,940,990	4,162,574
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		12,105,796	12,749,414
19 Revenue less expenses Subtract line 18 from line 12	210,930	189,506	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,436,396	5,495,235
	22 Net assets or fund balances Subtract line 21 from line 20	2,074,998	2,033,783
		3,361,398	3,461,452

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2013-03-07

MARY BETH HEPP EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: KENNETH G DAEMICKE
 Date: 2013-03-07
 Check if self-employed

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: MULCAHY PAURITSCH SALVADOR & CO LTD
 14300 S RAVINIA AVE STE 200
 ORLAND PARK, IL 604622578

EIN ▶
 Phone no ▶ (708) 349-6999

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 5,410,354 including grants of \$) (Revenue \$ 6,067,096)

ADULT DAY PROGRAMS HELPING HAND CENTER CONTINUES TO PROVIDE HIGH QUALITY SERVICES AND PROGRAMS. WE OFFER INDIVIDUALIZED SERVICES AND PROGRAMS FOCUS ON A WELLNESS MODEL. THE ADULT SERVICES PROGRAM SERVED MORE THAN 400 INDIVIDUALS WITH DISABILITIES IN OUR DEVELOPMENTAL TRAINING PROGRAM, VOCATIONAL TRAINING, HIGH SCHOOL TRANSITION AND EMPLOYMENT PROGRAM. IN OUR ADULT DAY PROGRAM, WE CONTINUE TO FOCUS ON A WELLNESS MODEL. A NEW TRACK SYSTEM WAS IMPLEMENTED TO PROVIDE INDIVIDUALIZED CHOICE. A TOTAL OF 45 TRACKS ARE OFFERED ON A WEEKLY BASIS, AND OVER 160 CLIENTS PARTICIPATE IN THIS PROGRAM. PROGRAM CHOICES INCLUDE ARTS/CRAFTS, COOKING, COMPUTERS, FITNESS, INDEPENDENT LIVING SKILLS, MUSIC THERAPY, RECREATION THERAPY AND LIBRARY. WE INCREASED OUR CLINICAL SERVICES OPTIONS AND PROVIDED COUNSELING SERVICES TO 55 CLIENTS AND TWO NEW COUNSELING GROUPS WERE OFFERED THAT INCLUDED AN ART THERAPY GROUP AND RESIDENTIAL LIFE GROUP. A TOTAL OF 45 CLIENTS RECEIVED BEHAVIORAL THERAPY SERVICES WHERE WE SERVED 20 MORE CLIENTS THAN THE PREVIOUS YEAR. THIRTY ADULTS RECEIVED NEW PHYSICAL THERAPY SERVICES TO FOCUS ON INCREASING RANGE OF MOTION, MUSCLES STRENGTH, AND CARDIOVASCULAR ENDURANCE. APPROXIMATELY 50 CLIENTS PARTICIPATED IN OUR NEW SPECIAL OLYMPICS PROGRAM WHICH OFFERED 4 DIFFERENT SPORT OPTIONS. A 5K RUNNING GROUP STARTED AND 50 CLIENTS LOST A TOTAL OF ABOUT 250 POUNDS. OUR EMPLOYMENT SERVICES DEPARTMENT SERVED OVER 75 CLIENTS. OUR JOB DEVELOPERS FOCUSED ON BUILDING NEW BUSINESS PARTNERSHIPS AND PLACED 36 CLIENTS IN JOBS IN THE COMMUNITY THROUGH THE BUILDING BRIDGES PROGRAM, A COLLABORATIVE GRANT PROJECT, WE REACHED 55 NEW FAMILIES IN OUR HIGH SCHOOL TRANSITION PROGRAM. A TOTAL OF 14 NEW HIGH SCHOOL TRANSITION STUDENTS RECEIVED INDIVIDUALIZED PROGRAMMING AT HELPING HAND AS PART OF THEIR TRANSITION PLAN.

4b (Code) (Expenses \$ 3,250,610 including grants of \$) (Revenue \$ 3,049,535)

COMMUNITY LIVING PROGRAMS IN OUR RESIDENTIAL PROGRAMS, WE SERVED OVER 100 INDIVIDUALS AT 12 DIFFERENT SITES TO PROVIDE SUPPORT FOR INDIVIDUALS WITH DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE IN THE LOCAL COMMUNITY. OUR RESIDENTIAL FACILITIES ARE HEAVILY FOCUSED ON INDEPENDENCE AND COMMUNITY INTEGRATION. WITH OPTIONS RANGING FROM INDEPENDENT LIVING TO 24-HOUR SUPERVISION, WE HAVE OPTIONS TO ACCOMMODATE VARYING NEED LEVELS. HELPING HAND'S RESIDENTIAL OPTIONS INCLUDE INDEPENDENT LIVING, SUPPORTIVE LIVING, COMMUNITY-INTEGRATED LIVING ARRANGEMENTS (CILA), AND AN INTERMEDIATE CARE FACILITY (ICF). CONSTRUCTION WAS COMPLETED ON A NEW RESIDENTIAL HOME IN OUR LOCAL COMMUNITY AND 8 INDIVIDUALS NOW CALL THIS HOUSE THEIR HOME. WE IMPLEMENTED A NEW BULK FOOD PROGRAM IN OUR RESIDENTIAL HOMES WHICH HAS RESULTED IN AGENCY COST SAVINGS AND HEALTHY FOOD CHOICES FOR THE PEOPLE WE SERVE. THIS CHANGE ALLOWS US TO SERVE MORE FRESH FOOD OPTIONS AND PROMOTE HEALTHY OPTIONS FOR OUR RESIDENTIAL CLIENTS.

4c (Code) (Expenses \$ 2,464,594 including grants of \$) (Revenue \$ 2,785,678)

SCHOOL AND PEDIATRIC OUTPATIENT CLINIC TOGETHER AS A COLLABORATIVE TEAM, THE CHILD, THE PARENT/GUARDIAN, AND OUR VERY SKILLED AND EXPERIENCED THERAPISTS AND EDUCATORS, WORK TO REACH EACH CHILD'S HIGHEST POTENTIAL. OUR CHILDREN SERVICES TEAM CONSISTS OF SPECIAL EDUCATION TEACHERS, BEHAVIORAL ANALYSTS, SPEECH AND LANGUAGE PATHOLOGISTS, OCCUPATIONAL THERAPIST, PHYSICAL THERAPISTS AND MUSIC THERAPISTS. RESULTS ARE LIFE ALTERING CHANGES THAT IMPACT AND IMPROVE EACH CHILD'S QUALITY OF LIFE AT HOME, IN SCHOOL AND IN THE COMMUNITY. DURING THIS PAST YEAR, THE PEDIATRIC OUT-PATIENT CLINIC PROVIDED OVER 4600 HOURS OF THERAPY FOR MORE THAN 215 CHILDREN AND ADMINISTERED FREE EARLY INTERVENTION SCREENINGS FOR 11 FAMILIES. OUR THERAPEUTIC DAY SCHOOL FOR CHILDREN WITH AUTISM INCREASED IT CLASSROOM SPACE BY OVER 1200SQ FT WHICH ALLOWED US TO INCREASE STUDENT ENROLLMENT FROM 21 TO 26 STUDENTS. WE HELPED OCCUPATIONAL, PHYSICAL, AND SPEECH AND LANGUAGE STUDENTS ACHIEVE PRE-REQUISITE REQUIREMENTS FOR GRADUATE SCHOOL ADMISSION BY PROVIDING 121 HOURS OF PROFESSIONAL SHADOWING/OBSERVATION TIME. AS WE LOOK DOWN-THE-ROAD TO THE COMING FISCAL YEAR, WE ARE ANTICIPATING AGAIN INCREASING THE NUMBER OF STUDENTS IN THE SCHOOL, AND EXPANDING OUR SERVICE OPTIONS THROUGH THE CLINIC BY OFFERING MUSIC THERAPY, CASTING/SPLINTING/ORTHOTICS, SUMMER BASKETBALL CAMP AND OTHER GROUP OPPORTUNITIES. PLEASE CONTACT US FOR MORE INFORMATION.

(Code) (Expenses \$ including grants of \$) (Revenue \$ 1,042,318)

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

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$ 1,042,318)

4e Total program service expenses \$ 11,125,558

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes rows for 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MARY BETH HEPP, 9649 W 55TH STREET, COUNTRYSIDE, IL 60525, (708) 352-3580

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN CHANDLER BOARD MEMBER	2 00	X						0	0	0
(2) ELAINE BURKE BOARD MEMBER	2 00	X						0	0	0
(3) DAVID DISANTO TREASURER	2 00	X		X				0	0	0
(4) SUSAN COX BOARD MEMBER	2 00	X						0	0	0
(5) GREG HARTJE BOARD MEMBER	2 00	X						0	0	0
(6) DENNIS P HIGGINS PRESIDENT	2 00	X		X				0	0	0
(7) TONY FRAZIER VICE PRESIDE	2 00	X		X				0	0	0
(8) JAMES P LILL BOARD MEMBER	2 00	X						0	0	0
(9) SUSAN SHELL BOARD MEMBER	2 00	X						0	0	0
(10) DR BIDGET VOIGHT MD BOARD MEMBER	2 00	X						0	0	0
(11) DR MARK MATRAY MD SECRETARY	2 00	X		X				0	0	0
(12) JEFF MACKAY BOARD MEMBER	2 00	X						0	0	0
(13) MARY BETH HEPP EXECUTIVE DI	40 00			X				199,267	0	0
(14) MIKE CUSICK ASST AGENCY	40 00				X			125,160	0	0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 13,000					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d 130,000					
	e	Government grants (contributions) 1e 3,080,132					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 674,277					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶ 3,897,409					
Program Service Revenue			Business Code				
	2a	SERVICE FOR CLIENTS _____ 900099 6,635,358 6,635,358					
	b	SALE OF CLIENT SERVICES _____ 900099 1,093,036 1,093,036					
	c	RESIDENTIAL FACILITIES _____ 900099 541,133 541,133					
	d	CONCESSION STAND REVENUE _____ 448000 41,574 41,574					
	e	_____					
	f	All other program service revenue _____					
g	Total. Add lines 2a-2f ▶ 8,311,101						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶ 41,525 41,525					
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	(i) Real (ii) Personal					
		Gross rents _____					
		Less rental expenses _____					
		Rental income or (loss) _____					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities (ii) Other					
		Gross amount from sales of assets other than inventory _____					
		Less cost or other basis and sales expenses _____					
		Gain or (loss) _____					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a 297,662					
b	Less direct expenses b 80,494						
c	Net income or (loss) from fundraising events ▶ 217,168				217,168		
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME _____ 900099 471,717 471,717						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶ 471,717						
12	Total revenue. See Instructions ▶ 12,938,920 8,824,343 217,168						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	194,383	194,383		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,974,780	6,086,838	639,646	248,296
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	877,121	755,389	90,551	31,181
10	Payroll taxes	540,556	476,950	43,928	19,678
11	Fees for services (non-employees)				
a	Management				
b	Legal	59,546	9,898	49,648	
c	Accounting	30,500	5,400	25,100	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	96,269	10,183	71,358	14,728
12	Advertising and promotion	6,876	1,277		5,599
13	Office expenses				
14	Information technology	38,190	28,487	7,106	2,597
15	Royalties				
16	Occupancy	243,446	230,085	12,391	970
17	Travel	215,388	207,138	8,169	81
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,019	25,506	2,325	188
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	108,536	94,895	13,170	471
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BUILDING & EQUIPMENT	1,508,827	1,424,920	76,987	6,920
b	SUPPLIES	545,981	467,909	25,119	52,953
c	OUTSIDE LABOR	467,678	467,678		
d	REPAIRS AND MAINTENANCE	335,214	312,246	21,349	1,619
e					
f	All other expenses	478,104	326,376	73,743	77,985
25	Total functional expenses. Add lines 1 through 24f	12,749,414	11,125,558	1,160,590	463,266
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	711,037	1	605,383
	2 Savings and temporary cash investments	115,298	2	300,482
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,498,554	4	2,317,857
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	361,215	9	94,947
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,791,310		
	b Less accumulated depreciation	889,000	10c	1,902,310
	11 Investments—publicly traded securities	351,277	11	265,718
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	15,227	15	8,538
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,436,396	16	5,495,235	
Liabilities	17 Accounts payable and accrued expenses	745,773	17	637,918
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	33,182	23	8,917
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,296,043	25	1,386,948
	26 Total liabilities. Add lines 17 through 25	2,074,998	26	2,033,783
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,323,265	27	3,414,996
	28 Temporarily restricted net assets	38,133	28	46,456
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,361,398	33	3,461,452	
34 Total liabilities and net assets/fund balances	5,436,396	34	5,495,235	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,938,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,749,414
3	Revenue less expenses Subtract line 2 from line 1	3	189,506
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,361,398
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-89,452
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,461,452

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HELPING HAND CENTER

Employer identification number

36-2327271

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,536,696	10,835,017	10,673,984	11,515,926	3,897,409	47,459,032
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,536,696	10,835,017	10,673,984	11,515,926	3,897,409	47,459,032
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						47,459,032

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,536,696	10,835,017	10,673,984	11,515,926	3,897,409	47,459,032
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	118,624	56,621	31,744	83,286	41,525	331,800
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	172,262	343,286	339,691	717,514	688,885	2,261,638
11 Total support (Add lines 7 through 10)						50,052,470
12 Gross receipts from related activities, etc (See instructions)					12	8,824,343

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94.820 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96.010 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization HELPING HAND CENTER

Employer identification number 36-2327271

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,785,862	100,625	1,685,237
d Equipment		1,005,448	788,375	217,073
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,902,310

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,938,920
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,749,414
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	189,506
4	Net unrealized gains (losses) on investments	4	5,708
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-95,160
9	Total adjustments (net) Add lines 4 - 8	9	-89,452
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	100,054

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

1	Total revenue, gains, and other support per audited financial statements	1	12,944,628
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	5,708
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	5,708
3	Subtract line 2e from line 1	3	12,938,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	12,938,920

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

1	Total expenses and losses per audited financial statements	1	12,844,574
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	95,160
e	Add lines 2a through 2d	2e	95,160
3	Subtract line 2e from line 1	3	12,749,414
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	12,749,414

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	HELPING HAND FOUNDATION CONTRIBUTION -95,160
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	HELPING HAND FOUNDATION CONTRIBUTION 95,160

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA DINNER DAN</u> (event type)	<u>ANNUAL APPEAL</u> (event type)	<u>2</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	204,994	70,658	22,010	297,662
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	204,994	70,658	22,010	297,662
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	70,585	9,909		80,494
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(80,494)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				217,168	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 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

a The organization's facility	13a
b An outside facility	13b

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

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
HELPING HAND CENTER

Employer identification number

36-2327271

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c	No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>	5b	No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>	6b	No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>	9									

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HELPING HAND CENTER

Employer identification number

36-2327271

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	PART 1 LINE 5 TOTAL NUMBER OF EMPLOYEES INCLUDED W-2'S ISSUED TO 320 STAFF, AND 219 INDIVIDUALS WITH DISABILITIES WHO WORK IN VOCATIONAL TRAINING AND OTHER ADULT DAY PROGRAMS

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	LIBRARY WE INCREASED OUR CLINICAL SERVICES OPTIONS AND PROVIDED COUNSELING SERVICES TO 55 CLIENTS AND TWO NEW COUNSELING GROUPS WERE OFFERED THAT INCLUDED AN ART THERAPY GROUP AND RESIDENTIAL LIFE GROUP A TOTAL OF 45 CLIENTS RECEIVED BEHAVIORAL THERAPY SERVICES WHERE WE SERVED 20 MORE CLIENTS THAN THE PREVIOUS YEAR THIRTY ADULTS RECEIVED NEW PHYSICAL THERAPY SERVICES TO FOCUS ON INCREASING RANGE OF MOTION, MUSCLES STRENGTH, AND CARDIOVASCULAR ENDURANCE APPROXIMATELY 50 CLIENTS PARTICIPATED IN OUR NEW SPECIAL OLYMPICS PROGRAM WHICH OFFERED 4 DIFFERENT SPORT OPTIONS A 5K RUNNING GROUP STARTED AND 50 CLIENTS LOST A TOTAL OF ABOUT 250 POUNDS OUR EMPLOYMENT SERVICES DEPARTMENT SERVED OVER 75 CLIENTS OUR JOB DEVELOPERS FOCUSED ON BUILDING NEW BUSINESS PARTNERSHIPS AND PLACED 36 CLIENTS IN JOBS IN THE COMMUNITY THROUGH THE BUILDING BRIDGES PROGRAM, A COLLABORATIVE GRANT PROJECT, WE REACHED 55 NEW FAMILIES IN OUR HIGH SCHOOL TRANSITION PROGRAM A TOTAL OF 14 NEW HIGH SCHOOL TRANSITION STUDENTS RECEIVED INDIVIDUALIZED PROGRAMMING AT HELPING HAND AS PART OF THEIR TRANSITION PLAN

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	AND 8 INDIVIDUALS NOW CALL THIS HOUSE THEIR HOME. WE IMPLEMENTED A NEW BULK FOOD PROGRAM IN OUR RESIDENTIAL HOMES WHICH HAS RESULTED IN AGENCY COST SAVINGS AND HEALTHY FOOD CHOICES FOR THE PEOPLE WE SERVE. THIS CHANGE ALLOWS US TO SERVE MORE FRESH FOOD OPTIONS AND PROMOTE HEALTHY OPTIONS FOR OUR RESIDENTIAL CLIENTS.

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	CHILDREN WITH AUTISM INCREASED IT CLASSROOM SPACE BY OVER 1200SQ FT WHICH ALLOWED US TO INCREASE STUDENT ENROLLMENT FROM 21 TO 26 STUDENTS WE HELPED OCCUPATIONAL, PHYSICAL, AND SPEECH AND LANGUAGE STUDENTS ACHIEVE PRE-REQUISITE REQUIREMENTS FOR GRADUATE SCHOOL ADMISSION BY PROVIDING 121 HOURS OF PROFESSIONAL SHADOWING/OBSERVATION TIME AS WE LOOK DOWN-THE-ROAD TO THE COMING FISCAL YEAR, WE ARE ANTICIPATING AGAIN INCREASING THE NUMBER OF STUDENTS IN THE SCHOOL, AND EXPANDING OUR SERVICE OPTIONS THROUGH THE CLINIC BY OFFERING MUSIC THERAPY, CASTING/SPLINTING/ORTHOTICS, SUMMER BASKETBALL CAMP AND OTHER GROUP OPPORTUNITIES PLEASE CONTACT US FOR MORE INFORMATION

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	THRIFT SHOP LOCATED IN THE HEART OF BROOKFIELD ON GRAND BOULEVARD WITHIN WALKING DISTANCE OF THE METRA TRAIN STATION, THE HELPING HAND THRIFT SHOP OFFERS A WIDE VARIETY OF CLOTHING, HOUSEHOLD GOODS, COLLECTIBLES, CHINA, CRYSTAL, SPORTING GOODS, BOOKS, RECORDS AND ANTIQUES AND COUNTLESS OTHER ITEMS AT BARGAIN PRICES THE SHOP HAS OPERATED ON THIS SITE FOR MORE THAN THIRTY-FIVE YEARS AND IS STAFFED BY OVER 40 DEDICATED VOLUNTEERS DONATIONS AND VOLUNTEERS ARE ALWAYS WELCOME

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS HIRES THE AUDIT AND TAX CONSULTANT TO PREPARE THE FORM 990 THE BOARD OF DIRECTORS DELEGATES THE FINANCE COMMITTEE TO REVIEW THE FORM 990 HELPING HAND MANAGEMENT STAFF WORKS IN COOPERATION WITH THE OUTSIDE TAX CONSULTANT TO PREPARE THE FORM 990 THE FINANCE COMMITTEE REVIEWS THE FORM 990 A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY, ALL HELPING HAND BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON A CONFLICT OF INTEREST STATEMENT ALONG WITH THIS SIGNING, AND IN AN EFFORT TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY, ALL BOARD MEMBERS ARE PROVIDED A LIST OF ALL HELPING HAND VENDORS, CONTRACTORS AND INVESTMENTS EXCEEDING 20,000 ANNUALLY ON A YEARLY BASIS, AT THE END OF THE FISCAL YEAR, A LISTING OF VENDORS IS PREPARED BY MANAGEMENT STAFF WHICH LISTS ALL VENDORS WITH WHICH HELPING HAND HAS DONE GREATER THAN 20,000 OF BUSINESS OVER THE FISCAL YEAR THE LIST IS THEN PROVIDED TO THE EXECUTIVE DIRECTOR AND THE BOARD MEMBERS FOR THEIR REVIEW, AND FURTHER DISCUSSION CONCERNING ANY POSSIBLE CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE HELPING HAND BOARD OF DIRECTORS DELEGATES THE EXECUTIVE COMPENSATION REVIEW PROCESS TO THE EXECUTIVE COMMITTEE. PER THE BYLAWS, THE EXECUTIVE COMMITTEE FUNCTIONS AS THE PERSONNEL COMMITTEE. THE COMMITTEE CONDUCTS A BI-ANNUAL MARKET ANALYSIS OF SALARIES PAID TO SIMILAR POSITIONS IN THE FIELD OF COMMUNITY BASED AGENCIES PROVIDING SERVICES TO INDIVIDUALS WITH DISABILITIES. THE SALARY ANALYSIS INCLUDES A COMPARISON OF AGENCY REVENUES AND ASSETS AND THE NUMBER OF EMPLOYEES. EXECUTIVE COMPENSATION DECISIONS ARE MADE AND APPROVED BY PERSONS ON THE COMMITTEE WHO ARE FREE OF ANY CONFLICT OF INTEREST AND ARE DIRECTORS OF THE CORPORATION WHO SATISFY THE CRITERIA OF INDEPENDENCE. THE RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE ARE PRESENTED TO THE FULL BOARD FOR APPROVAL.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF OTHER HIGHLY COMPENSATED EMPLOYEES ARE REVIEWED THROUGH THE BUDGET APPROVAL PROCESS. THE ANNUAL BUDGET IS REVIEWED BY THE FINANCE COMMITTEE AND RECOMMENDED TO THE BOARD OF DIRECTORS FOR ACCEPTANCE. EXECUTIVE COMPENSATION DECISIONS ARE MADE AND APPROVED BY PERSONS ON THE COMMITTEE WHO ARE FREE OF ANY CONFLICT OF INTEREST AND ARE DIRECTORS OF THE CORPORATION WHO SATISFY THE CRITERIA OF INDEPENDENCE. THE RECOMMENDATIONS OF THE FINANCE COMMITTEE ARE PRESENTED TO THE FULL BOARD FOR APPROVAL.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ARTICLES OF INCORPORATION ARE PUBLICLY AVAILABLE FROM THE OFFICE OF THE ILLINOIS SECRETARY OF STATE. HELPING HAND CENTER REVIEWS FOR MERIT ANY REQUEST FOR RELEASE OF THE CONFLICT OF INTEREST STATEMENT, FINANCIALS STATEMENTS, OR GOVERNING DOCUMENTS. THE FINAL DECISION FOR RELEASING THE DOCUMENTS TO THE PUBLIC IS THE RESPONSIBILITY OF THE EXECUTIVE DIRECTOR.

Additional Data

Software ID:
Software Version:
EIN: 36-2327271
Name: HELPING HAND CENTER

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ including grants of \$) (Revenue \$ 1,042,318)

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