

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

ΑI	or the	2013 calendar year, or tax year beginning and	enaing				
В	Check if	C Name of organization		D Employer ide	entification number		
Ļ	Addre	ess change			64 0884500		
Ļ	Name	change HELPING HANDS OF COLUMBUS, INC.	ls ()	64-07			
Ļ	Initial	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone n			
Ļ	Termi	nated P.O. BOX 1241			28-8301		
Ļ	Amer	City or town, state or province, country, and ZIP or foreign postal code		F Group Exem	ption		
L	Applica	ation pending COLUMBUS, MS 39701		Number -			
		nting Method: X Cash Accrual Other (specify) ►			if the organization is not		
		te: ►N/A		1 '	ttach Schedule B		
<u>J</u>	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c)() ◀(insert no.) 4947(a)(1) or 527	(Form 990, 9	990-EZ, or 990-PF).		
		of organization: X Corporation Trust Association Other					
L	Add Iin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets (Part	t II,			
	column	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	126,499.		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balanc	es (see the instr	uctions for Part			
		Check if the organization used Schedule O to respond to any question in this Part I			<u> X</u>		
	1	Contributions, gifts, grants, and similar amounts received		1	125,374.		
	2	Program service revenue including government fees and contracts		2			
	3	Membership dues and assessments		3			
	4	Investment income		4			
	5a	Gross amount from sale of assets other than inventory 5a					
	b	Less: cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events					
ø)	a	Gross income from gaming (attach Schedule G if greater than					
Revenue		\$15,000) 6a					
Š	Ь	Gross income from fundraising events (not including \$ of contribu	tions				
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000) 6b					
	C	Less: direct expenses from gaming and fundraising events 6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 60	:)	6d			
	7a						
	Ь	Less: cost of goods sold 7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8		EDULE, O	8	1,125.		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	=DI	▶ 9	126,499.		
	10	Grants and similar amounts paid (list in Schedule 0)	SC	10			
	11	Renefits paid to or for members	101	11			
S	12	Salaries, other compensation, and employee benefits MAY 1 5 2	188 J	12	34,420.		
Expenses	13	Professional face and other nayments to independent contractors	1	13			
ē	14	Occupancy, rent, utilities, and maintenance OGDEN,	UT]	14	9,265.		
Щ	15	Printing, publications, postage, and shipping		15	2,700.		
	16		EDULE O	16	86,821.		
	17	Total expenses. Add lines 10 through 16	_	▶ 17	133,206.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,707.		
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		 " 			
\ss	'3	(must agree with end-of-year figure reported on prior year's return)		19	26,666.		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	<u> </u>		
ž	21	Net assets or fund halances at end of year. Combine lines 18 through 20		21	19.959.		

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

Form **990-EZ** (2013)

	1990-EZ (2013) HELPING HANDS OF COLUMBUS	, INC.	0	4-0//15	US Tage 2
P	Balance Sheets (see the instructions for Part II)		and the state of t		(==)
	Check if the organization used Schedule O to res	pond to any que		1	<u> </u>
	•		(A) Beginning of year		nd of year
22	Cash, savings, and investments		26,666.	22	20,685.
23	Land and buildings			23	
24	Other assets (describe in Schedule O)			24	
25	Total assets		26,666.	25	20,685.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		0.	26	<u>726.</u>
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		26,666.	27	19,959.
Pa	art III Statement of Program Service Accomplishmen	i ts (see the insti	ructions for Part III)	Ex	penses
	Check if the organization used Schedule O to res	pond to any que	estion in this Part III		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O				and 501(c)(4) ons and section
	ribe the organization's program service accomplishments for each of its three largest program s) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant information			TOT OTHERS.	,
28	SERVING THE PHYSICAL NEEDS OF THE U	NDERPRIVIL	EGED IN THE	_	
	COLUMBUS, MS AREA			_	
				_	405 655
	(Grants \$) If this amount includes foreign g	rants, check here	<u>▶</u> [28a	<u>125,657.</u>
29				_	
				_	
	• · · · · · · · · · · · · · · · · · · ·	·····	_		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	29a	
30				_	
				_	
	(Grants \$) If this amount includes foreign g	rants, check here	>	30a	
31	Other program services (describe in Schedule O)		_		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	31a	
32	Total program service expenses (add lines 28a through 31a)			▶ 32	<u>125,657.</u>
P	art IV List of Officers, Directors, Trustees, and Key E			ee the instructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any que	estion in this Part IV		
		(b) Average hour	1 1 1 1 1 1 1	d) Health benefits, contributions to	(e) Estimated
	(a) Name and title	per week devoted	W-2/1099-MISC)	employee benefit	amount of other
		position	(if not paid, enter -0-)	compensation	compensation
<u>N</u> A	NCY GUERRY				
	RECTOR	40.00	34,420.	0.	0.
SE	EE ATTACHED LIST-BOARD OF DIRECTORS				
		0.00	0.	0.	0.
		<u> </u>			
		1			
		ĺ			
-					
_		1			
					
		1			
			+		
		{			
			ļ		990-EZ (2013)
222	172 11-25-13			Form	33U-EL (2013)

332172 11-25-13

Duit the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 33 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule 0 was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," as a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization for or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(\) \(\) \(\) \(\) is estion 4912 \(\) \(990-EZ (2013) HELPING HANDS OF COLUMBUS, INC. 64-0771 rt V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ts in t	he	Page 3
33		instructions for Fart V) Greek if the organization used Gon. O to respond to any question in the			X
actively in Schedule 0 Were any southand changes made to the organization sense, Otherwise, explain the change on Schedule 0 (see instructions) 34 X 35 36 37 38 X 38 X 38 X 38 X 38 38 X 38 38			$\overline{}$	Yes	No
Were any spentinant changes made to the organization of procureming documents? If Yes, * attach a conformed copy of the amended documents of the yerfect of abneting to the organization in the organization and the organization should (see instructions) \$35	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
documents if they rolled a change to the organization's name. Difference, explain the change on Schedule 0 (see natricutions) \$ 0 th the organization have uncleated becauses gross income of \$1,000 or more during the year from business activates (such as those reported on leas 2, 8a, and 7a, among others)? \$ 1 th'se's to line 35th, 8s the organization field a Form 990-Tf or the year? If We," provide an explanation in Schedule 0 \$ 2 th'se's to line 35th, 8s the organization field a Form 990-Tf or the year? If We," provide an explanation in Schedule 0 \$ 35th		activity in Schedule 0	33		X
documents if they rolled a change to the organization's name. Difference, explain the change on Schedule 0 (see natricutions) \$ 0 th the organization have uncleated becauses gross income of \$1,000 or more during the year from business activates (such as those reported on leas 2, 8a, and 7a, among others)? \$ 1 th'se's to line 35th, 8s the organization field a Form 990-Tf or the year? If We," provide an explanation in Schedule 0 \$ 2 th'se's to line 35th, 8s the organization field a Form 990-Tf or the year? If We," provide an explanation in Schedule 0 \$ 35th	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
35			34		х
on lines 2, 6a, and 7a, among others)? b Iff'er's line 5a, bas the organization as decided of a form 990-1 for the year? If "No," provide an explanation in Schedule 0 b Iff'er's lines 5a, bas the organization as ection 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III D off the organization endergo a liquidation, dissolution, in termation, or significant disposition of net assets during the year? If "Yes," organization or or the system of the organization for the foreign or make any loss to, any offices, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year overed by this return? b Office organization for form 1120-P01, for this year? B Office organization force organization for form 1120-P01, for this year? B Office organization force organizations. Enter: a Initiation fees and capital contributions michaled on line 9 b Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4911 is part of provided on any of its pror Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I Les the states with which a copy of this return is left organization and provided on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I Les the states with which a copy of this return is left organization and party var and organization and party to a prohibited tax shelter transaction of 11 (3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations books are in care or of NNANCY GUERRY Lecaded at b 223 22ND ST NORTH, COLUMBUS, MS 27P+4 b 39701 40e	15 a				
bit Yes' to line 35s, has the organization field a Form 990-T for the year? If No, "provide an explanation in Schedule 0 Was the organization a section 50 (16)(4), 501(5)(5) or 501(5)(5) organization subject to section 6033(5) entire, proming, and proxy tax requirements during the year? If Yes," complete Schedule C, Part III 18 Did he organization undergo a liquidation, isosolution, termination, or significant disposition of net assets during the year? If Yes," complete schedule N 18 Entire amount of political expenditures, direct or indirect, as described in the instructions 19 Entire amount of political expenditures, direct or indirect, as described in the instructions 19 Entire amount of political expenditures, direct or indirect, as described in the instructions 19 Entire amount of political expenditures, direct or indirect, as described in the instructions 19 Entire amount of the variation of the second of the second of the organization for the instructions of the organization for the second of the organization for the second of the organization for the second of the organizations and any of the organizations and the organizations and second on line 3, for public use of club facilities 19 Entire school of (10) organizations. Enter amount of tax imposed on organization during the year or did in engage in an excess benefit transaction of tax imposed on organization managers or disqualitied persons diving the year under sections 4912, 4955, and 4958 19 Entire school of (10) organizations. Enter amount of tax imposed on organization managers or disqualitied persons diving the year under sections 4912, 4955, and 4958 19 Enter school of (10) organizations. Enter amount of tax in line 40c termbursed by the organization is books are in care of \$\begin{array}{c} \text{ MS} \expression \text{ MS} \expression All any time during the tax year, was the organization and prompts of the section of the	,,,		352		v
e Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements for the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," somplete sophization parts of Schedule N 7. The Emer amount of political expenditures, direct or indirect, as described in the instructions				NI /	_
requirements during the year? If "Yes," complete Schedule C, Part III 5. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 7. Enter amount of pointical expenditures, factor indirect, as described in the instructions 8. Did the organization the Form 1120-POL for the year? 8. Did the organization the Form 1120-POL for the year? 8. Did the organization the Form 1120-POL for the year? 8. Did the organization the Form 1120-POL for the year? 8. Did the organization the Form 1120-POL for the year? 8. Did the organization the Form 1120-POL for the year? 8. Diff "Yes," complete Schedule L, Part II and enter the total amount involved 9. Section 501(c)(7) organizations. Enter: 9. If "Yes, complete Schedule L, Part II and enter the total amount involved 9. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 9. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit infrasaction engage in any section 4955 & Co. 9. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitation person surroup the year under sections 4912, 4955, and 4958 9. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 886-7 12. If yes, somplete Form 886-7 13. If yes, and year the amount of tax imposed on organization managers or disqualitation person surroup the year under sections 4912, 4955, and 4958 14. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization in a promption of the section 4912, 4955, and 4958 15. Did the organization in the foregin country. 16. Located at Pe 2. 2.2. 2.2. DID ST. NORTH, COL			330	14 /	<u>-</u>
36	C		ا ۔۔ ا		,,,
complete applicable pars of Schedule N 7			350		
176 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 0.1 bill the organization file Form 112-POLI for his year? 188 Did the organization file Form 112-POLI for his year? 188 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 189 Section 501(c)(7) organizations. Enter: 189 Section 501(c)(7) organizations. Enter: 189 Section 501(c)(7) organizations. Enter amount of tax imposed on line 9 180 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 180 Section 501(c)(3) organizations. Did the organization engage in any section 4955 ≥ 0. 180 Section 501(c)(3) and 501(c)(4) organizations. Did the organization of unity the year under: 180 Section 501(c)(3) and 501(c)(4) organizations. Before amount of tax imposed on organization during the year or did rehapse in an excess benefit transaction of unity the year year, or did it lengage in an excess benefit transaction of unity the year under sections 4912, 4955, and 4958 180 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualished persons during the year under sections 4912, 4955, and 4958 180 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 180 All the stakes with which a copy of this return is filled ► MS 181 List the stakes with which a copy of this return is filled ► MS 182 List the stakes with which a copy of this return is filled ► MS 182 List the stakes with which a copy of this return is filled ► MS 183 Section 501(c)(4) organization amount of tax wear, was the organization and amount of tax included a second in a second in the organization for the organization for the organization amount of tax except in the organization maintain an office outside of the U.S.? 184 D	36				
Description of the organization for Form 1120-PDL for this year? 288 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 289 If Yes, complete Schedule L, Part II and enter the total amount involved 380 Section 501 (c)(7) organizations. Enter: 381 Instantion fees and capital contributions included on line 9 382 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501 (c)(3) and 501 (c)(4) organizations. On the organization engage many section 4955 ▶ 0 Section 501 (c)(3) and 501 (c)(4) organizations. On the organization engage many section 4955 ▶ 0 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualined persons during the year under sections 4912, 4955, and 4956 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualined persons during the year under sections 4912, 4955, and 4956 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualined persons during the year runder sections 4912, 4955, and 4956 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualined persons during the year runder sections 4912, 4955, and 4956 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization among are sections 501 (c)(3) and 501 (c)(4) organizations fice the amount of tax year, was the organization have a sent the sections of the first and the fi			36		X
38a M the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
in a prory year and still outstanding at the end of the fax year covered by this return? 38	b	Did the organization file Form 1120-POL for this year?	37b		X
1 1 1 1 1 1 1 1 1 1	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
Section 501(c)(7) organizations. Enter: a Intation fees and capital contributions included on line 9 b Cross receipts, included on line 9 (or public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4915 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, Complete Schedule I. Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization in the 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 886c-T is lead to Yes, 'do the organization have an interest in or a signature or other authority over a financial account in a foreign country. ► A la ray time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ► See the instructions for exceptions and fining requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. A tay time during the calendar year, did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b dit the o		in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
Section 501(c)(7) organizations. Enter: a Intation fees and capital contributions included on line 9 b Cross receipts, included on line 9 (or public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4915 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, Complete Schedule I. Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization in the 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 886c-T is lead to Yes, 'do the organization have an interest in or a signature or other authority over a financial account in a foreign country. ► A la ray time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ► See the instructions for exceptions and fining requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. A tay time during the calendar year, did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b dit the o	b				
a Intitation fees and capital contributions included on line 9 to public use of clip facilities 9 to Gross receipts, included on line 9, for public use of clip facilities 9 section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: 9 section 4911					
b Gross recepts, included on line 9, for public use of club facilities 10 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911		· · · · · · · · · · · · · · · · · · ·	1		
Section 4911		• • • • • • • • • • • • • • • • • • • •	1		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? if 1'Yes, "complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 11. List the states with which a copy of this return is filled ▶ MS 12. The organization's books are in care of ▶ NANCY GUERRY 12. To organization's books are in care of ▶ NANCY GUERRY 13. The organization's books are in care of ▶ NANCY GUERRY 14. The organization's pooks are in care of ▶ NANCY GUERRY 15. The organization's pooks are in care of ▶ NANCY GUERRY 16. The organization's pooks are in care of ▶ NANCY GUERRY 17. Telephone no. ▶ 662-328-8301 17. Telephone no. ▶ 662-328-8301 18. The organization's pooks are in care of ▶ NANCY GUERRY 18. Telephone no. ▶ 662-328-8301 19. Telephone no. ▶ 662-328-8301 20. Telephone	4U &				
year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 All organization is all organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed MS At the organization's books are in care of NANCY GUERRY Telephone no. 662 - 328 - 8301 Located at 223 22ND ST NORTH, COLUMBUS, MS If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year At Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? At the Country of the Organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section					
ti Yes,* complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at ▶ 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at ▶ 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Telephone no. ▶ 662-328-8301 Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located at P 223 22ND ST NORTH, COLUMBUS, MS Located	D				
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T List the states with which a copy of this return is filed MS 12a The organization's books are in care of NANCY GUERRY Located at 223 22ND ST NORTH, COLUMBUS, MS 2IP+4 39701 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 1 Hay see the enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Hay see the instruction or exceptions and filing requirements for Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Hay see the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? 1 Hay see the organization of the Area to a controlled entity within the meaning of section 512(b)(13)? 1 Hay see the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Hay see in the organization receive any payment from or engage in any transaction with a co					
or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes*, complete Form 8886-T 1. List the states with which a copy of this return is filed ▶ MS 12a. The organization's books are in care of ▶ NANCY GUERRY Telephone no. ▶ 662-328-8301. 1. Located at ▶ 223 22ND ST NORTH, COLUMBUS, MS 2IP+4 ▶ 39701 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?) If Yes*, enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes*, enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes*, enter the name of the foreign country: ▶ 343 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 444 Did the organization operate one or more hospital facilities during the year? If Yes*, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? d If Yes* to line 44c, has the organization filed a Form 720 to report these payments? If "No,* provide an explanation in Schedule O 446 Did the organization have a controlled entity within the meaning of sect			40b		X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **ZIP 44 39 701 **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **ZIP 4 39 701 **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with which a copy of this return is filed MS **List the states with wh	C				
organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed MS The organization's books are in care of NANCY GUERRY Telephone no. 662-328-8301 Located at 223 22ND ST NORTH, COLUMBUS, MS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ (see instructions) 44b X 45c Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45d Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45d Did the organization have a					
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed MS 12 The organization's books are in care of NANCY GUERRY Telephone no. 5652-328-8301 1 Located at 223 22ND ST NORTH, COLUMBUS, MS IP + 4 39701 1 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 1 If Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 1 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 1 If Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 2 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 1 If Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 2 At a Did the organization maintain any donor advised funds during the year? If Yes," Form 990 must be completed instead of Form 990-EZ 2 Did the organization operate one or more hospital facilities during the year? If Yes," Form 990 must be completed instead of Form 990-EZ 2 Did the organization receive any payments for indoor tanning services during the year? 3 User Yes To Image To Ima	d				
transaction? If "Yes," complete Form 8886-T Lets the states with which a copy of this return is filed MS Located at 223 22ND ST NORTH, COLUMBUS, MS		organization			
List the states with which a copy of this return is filled MS 17 the organization's books are in care of MNANCY GUERRY Telephone no. 662-328-8301 28 23 22ND ST NORTH, COLUMBUS, MS 21P+4 39701 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
The organization's books are in care of Located at \$\sum_{223} \subseteq 2ND ST NORTH, COLUMBUS, MS		transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
Located at 223 22ND ST NORTH, COLUMBUS, MS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If Yes to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation maintain any schedule O 44b X 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	41	List the states with which a copy of this return is filed MS			
Located at 223 22ND ST NORTH, COLUMBUS, MS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If Yes to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation maintain any schedule O 44b X 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	42 a	The organization's books are in care of ► NANCY GUERRY Telephone no. ► 662-32	8-8	301	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 42c X If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? d Hyes' to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O 44d					
account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		-	
account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 14a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			ļ	Yes	No
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1		account)?	42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1		,			$\overline{}$
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1					
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 143 N/A Yes No 144 N/A Yes No Wes No Wes No 145 N/A Yes No	c		42c		x
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 143 N/A 144 N/A 145 N/A Yes No	٠				
and enter the amount of tax-exempt interest received or accrued during the tax year Ves No	42			_	
Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation m Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Indicate the organization of the organization in the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	40		NT / N		ш
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		and enter the amount of tax-exempt interest received of accrued during the tax year	14 / F		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b				Vaa	No
Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b				res	NO
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	44 a				
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			44a		<u>X</u>
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	b				
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		of Form 990-EZ	44b		
un Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
un Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b			44d		
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	45 a				X
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b					T
			45h		
		The state of the s		90-F7	(2013)

Form 990-EZ (2013)

Part V

orm 990-EZ (2	013) HELPING HANDS	OF COLUMBUS	, INC.			<u>64-0771</u>	<u>.503</u>		age 4
					1. d. k	.L	Γ	Yes	No
	ganization engage, directly or indirectly, in	political campaign activitie	s on behalf of or in	opposition to cand	lidates for pi	ADJIC OTTICE?	46		X
	omplete Schedule C, Part I Section 501(c)(3) organizatio	ns only					1 40	<u></u>	
	All section 501(c)(3) organizations mus		49b and 52, and	complete the tal	oles for line	s 50 and 51.			
	Check if the organization used Sched								
								Yes	
	ganization engage in lobbying activities or				es," complet	a Sch. C, Part II	47		X
_	anization a school as described in section			E			48	 	X
	ganization make any transfers to an exemp		ganization?				49a	+-+	X
	as the related organization a section 527 o this table for the organization's five highes		(other than officer	e directore truetes	e and key e	mnloveec) who	49b	L	more.
•	0,000 of compensation from the organization			3, 411000013, 1143100	o unu koy o	iipioyoooj wiio	0001110	00,100	11010
man o roo	(a) Name and title of each employ		(b) Average	hours (c) F	Reportable	(d) Health benef	fits, (1	e) Estim	ated
	• • • • • • • • • • • • • • • • • • • •		per week dev	W-2/1	sation (Forms 1099-MISC)	contributions t employee bene plans, and defen	_{efit} am	ount of	
	N	ONE	position	1		compensation		ompens	ation
							+		
			ļ						
			-				-		
			1	ĺ					
	<u> </u>								
				1					
						<u> </u>	l_		
	nber of other employees paid over \$100,00		at contractors who	and recoved mor		000 of compan	acation	from th	•
	this table for the organization's five higher ion. If there is none, enter "None." N	st compensated independe ONE	nt contractors with	each received mor	e man \$ 100	,000 or comper	isation	II OIII UIE	5
	lame and business address of each indepe			(b) Type of	service	(0) Comp	ensatio	
			-						
	mber of other independent contractors each	•		>					
	rganization complete Schedule A? Note . A		zations and 4947(a	ı)(1) nonexempt				_	_
Under penalties of	e trusts must attach a completed Schedule of perjury, I declare that I have examined this return	n, including accompanying sche	dules and statements	, and to the best of my	knowledge an	d belief, it is true,	Correct, a	es	No olete
Declaration of pre	eparer (other than officer) is based on all information	n of which preparer has any kno	owledge	-		15/1	0/	2 ^	14
Sign	Signature of officer	ugg				Date /	- - c	<u> </u>	
Here	NANCY GUERRY, EXE	CUTIVE DIREC	CTOR						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	-	Date	Check _	ıf PTIN			
Paid					self- empl	·			_
Preparer	RICHARD ROLLINS	RICHARD RO		05/07/14				<u>8537</u>	<u>'</u>
Use Only	Firm's name T. E. LOTT		CPA'S			N ► 64-0			,
-	Firm's address ► PO BOX 47		171		Phone no	o. 662-3	<u>∠8-</u> !	<u> </u>	<u>'</u>
May the IDC de	COLUMBUS , iscuss this return with the preparer shown	MS 39703-04	± / L				X	/as	No
iviay lile ino ui	iscuss this return with the preparet Shown	anove, oee monuching						990-EZ	
									,, .

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 64-0771503 HELPING HANDS OF COLUMBUS, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

								<u> </u>					
he	organi	ization is not a	private foundation t	because it is. (For lines 1	l through 1	1, check o	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)					
2		A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3		A hospital or a	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(A)(iii).					
4		A medical res	earch organization o	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	s nam	e,
		city, and state	e:										
5		An organization	on operated for the l	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describ	ed in		
		section 170((b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, stat	te, or local governme	ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).					
7	\mathbf{X}	An organization	on that normally reco	eives a substantial part (of its supp	ort from a	governme	ntal unit o	r from the	general	public desci	rıbed ı	n
		section 170(l	b)(1)(A)(vi). (Complet	te Part II)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9		An organization	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embershi	p fees, a	nd gross red	eipts	from
		activities relat	ted to its exempt fur	nctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvest	ment
				axable income (less sect									
		See section 8	509(a)(2). (Complete	Part III)									
10		An organization	on organized and op	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	l).				
11		An organization	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	f one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	n 509(a)(2) See se c	tion 509(a)(3). Ch	eck the box	that	
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h						
		a Type I	ь 🗀 ту	/pell c 🔲 Ty	ype III - Fui	nctionally i	ntegrated	d	I 🔙 Тур	e III - No	n-functionall	y integ	grated
е		By checking t	this box, I certify tha	it the organization is not	controlled	directly o	r ındırectly	by one or	more disc	qualified	persons oth	er tha	n
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)	
f		If the organiza	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									
g		Since August	17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
		(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed i	n (11) and (ııı) below	',	Yes	No
		the gove	erning body of the su	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h)	Provide the fo	ollowing information	about the supported or	ganızatıon	(s)							
									T				
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	(v) Did you organizat (i) of your	ion in col.	(vi) Is organizatii (i) organiz U.S	on in col.	(vii) Amount sup	t of moi port	netary
				(see instructions))	Yes	No	Yes	No	Yes	No			
								ļ					
								i			1		
							ĺ				}		
									ļ				
													
					<u> </u>	ļ				ļ			
	-1		l	I		1	1	I		1			

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

Schedule A (Form 990 or 990-EZ) 2013

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization

fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	-						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")	116,645.	125,196.	108,382.	84,305.	125,374.	559,902.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	116,645.	125,196.	108,382.	84,305.	125,374.	559,902.	
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						559,902.	
Sec	ction B. Total Support			<u> </u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	116,645.	125,196.	108,382.	84,305.	125,374.	559,902.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources				17.	1.	<u> 18.</u>	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital			1				
	assets (Explain in Part IV)		<u></u>					
11	Total support. Add lines 7 through 10						559,920.	
	Gross receipts from related activities	•	•			12	6,203.	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
	organization, check this box and sto						<u> </u>	
Sec	ction C. Computation of Pub						100 00	
14	,, ,	• • • • • • • • • • • • • • • • • • • •	•	column (f))			100.00 %	
15						15	<u>%</u>	
16a	33 1/3% support test - 2013. If the				14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
t	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qua				10.10 10:	.,	▶∟	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac					rt IV how the organ	nization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
t	10% -facts-and-circumstances tes							
	more, and if the organization meets t						,	
	organization meets the "facts-and-cir						▶⊨	
<u>18</u>	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							

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be	elow, please com	olete Part II)				
Section A. Public Support		ı	-		 	
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude 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 bus-						
iness under section 513			<u></u>		<u> </u>	
4 Tax revenues levied for the organ-						
ızatıon'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		<u> </u>				
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here		<u> </u>		·		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2013 (column (f))		15	%
16 Public support percentage from 2012	,	•	.,,		16	%
Section D. Computation of Inves	_					
17 Investment income percentage for 20				•	17	%
18 Investment income percentage from:			-,(///		18	%
19a 33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box a	_					▶□
b 33 1/3% support tests - 2012. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	. —
line 18 is not more than 33 1/3%, che		· -	•		-	
20 Private foundation. If the organization	in did not check a	<u> 100x on line 14, 19</u>	ia, or 19b <u>, check t</u>	nis box and see in	ISTRUCTIONS	

Schedule A	(Form 990 or 990 EZ) 2013 HELPING Supplemental Information. Provided in the second sec	HANDS C	F COLUMBU	<u>s, inc.</u>	64-0771503 Page 4
Part IV	Supplemental Information. Provide	de the explanat	ons required by Pa	art II, line 10; Part II, lir	ne 17a or 17b, and Part III, line 12
	Also complete this part for any additional	information (Se	e instructions)		
			·····		
•-					
				<u> </u>	
_					
					
			· · · ·		
					· · · · · · · · · · · · · · · · · · ·
		·			
					
			.		

332024 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

332211 09-04-13

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HELPING HANDS OF COLUMBUS.

Employer identification number 64-0771503

HELPING HANDS OF COLUMBUS, INC.	64-0771503
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
REIMBURSEMENTS	1,124.
INTEREST INCOME	1.
TOTAL TO FORM 990-EZ, LINE 8	1,125.
EODM 000 EZ DADM T ITNE 16 OMUED EVDENCEC.	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	3,944.
PROGRAM ASSISTANCE	82,877.
TOTAL TO FORM 990-EZ, LINE 16	86,821.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OI PAYROLL TAX WITHHOLDING PAYABLE	F YEAR END OF YEAR 0. 726.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ESTAI	BLISH AND OPERATE A
CENTRALIZED, COOPERATIVE ASSOCIATION OF CHURCHES AND AGE	ENCIES TO MEET
THE CHARITABLE NEED OF THE LOWNDES COUNTY COMMUNITY THRO	OUGH THE
COMBINED RESOURCES OF THE WHOLE TO ALLOW GREATER FLEXIB:	ILITY, GREATER
EFFICIENCY, AND LESS DUPLICATION OF EFFORTS AND RESOURCE	ES.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BEN	EFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY	FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT COL	NTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREI LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sci 332211	MIUMS , DIRECTLY , hedule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Nome of the eventual

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization HELPING HANDS OF COLUMBUS, INC.	Employer identification number 64-0771503
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
on individual on it individual benefit dominately	
	
	·
	<u> </u>

2013 Board of Directors:

Billy Crossley - Advisor

Columbus Insurance Services -2610 Main Street Columbus, MS 39701

662 327-0777

Rev. Tom Bryson - First Presbyterian Church

3200 Bluecutt Rd. Columbus, MS 39705

662 328-5992

Ms. Patti Johnson – Past President

Century 21 Real Estate - 3600 Bluecutt Road Columbus, MS 39705

662 327-8596

Rev. Curtis Bray - Secretary/Treasurer

Shaeffer's Chapel

1007 Shaeffer's Chapel Rd. Columbus, MS 39701

6620328-7224

Nancy Smith

Account - self employed

205 Northdale Drive

662328-4871

Rev. Pam Rhea - President

Deacon - St. Paul's Episcopal Church-318 College St. Columbus, MS 39701

662 328-6673

Bobby Harper- Senior Vice President - Renasant Bank

905 Main Street Columbus, MS 39701

662 244-49+11

Rev. Bob Wilbur – Covenant Presbyterian Church

515 Lehmberg Road Columbus, MS 39702

662 328-3882

Rev. Jonathan Speegle – Vice President

Central United Methodist Church

1201 College Street Columbus, MS 39701

662 328-7895

Diane Youngblood - Retired

Attendance Supervisor/Jefferson Co. Board of Education (Birmingham, AL)

488 Youngblood Road Columbus, MS 39702

662328-0443

Harold Youngblood - Allstate Insurance Co.- Retired

488 Youngblood Rd. Columbus, MS 39702

662328-789+5

Brenda Wilson - Career and Technical Support Services Coordinator/instructor @

E.M.C.C.

P. O. Box 100 Mayhew, MS 39753

662 243-2658

Nancy Guerry, Executive Director-Helping Hands, Inc.

223 22nd Street North Columbus, MS 39701

662 328-8301