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Form 990-PF

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

Treated as a Private Foundation

OMB No. 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Open to Public Inspection Internal Revenue Service For calendar year 2012 or tax year beginning 4/4/2012 , and ending 12/31/2012 Name of foundation A Employer Identification number Hands of Blessing, Inc. 45-5186076 Number and street (or PO box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 1791 O.G. Skinner Dr Ste D (877) 276-7783 City or town, state, and ZIP code C If exemption application is pending, check here 31833 West Point GA G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test. Address change Name change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end J Accounting method: If the foundation is in a 60 -month termination under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) line 16) ▶ \$ 229,386 (Part I, column (d) must be on cash basis. Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes the amounts in column (a) (see instructions)) books (cash basis only) 186,700 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ if the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities . 5 a Gross rents . . b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances **b** Less: Cost of goods sold C Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 Total. Add lines 1 through 11 . 186,700 SCANNED MAR 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages Pension plans, employee benefits . . 16 a Legal fees (attach schedule) 1.870 1 20 1,870 1.650 **b** Accounting fees (attach schedule) 1,650 **Administrative** $\overline{\Box}$ c Other professional fees (attach schedule) . . . 17 1.595 1,595 Interest 1 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 23 2,067 Other expenses (attach schedule) . 2,067 24 Total operating and administrative expenses. 7,182 Add lines 13 through 23 7.182 101.000 25 101,000 Contributions, gifts, grants paid . . . 26 Total expenses and disbursements. Add lines 24 and 25 108,182 108,182 27 Subtract line 26 from line 12: 78,518 8 Excess of revenue over expenses and disbursements . **b Net investment income** (if negative, enter-0-) . . .

c Adjusted net income (if negative, enter-0-)

Jiii 330-	PF (2012) Hands of Blessing, Inc.	Decimales of war			5186076 Page 2
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 (a) Book Value	(b) Book Valu		of year (c) Fair Market Value
1	dictation of the control of the cont	(a) Book value	(D) BOOK VEH	-292	(c) Fair Market Value
1	Cash—non-interest-bearing	· · · · · · · · · · · · · · · · · · ·		-292	-292
3	Savings and temporary cash investments				
3	Accounts receivable				
4	Less: allowance for doubtful accounts				
"	Pledges receivable				
5	Less allowance for doubtful accounts Grants receivable				
6	Grants receivable Receivables due from officers, directors, trustees, and other				
"	disqualified persons (attach schedule) (see instructions).				
7	Other notes and loans receivable (attach schedule)				
'					-
σ 8	Less allowance for doubtful accounts Inventories for sale or use			-	
Assets	Prepaid expenses and deferred charges			\dashv	
SSI					
⋖ ′°	a Investments—U.S. and state government obligations (attach schedule)		, , .		
	b Investments—corporate stock (attach schedule) c Investments—corporate bonds (attach schedule)				
11					
''	Investments—land, buildings, and equipment basis				
12	Less accumulated depreciation (attach schedule)				
13			<u> </u>		
14	Investments—other (attach schedule)		<u> </u>		
'*	Land, buildings, and equipment basis 229,678		22	9.678	229,678
15	Less accumulated depreciation (attach schedule)			9,070	229,070
16	Other assets (describe Total assets (to be completed by all filers—see the				
'6	instructions. Also, see page 1, item l)		22	9,386	229,386
17	Accounts payable and accrued expenses			9,300	229,300
" 18	· ·				
8 19	Grants payable				
Liabilities 19 20 21 21 21					
교 20 편 21	Loans from officers, directors, trustees, and other disqualified persons		<u></u>		
当 21 22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ► Note Payable - Manning)		15	0,868	
23	Total liabilities (add lines 17 through 22)			0.868	
- 23	. П		13	0,000	
<u>م</u>	Foundations that follow SFAS 117, check here				
일	and complete lines 24 through 26 and lines 30 and 31.				
24 25	Unrestricted				
10 1 /5	Temporarily restricted				
물 26	Permanently restricted				
.5	Foundations that do not follow SFAS 117, check here				
8 26 26 27	and complete lines 27 through 31.				
	Capital stock, trust principal, or current funds				
Net Assets 30 31	Paid-in or capital surplus, or land, bldg , and equipment fund		~	0.540	
SS 29	Retained earnings, accumulated income, endowment, or other funds			8,518	
₹ 30	Total net assets or fund balances (see instructions)			8,518	
윤 ³¹	Total liabilities and net assets/fund balances (see		90	0000	
Doy'- III	Instructions)		22	9,386	
Part III		20 (must ogen = :			
	I net assets or fund balances at beginning of year—Part II, column (a), line :			,	
	of-year figure reported on prior year's return)			2	70.540
	er amount from Part I, line 27a			3	78,518
3 Oth	er increases not included in line 2 (itemize)			ᆣ	78,518

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	d Losses for Tax on Inve	stment Inco	ne				
(a) List and describe the	(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.)				Date acquired no, day, yr)	(d) Date (mo , da	
a			DDonation	<u> </u>			
b							
c							
d	· · · · · · · · · · · · · · · · · · ·	_					
0							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis inse of sale			or (loss)) minus (g)	
a							
b			_				
C							
d							
е							
Complete only for assets show	ving gain in column (h) and owne	ed by the foundati	on on 12/31/69		(I) Gains (Col	(h) gain mınus	}
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ssofcol(ı) (j), ıfany		col (k), but not Losses (fro	less than -0-) on col (h))	or
a		1					•
b					_		
C							
d							
е							
2 Capital gain net income or (nercanitalineel (-	also enter in Par , enter -0- in Par	>	2			
3 Net short-term capital gain of	or (loss) as defined in sections	1222(5) and (6)):				
	ine 8, column (c) (see instruct		nter -0-	3			
	ler Section 4940(e) for R		n Net Investm	ent in	come		
For optional use by domestic p							
•	•	10 30001011 7370(a) tax on her hive	Suricin	. III. Wille.		
lf section 4940(d)(2) applies, lea	ave this part blank.						
Was the foundation liable for the	e section 4942 tax on the distri	ibutable amount	of any year in the	e base	period?	☐ Yes ☐	□ No
f "Yes," the foundation does not					P 000.		
	unt in each column for each ye			akino a	nv entries		
(a)		1			any Gridico.	(d)	
Base period years	(b) Adjusted qualifying distributio	ns Net value	(c) of noncharitable -use a	ssets		nbution ratio	
Catendar year (or tax year beginning in)	1			(col (b) d	livided by col (
2011				\longrightarrow			0.000000
2010				\rightarrow			0.000000
2009				-+			0.000000
2008							0.000000
2007							0.000000
2 Total of line 1, column (d)					2		0.000000
3 Average distribution ratio for				·			<i>3.</i> 000000
	ndation has been in existence		• •		3		0.000000
the number of years the loa	ilidation has been in existence	ii less tilali 5 ye	ais	·	* 		<i>3.</i> 000000
4 Enter the net value of nonch	naritable-use assets for 2012 f	rom Part X, line	5	. [4		
5 Multiply line 4 by line 3					5		
•						·	
6 Enter 1% of net investment	•	•			6	<u> </u>	
7 Add lines 5 and 6				. -	7		

the Part VI instructions.

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Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—	500	instru	ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here▶ ☐ and enter "N/A" on line 1. ☐					
	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	1				
	here Dand enter 1% of Part I, line 27b					
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 enter0-)	2	<u> </u>			
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter0-) .	4				
5	Tax based on investment Income. Subtract line 4 from line 3. If zero or less, enter-0	5	L			
6	Credits/Payments:					
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a					
b						
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	_7_	Ь—			_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	Ь—			-
9	Tax due. If the total of lines 5 and 8 is more than line 7, enteramount owed	9	Ь—			₩
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter theamount overpaid	10	├			╆
	TO CONTROL OF THE PROPERTY OF	11				<u></u>
	t VII-A Statements Regarding Activities			_		,
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			. <u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					1
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					,
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
•	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
4 -	of incorporation, or bylaws, or other similar instruments?//f "Yes," attach a conformed copy of the changes			3		 X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			48	AI/A	X
5	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	$\frac{1}{x}$
•	If "Yes," attach the statement required by General Instruction T.	•		3		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
	that conflict with the state law remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	 d Dai	+ Y/V	7	x	\vdash
	Enter the states to which the foundation reports or with which it is registered (see instructions)	, r a				
	GA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 996PF to the Attorney					
-	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		• •			
-	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)7f "Yes,"					
	complete Part XIV		_	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		• •			Ť
	their names and addresses			10	X	

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Par	t 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 instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ John Feehan Telephone no. ▶ (706) 645-3	024		
	Located at ► 1791 OG Skinner Dr, Ste D West Point GA ZIP+4 ► 31833			<u>-</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 999PF in lieu of Form 1041—Check here			▶ □
	and enter the amount of taxexempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	_	X
	See the instructions for exceptions and filing requirements for Form TD F 9922 1. If "Yes," enter the name of			
Des	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
4 -	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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			
L	after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	45	NI/A	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
С	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 2012?	1c		Х
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)).			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
h	If "Yes," list the years 20, 20, 20, 20 Are there any years listed in 2a for which the foundation isnot 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 instructions.)	2h	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	LU	10/1	
-	20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2012 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; o(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 2012.)	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			كمر
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

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	rt VII-B Statements Regarding Activit		<u>m 4720 May Be</u>	Required (continued	<u> </u>
5a	During the year did the foundation pay or incur any	y amount to.			
	(1) Carry on propaganda, or otherwise attempt t	to influence legislation	(section 4945(e))?	. Yes [X No
	(2) Influence the outcome of any specific public	election (see section 4	955); or to carry		_
	on, directly or indirectly, any voter registration	n drive?		· · · L Yes [X No
	(3) Provide a grant to an individual for travel, stu	udv. or other similar our	moses?	Tyes	X No
	(4) Provide a grant to an organization other than	-			
	in section 509(a)(1), (2), or (3), or section 49			· · · · Tyes	X No
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	, charitable, scientific, l	iterary, or	☐ Yes [<u>⊼</u> 1.0
h	• • • • • • • • • • • • • • • • • • • •	•			<u>^</u>] NO
	If any answer is "Yes" to 5a(1)–(5), did any of the to Regulations section 53 4945 or in a current notice	-	•		5b N/A
	Organizations relying on a current notice regarding				JD] (VA]
_	If the answer is "Yes" to question 5a(4), does the fo	•			
•	tax because it maintained expenditure responsibili	•			No No
	If "Yes," attach the statement required by Regulati			165 [
60	Did the foundation, during the year, receive any fur				
va	premiums on a personal benefit contract? .	nus, directly or indirect	iy, to pay	□ v ₂ [X No
_	•				
Ð	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870.	s, airectly or indirectly, c	n a personal benefit	contract?	. 6b X
7a	At any time during the tax year, was the foundation	n a party to a prohibited	d tax shelter transacti	on? . L Yes L	X No
	If "Yes," did the foundation receive any proceeds o	or have any net income	attributable to the tra	insaction?	. 7b N/A
P	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly P	aid Employees,
	and Contractors				
1	List all officers, directors, trustees, foundat	ion managers and t	heir compensatior	(see instructions).	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense account,
	(a) Name and address	devoted to position	-0-)	and deferred compensation	other allowances
Sec	Attached Statement				
2	Compensation of five highest-paid employe enter "NONE."	es (other than thos	e included on line	1—see instructions). It	f none,
		(b) Title, and avera	ge	(d) Contributions to	11.5
(a) Name and address of each employee paid more than \$50,00	00 hours per week	(c) Compensation	n employee benefit plans and deferred	(e) Expense account, other allowances
		devoted to position	n	compensation	
NO	NE				
					
Tot	al number of other employees paid over \$50,00	0			<u> </u>

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa	id Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	

	.].
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 chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 None	
1 1000	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program -related investments made by the foundation during the tax year on lines 1 and 2	Amount
Purchase of land to be used as eventual site of community center.	Allouik
The state of the late of the l	
	229,678
2	
All other program -related investments See instructions	
3	
7.4.1 Add 4.0	
Total. Add lines 1 through 3	229,678
	Form 990-PF (2012)

Form	990-PF (2012) Hands of Blessing, Inc.	45-518	
Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundat	ions,
<u>`</u>	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	
þ	Average of monthly cash balances	1b	20,345
C	Fair market value of all other assets (see instructions)	1c	99,640
d	Total (add lines 1a, b, and c)	1d	119,985
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	119,985
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	1, <u>800</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	-	118,185
6	Minimum Investment return. Enter 5% of line 5	6	<u>5,909</u>
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here	, , , , , , , , , , , , , , , , , , , 	
1	Minimum investment return from Part X, line 6	1	5,909
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	. 2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,909
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,909
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	<u>line 1 </u>	7	5,909
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
2	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	108,182
þ	Program-related investments—total from Part IX-B	1b	229,678
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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.

337,860

337,860

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Par	t XIII Undistributed Income (see instruction	ns)		<u> </u>	
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	line 7				5,909
2	Undistributed income, if any, as of the end of 2012				
	Enter amount for 2011 only				
	b Total for pnor years. 20, 20, 20				
3	Excess distributions carryover, if any, to 2012:				
8	a From 2007				
b	b From 2008				
C	From 2009				
C	f From 2010				
6					
f	· · · · · · · · · · · · · · · · · · ·				
4	Qualifying distributions for 2012 from Part				
	XII, line 4: ► \$337,860				
_	Applied to 2011, but not more than line 2a				
t	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
	d Applied to 2012 distributable amount	204.054			5,909
	Remaining amount distributed out of corpus	331,951			
5	Excess distributions carryover applied to 2012 .				
	(If an amount appears in column (d), the				
•	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
		331,951			
	a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	331,931			
	Prior years' undistributed income Subtract line 4b from line 2b				
•	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				
,	d Subtract line 6c from line 6b. Taxable				
•	amount—see instructions				
	9 Undistributed income for 2011 Subtract line				
•	4a from line 2a. Taxable amount—see				
	instructions				
f	_				
'	lines 4d and 5 from line 1. This amount must				
	be distributed in 2013				
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007				
•	not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.	-			
_	Subtract lines 7 and 8 from line 6a	331,951			
10	Analysis of line 9:	331,931			
	Analysis of line 9:				
_	b Excess from 2009				
	C Excess from 2010				
	d Excess from 2011				
	<u>8 Excess from 2012 331,951</u>				

		PF (2012) Hands of Blessing, Inc.	(1 A 1 - A 1	15		<u>45-518</u>	
		V Private Operating Foundations					N/A
18		e foundation has received a ruling or determined at the following the ruling is effective for 2012, en			• .		
b		eck box to indicate whether the foundation is a		• •	· · · · · · · · · · · · · · · · · · ·	4942(j)(3) o	r 4942(j)(5)
	Ent	er the lesser of the adjusted net	Tax year	1	Prior 3 years	10 120,007	10 120/(0/
		ome from Part I or the minimum estment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
		r listed	(-,	(4, 22	(0, 0010	(4, 200	
b	859	6 of line 2a					
C	Qu	alifying distributions from Part XII,					
		4 for each year listed		<u> </u>		1	
a		ounts included in line 2c not used directly active conduct of exempt activities					
е		alifying distributions made directly			 	 	
	for	active conduct of exempt activities.				1	
3		otract line 2d from line 2c		ļ			
_	alte	nplete 3a, b, or c for the mative test relied upon:					
а		sets" alternative test—enter Value of all assets					
		Value of assets qualifying		<u> </u>			
	\ - ,	under section 4942(j)(3)(B)(i)					
b		dowment" alternative test—enter 2/3					
		ninimum investment return shown in t X, line 6 for each year listed					
С	"Sı	pport" alternative test—enter:					
	(1)	Total support other than gross					
		investment income (interest, dividends, rents, payments					
		on securities loans (section 512(a)(5)), or royalties)					
	(2)	Support from general public		<u> </u>	-		
	ν-,	and 5 or more exempt organizations as provided in		1			
		section 4942(j)(3)(B)(iii)					
	(3)	Largest amount of support					· ·
		from an exempt organization					
Pa	• • •	Gross investment income Supplementary Information (Co	malete this no	t only if the fe	undation had \$5	i 000 or more in	
· u		assets at any time during the ye			unuation nau şa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Inf	ormation Regarding Foundation Manage				······	
а		any managers of the foundation who have co					
		ore the close of any tax year (but only if they h	ave contributed mo	re than \$5,000). (S	ee section 507(d)(2).)	
		mas any managers of the foundation who own 109	6 or more of the sto	ock of a compration	(or an equally large	nortion of the	
		nership of a partnership or other entity) of which				po-1011 01 016	
Not		licable					
2		ormation Regarding Contribution, Grant		• •	•		
		eck here [] if the foundation only makes to licited requests for funds. If the foundation m	•		•	•	
		er conditions, complete Items 2a, b, c, and d.	akes gra, grana, e	ito. (See ilisudatori	s) to individuals of G	ganizations under	
а	The	name, address, and telephone number or em	ail of the person to	whom applications	should be addresse	d:	
kan /	The	mas 1791 OG Skinner Dr, Ste D West Poin	+ CA 31933 /977	1 276 - 7 792 mehn	mac@omostol com		
		from in which applications should be submitted				<u> </u>	
		••		-,			
		ts can be submitted via regular mail or ema	ül.		· -	· · · · · · · · · · · · · · · · · · ·	
C	~u)	submission deadlines.					
Nor					· · · · · · · · · · · · · · · · · · ·		
d		restrictions or limitations on awards, such as tors:	by geographical are	eas, charitable field	s, kinds of institutions	s, or other	
Nor							

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approved	for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	55110 (2000)	
a Paid during the year		<u>.</u>		
Holy Family Convent	N/A		Assistance to indigent	1,000
Mothirakkany PO Thrissur		- 509(a)(1)	families	
Kerala 680 724 India				
Angel Tree Prison Fellowship	N/A		Assistance to children of	2,000
PO Box 1550		- 509(a)(1)	prisoners	
Merrifield, VA 22116-1550				
Betty Hinn Ministries	N/A		Assistance to indigent	1,000
PO Box 162000		- 509(a)(1)	families	
Irving, TX 75016				
Bishop's House	N/A		Assistance to indigent	2,000
Diocese of Irinjalakuda		- 509(a)(1)	families	
Kerala 680 121 India				
Charis Bhavan	N/A	Public charity	Assistance to indigent	1,000
Athirampuzha, PO Kottayam Dist		- 509(a)(1)	families	
Kerala 686 562 India				
Deepika Educational & Chantable Trust	N/A		Assistance to indigent	2,000
Rashtra Deepika Ltd, Kottayam PO		- 509(a)(1)	families	
Kerala 686 001 India				
Diocese of Irinjalakuda	N/A		Assistance to indigent	5,000
PO Box 59, Irinjalakuda		- 509(a)(1)	families	
Kerala 680 121 India			i	
Divine Retreat Ashram	N/A	Public charity	Assistance to indigent	6,000
P.B. No. 231, Sector 16-A		- 509(a)(1)	families	
Faridabad 121 002 India		_		
Divine Retreat Centre	N/A		Assistance to indigent	1,000
Muringoor		- 509(a)(1)	families	
Kerala 680 316 India		L		
Divine Vision Network, Inc.	N/A		Grant to help with spread	21,000
1791 OG Skinner Dr, Ste D		- 509(a)(1)	of the Gospel	
West Point, GA 31833	l	L		
Focus Ministries	N/A	Public charity	Assistance to indigent	1,000
PO Box 524		- 509(a)(1)	families	
Hamilton, GA 31811				101.000
Total See Attached Statement			▶ 3a	101,000
b Approved for future payment				
			i	
Total	 		▶ 3b	

IUITAT	relationship of Activities to the Accomplishment of Exempt 1 diposes
Line No.	Explain below how each activity for which income is reported in column (e) of Part XVIA contributed importantly to
	the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions)

Form 990-PF (2012)		Hands of Blessing, Inc.	45-5186076	Page	e 13
Pai	rt XVII Infori	nation Regarding Transfers To and Transactions and Relationshi	ps With Noncharitable		
	Exem	pt Organizations			
1	Did the organiza	ation directly or indirectly engage in any of the following with any other organizat	tion described	Yes	No
	in section 501(c	of the Code (other than section 501(c)(3) organizations) or in section 527, rela	ting to political		

		501(c) of the Code ions?	•	• •	•	•	•		ľ	es No
	_	from the reporting f	oundation to	a noncharitable e	xempt organizat	ion of:				
(1) Cash								1a(1)	X
(2) Other	rassets							1a(2)	X
b O	her trai	nsactions:								
(1) Sales	of assets to a nonc	haritable exer	mpt organization					1b(1)	X
(2) Purct	nases of assets from	a nonchanta	ble exempt organ	nization				1b(2)	X
(3	Renta	al of facilities, equipr	ment, or other	assets					1b(3)	X
		bursement arranger							1b(4)	 x
(5	loan	s or loan guarantees				• • •			1b(5)	T X
		rmance of services							1b(6)	Î
		f facilities, equipmen								 x
									1c	^_
va	lue of t	wer to any of the ab he goods, other asso any transaction or sh	ets. or service	s aiven by the re	porting foundation	on. If the t	foundation receiv	ed less than fair	market	
(a) Line	no	(b) Amount involved	(c) Name	of nonchantable exem	npt organization	(d) De	escription of transfers.	transactions, and sha	arrange	ements
				-			·-	· · · · · · · · · · · · · · · · · · ·		
						T				
	1									
de	scribed	ndation directly or in I in section 501(c) of complete the followin	the Code (ot	ted with, or relate her than section (ed to, one or mo 501(c)(3)) or in s	re tax-exe ection 52	empt organization 7?		∕es ∑ N	No
		(a) Name of organization		(b) Ty	pe of organization		(c)	Description of relation	nship	
			-							
	_									
		penalties of perjury, I declare t						ledge and belief, it is true),	
Sign Here	· _	t, and complete Dictaration of	preparer (other than	12/15/2	<u>as</u> <u>2</u>	arer has any l	nowledge	May the IRS of with the prepa instructions)?		
	Sig	nature of officer or trustee		Date Date	Title	_	Data		DTIN	
Paid Prepa	arer	Print/Type preparer's na Charles H. Edward		Chartes H	#dwards; lkt)A	Date 2/14/2013	Check if self-employed	PTIN P002949	34
Use (Firm's name	wards and As	sociates, LLC				Firm's EIN ► 8	3-034240	5
- 	Jilly	Firm's address > 23			Auburn Al 3683	n		Phone no /22/		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
Hands of Blessing, Inc.		45 E10C07C
Organization type (check one)):	45-5186076
	,	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	ation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or recontributor. Complete Parts I and II.	more (in money or
Special Rules		
sections 509(a)(1) and	e) organization filing Form 990 or 990 -EZ that met the 33 1/3% support test of 170(b)(1)(A)(vi) and received from any one contributor, during the year, a confidence of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 10 of the amount on (ii) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line 10 of the amount on (iii) Form 990, Part VIII, line 1h, or (iiii) Form 990-EZ, line 10 of the amount on (iiii) Form 990-EZ, line 10 of the amount on (iiii) Form 990 or	contribution of the greater
the year, total contribu	r), (8), or (10) organization filing Form 990 or 990-EZ that received from any tions of more than \$1,000 for use exclusively for religious, charitable, scien or the prevention of cruelty to children or animals. Complete Parts I, II, and	itific, literary, or
the year, contributions total to more than \$1,0 year for an exclusively applies to this organization.	(i), (8), or (10) organization filing Form 990 or 990-EZ that received from any for use exclusively for religious, charitable, etc., purposes, but these contributions. If this box is checked, enter here the total contributions that were received religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contribution	butions did not ved during the s the General Rule ions of \$5,000 or more
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file So st answer "No" on Part IV, line 2 of its Form 990; or check the box on line H F, to certify that it does not meet the filing requirements of Schedule B (Form	of its Form 990 -EZ or on

Employer identification number Name of organization · Hands of Blessing, Inc. 45-5186076 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Crosstel, Inc. (direct) Person ...1... 1791 OG Skinner Dr, Ste D Payroll \$ 136,000 Noncash West Point GA 31833 Foreign State or Province: (Complete Part II if there is Foreign Country a noncash contribution.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Crosstelex, Inc. (direct) 2 Person 1791 OG Skinner Dr, Ste D Pavroll West Point GA 31833 \$ 49,700 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country. a noncash contribution.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MV Thomas (direct & indirect) 3 Person 1791 OG Skinner Dr, Ste D Payroll Noncash West Point GA 31833 186,700 Foreign State or Province (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.)

Name of organization

Hands of Blessing, Inc.

Employer identification number
45-5186076

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ice is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of org	ganization lessing, Inc.			Employer identification number
Part III	Exclusively religious, charitable, etc., ir	ndividual contr	ributions to section 50°	45-5186076
***************************************	total more than \$1,000 for the year. Com			
	For organizations completing Part III, enter			
	contributions of \$1,000 or less for the year	•		ructions.) > \$
(-) Al-	Use duplicate copies of Part III if additional	space is need	<u>ed</u>	·
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I				
				<u></u>
		(e) T	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relations	hip of transferor to transferee
	•		***************************************	
(a) No.	For Prov Country			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
, 6,(,				
			••••••	
		(a) T	ransfer of gift	<u> </u>
		(0)	ransier or girt	
	Transferee's name, address, and a	ZIP + 4	Relations	hip of transferor to transferee
	For Press			••••••
(a) No.	For. Prov. Country			T
from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
raiti				
		L		
		(e) i	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relations	hip of transferor to transferee
				•••••
	For Prov. Country			
(a) No.				
from <u>P</u> art I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relations	hip of transferor to transferee
				•••••
	For Prov Country			

* _ Hands of Blessing, Inc.			_	45-518	6076 Page	1 of 4
Continuation of Part XV, Li	ne 3a (9 <mark>90-PF) -</mark>	Gran	ts and Con	tributions Paid		
Reciplent(s) paid during the year					·	
Name						
St Alphonsa Church Street						
Fr. Abraham P Scharia, Pastor						
City	_	State	Zip Code	Foreign Count	ту	
Loganville	IE	GA	30052			
Relationship N/A	Foundation Status Public charity - 509(aV1)				
Purpose of grant/contribution	Trubile Granty - 505	<u> </u>			Amount	· · · · · ·
Assistance to indigent families		_				2,500
Name	-					
Gethsamene Ministries						
Street						
20 Sparkling Place, Brampton City		State	Zip Code	Foreign Count	27/	
Ontario		State	L6R 2Y1	Canada	ı y	
Relationship	Foundation Status					-
N/A	Public charity - 509(a)(1)			<u> </u>	
Purpose of grant/contribution					Amount	7.000
Assistance to indigent families						7,000
Name						
Grace Jeevan Trust Street			•			
Ave Maria Tower, Thrissur						
City		State	Zip Code	Foreign Count	ry	
Kerala	T=	<u> </u>	680 001	India		
Relationship N/A	Foundation Status Public charity - 509(a)/1)				
Purpose of grant/contribution	Fublic Glarity - 505	<u>هار ۱)</u>			Amount	
Assistance to indigent families						1,000
Name		· —				
International Friendship Ministries						
Street						
3404 University Ave		04-4-	lar Onda			
City Columbus		State GA	Zip Code 31907	Foreign Count	ary .	
Relationship	Foundation Status	1 000	101007	. <u>. </u>		
N/A	Public charity - 509(a)(1)				
Purpose of grant/contribution					Amount	
Assistance to indigent families				·		3,500
Name						
Malabar Missionary Generalate Street			<u> </u>	-		
Marathakkara PO						
City		State	Zip Code	Foreign Count	ry	
Kerala			680 320	India		
Relationship	Foundation Status					
N/A Purpose of grant/contribution	Public charity - 509(a)(1)			Amount	
Assistance to indigent families					Amount	2,000
Name						
Morris Cerullo World Evangelism						
Street			-			
3545 Aero Court			T			
City			Zip Code	Foreign Count	ry	
San Diego Relationship	Foundation Status	CA	92123			
N/A	Public charity - 509(
Purpose of grant/contribution			rian -		Amount	
Assistance to indigent families					<u> </u>	1,000

· Hands of Blessing, Inc.				45-5180	
Continuation of Part XV, Lir	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the Year
Recipient(s) paid during the year					
Name					
Lewis Deese & Nance LLP					
Street 330 Dick St					
City		State	Zip Code	Foreign Count	rv
Fayatteville		NC	28301		
Relationship	Foundation Status				
N/A Purpose of grant/contribution	N/A				Amount
Assistance to indigent families					5,000
Name					<u> </u>
Street					
City		State	Zip Code	Foreign Count	N
		Otate	Zip Code	Toleign Count	·y
Relationship	Foundation Status				
Purpose of grant/contribution					Amount
Name					
Street			_		
City		State	Zip Code	Foreign Count	rv
					
Relationship	Foundation Status				
Purpose of grant/contribution					Amount
Name					
Street			_		
City		State	Zip Code	Foreign Count	rv
	1=				
Relationship	Foundation Status				
Purpose of grant/contribution					Amount
Name		-		-	
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	L		<u> </u>	
Purpose of grant/contribution	!				Amount
Name					
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status		<u> </u>		
Purpose of grant/contribution	<u>. L</u>				Amount
L					1

Line 16a (990-PF) - Legal Fees

		1,870			1,870
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Jacob Biel, Attorney-at-Law	1,870			1,870

Line 16b (990-PF) - Accounting Fees

		1,650			1,650
	Name of Organization or Person Providing Service	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Edwards & Associates, LLC	600			600
2	Payroll, Inc.	1,050			1,050

Line 23 (990-PF) - Other Expenses

		2,067			2,067
•	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Office Expense	1,217			1,217
2	Filing Fee	850			850

is, and Equipment	
- Land, Buildings,	
(990-PF)	
Part II, Line 14	
•	

	229,678				229,678	229,678
		Accumulated	Accumulated			
	Cost or	Depreciation	Depreciation	Book Value	Book Value	FM
Asset Description	Other Basis	Beg. of Year	End of Year	Beg. of Year	End of Year	End of Year
Land	229,678				829'622	829,628

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Part II, Line 21 (990-PF) - Mortgages and Other Notes Payable

			180,000											
				Balance	Balance								FairMarket	
		Check 'X'	Ongmal	Dre	Dre	Secunity	Date of	Matumb	Repayment	Interest	Purpose of		Value of	
Name of Lender	2	rf Busmess	Amount	Beg of Year	End of Year	Provided	Note	Date	Terms	Rate	Loan	Description	Consideration	Relationship
1 Philip Mark Manning			180,000											

Hands of Blessing, Inc

. . . .

45-5186076

Part II, Line 22 (990-PF) - Other Liabilities

		150,868
Description	Beginning Balance	Ending Balance
1 Note Payable - Manning		150,868

Part VII-A, Line 10 (990-PF) - Substantial Contributors

		Check "X"					
	Name	of Business	Street	City	State	Zip Code	Foreign Country
-	MV Thomas		1791 OG Skinner Dr, Ste D	West Point	βĄ	GA 31833	
~	Crosstel, Inc.	×	1791 OG Skinner Dr, Ste D	West Point	ક	31833	
က	Crosstelex, Inc.	×	1791 OG Skinner Dr, Ste D	West Point	ð	31833	

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

	"A" TOOK			ľ				Average			Fynonse
Name	f Business	Street	Š	State	State Zip Code	Foreign Country	重	Hours	Compensation	Benefits	Account
1 MV Thomas		1791 OG Skinner Dr, Ste D	West Point	8	31833		Trustee	2 00			
2 Geetha Thomas		1791 OG Skinner Dr, Ste D	West Point	3	31833		Trustee				
3 Frenny Thomas Anthony		1791 OG Skanner Dr, Ste D	West Point	8	31833		Trustee				
4 Jenny Thomas		1791 OG Skinner Dr, Ste D	West Point	<u>₹</u>	31833		Trustee				
5 Stephane Thomas		1791 OG Skinner Dr, Ste D	West Point	₹5	31833		Trustee				