

# 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



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning	and	ending						
B C	heck if opticable	C Name of organization			D Employer identifica	tion number				
	Addres	HIS HANDS OF HORRY COUNTY,	INC.							
	Name change	Doing business as	27-01	0169270						
	Initial	Number and street (or P.O. box if mail is not delivered to s	treet address)	Room/suite	E Telephone number					
	Final return 150 CORBAN PLACE 843-903									
	termin- ated	City or town, state or province, country, and ZIP or for	reign postal code		G Gross receipts \$	210,468.				
	Amend return	CONWAY, SC 29526		· · · · · · · · · · · · · · · · · · ·	H(a) Is this a group retu	ırn				
	Applica tion	F Name and address of principal officer. SAMMIT O	OHNSON		for subordinates?	Yes X No				
	pending	SAME AS C ABOVE			H(b) Are all subordinates incli	uded? Yes No				
<u>  T</u>	ax-exe	mpt status: $X = 501(c)(3) = 501(c)( )$ (inser	t no.) 4947(a)(1)	or 527	If "No," attach a lis	st (see instructions)				
		e: ► N/A			H(c) Group exemption					
		organization: X Corporation Trust Association	Other >	L Year	of formation: 2009 M	State of legal domicile: SC				
Pa	rt I	Summary								
ايو		Briefly describe the organization's mission or most significa				THE				
Governance	_	QUALITY OF LIFE FOR INDIVIDUAL								
e.		Check this box 🕨 🔛 if the organization discontinued it		sed of more	than 25% of its net asset					
Š		Number of voting members of the governing body (Part VI,	•		3	1				
8		Number of independent voting members of the governing b	• • • • •		4	1:				
ies		otal number of individuals employed in calendar year 2016	(Part V, line 2a)		5					
ξį		fotal number of volunteers (estimate if necessary)			6	5(				
AC		Total unrelated business revenue from Part VIII, column (C)			7a	0				
Revenue Activities &	1 d	Net unrelated business taxable income from Form 990-T, lir	e 34	<del></del>	7b	0				
6				-	Prior Year	Current Year				
e		Contributions and grants (Part VIII, line 1h)		ļ <del></del>	156,983.	210,468				
Ven		Program service revenue (Part VIII, line 2g)		<u> </u>	0.	0				
Re	ľ	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-	1.	0				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c	•	-	156 004	0.				
$\dashv$		Total revenue - add lines 8 through 11 (must equal Part VIII,	· · · · · · · · · · · · · · · · · · ·		156,984. 137,929.	210,468				
		Grants and similar amounts paid (Part IX, column (A), lines	1-3)	<del> </del>	137,929.	225,793				
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, c	aluma (A) Juana E 10)		0.	0				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	olullin (A), lines 5-10)		0.	<u>0</u>				
beu		Total fundraising expenses (Part IX, column (D), line 25)		0.						
ΜŽ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		_ <del></del>	4,919.	13,419				
		otal expenses Add lines 13-17 (must equal Part IX. column	o (A) line (35)	-	142,848.	239,212				
	19 5	Revenue less expenses Subtract line 18 from line 12			14,136.	-28,744				
58		To the lead expenses eastract line to them into 12	ieuziveu	San Be	ginning of Current Year	End of Year				
Assets or Balances	20 1	Fotal assets (Part X, line 16)		SS-SS-OSC	29,327.	11,980				
Ass	*	Fotal assets (Part X, line 16)  Fotal liabilities (Part X, line 26)	MAY 15 2017	lo	0.	22,068				
甏		Net assets or fund balances Subtract line 21 from line 20			29,327.	-10,088				
Pa	rt II		GOEM IN	3						
Unde	er penal	ties of perjury, I declare that I have examined this return, including	accompanying schedule	staten	ents, and to the best of my l	knowledge and belief, it is				
true,	correct	, and complete. Declaration of pregarer to the than officer) is base	d on all information of w	hich preparei	has any knowledge					
		Samuel theham			5-9-20	017				
Sıgr	1	Signature of officer			Date					
Here	e	SAMUEL L. JOHNSON JR.	CHATRMA	N						
		Type or print name and title								
		Print/Type preparer's name Preparer	S SIODATHIE		Date Check	] PTIN				
Paid		DAVID C. DEKLEVA, CPA	Se , Ch	-	5///7 If self-employed	P00152291				
Prep	<u> </u>	Firm's name SMITH SAPP			Firm's EIN	57-0801130				
Use	Only	Firm's address 🕨 4728 JENN DR. SUITE								
		MYRTLE BEACH, SC 295	77		Phone no. 8 <b>4</b> 3					
May	the IR	S discuss this return with the preparer shown above? (see	instructions)			X Yes No				
53200	01 11-11	-16 LHA For Paperwork Reduction Act Notice, see the	ne separate instructi	ons.		Form <b>990</b> (2016				

orm	990 (2016) HIS HANDS OF HORRY COUNTY, INC. 27-0169270 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO ASSIST IN IMPROVING THE QUALITY OF LIFE FOR INDIVIDUALS WHO NEED
	ASSISTANCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  Yes X No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$235,584. including grants of \$25,793.) (Revenue \$)
	PROVIDED REPAIRS TO HOMES OF SIX INDIVIDUALS WHO NEEDED ASSISTANCE.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code) (Expenses \$
7~	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 235,584.
	Form <b>990</b> (2016)

p 1

4 Section 501(c)(3) or ganizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 5 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 1 If the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 1 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 1 1 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 1 1 Did the organization report an amount for other assets in Part X, line 15 If "Yes," complete Schedule D, Part X 1 1 Did the organization report an amount for	No
2 Is the organization required to complete Schedule B, Schedule C Continutors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II I  Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II I  Did the organization in an an advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment is including easierents to preserve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiations services? If "Yes," complete Schedule D, Part V II If the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II I	
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, III, III, X, or X as applicable  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII  15 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  17 Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  18 Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII  19 Did the organization a school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E  10 Did the organiza	
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investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  15	X
or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  15	
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	37
foreign organization? If "Yes," complete Schedule F, Parts II and IV	<u> </u>
	v
	<u>X</u> _
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
1c and 8a? If "Yes," complete Schedule G, Part II	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_ <del></del>
complete Schedule G, Part III	x
Form <b>990</b> (2	

Form 990 (2016) HIS HANDS OF HORRY COUNTY, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<b> </b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No", go to line 25a	24a		X
-	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ		
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			177
	Schedule N, Part II	32	-	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	000		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	332		
מ	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) or ganizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
<del>,,</del>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		† <u></u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2016)

	Check if Schedule O contains a response or note to any line in this Part V					<u> </u>
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportal	ole gaming			ĺ
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a_	0			ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	it)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit			1
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ured			
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del></del>			
11	Section 501(c)(12) organizations. Enter	ا ما				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	'	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					-
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O.					1
D	Enter the amount of reserves the organization is required to maintain by the states in which the	ایمدا				1
_	organization is licensed to issue qualified health plans	13b		-		1
	Enter the amount of reserves on hand	13c		4.6-		v
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in School of	۰.0		14a		X
U	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<del>- U</del>		14b	990	(0040

Form 990 (2016). HIS HANDS OF HORRY COUNTY, INC. 27-0169270 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, Or 10b below, describe the circumstances, processes, or changes in Schedule C	) See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					$\mathbf{x}$
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	l <sub>1a</sub>	13	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		<del></del>	4		
_	officer, director, trustee, or key employee?	ıp waa	arry ourier	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	et supeniision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	ie direc	zt supervision	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	000	e filod?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		is med.	5		X
6	Did the organization have members or stockholders?	3613		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or	-		
7 4	more members of the governing body?	thhourt	one or	7.		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	otookb	oldere er	7a		
D	persons other than the governing body?	Stockii	olders, or	7.		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	o following:	7b		<u> </u>
	The governing body?	at by ti	e following.		v	
	Each committee with authority to act on behalf of the governing body?			8a	X	
9			- 4 Al	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be recorganization's mailing address? If "Yes," provide the names and addresses in Schedule O	acned	at the			37
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		- Code l	9		_X
	tion B. I differed (This Section & requests information about policies not required by the internal F	revenue	e Code.)			
100	Did the organization have lead chanters branches as efflicts.				Yes	No
	Did the organization have local chapters, branches, or affiliates?		451 - 4	10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such cand branches to ensure their operations are consistent with the organization's exempt purposes?	napter	s, aπiliates,	400		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	du bafa	ro filing the form?	10b		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ay belo	re ming the form?	11a		<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13			40		37
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		floto	12a		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		•	12b		
C	In Schedule O how this was done	res, a	escribe	40-		
13	Did the organization have a written whistleblower policy?			12c		37
14	Did the organization have a written document retention and destruction policy?			13		_ <u>x</u> _
	- , ,	ا ا ا		14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approv		idependent	1 .		
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		l		7.7
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		•	15a		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b		X
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		م مادر			
ioa		ment v	vitn a			37
<b>L</b>	taxable entity during the year?			16a	_	<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of evaluations are leaders to the control of the organization of evaluations are leaders to the organization of evaluations are leaders and the organization of evaluations are leaders are leaders and the organization of evaluations are leaders and the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?	ınızatıo	n's			
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶SC					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	T (\$^^+	ION 501/0\/2\c ==!-\	n (c.l-1-		
10	for public inspection. Indicate how you made these available. Check all that apply	i (Sect	ion ou r(c)(3)s only)	avallab	ie	
		1 to C - 1	rodulo Ol			
19	· · · · · · · · · · · · · · · · · · ·		•	J &:	!	
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year	JI JI JI CT C	n interest policy, an	ı tınanı	ciai	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ante -	ud ropords 🏲			
20	THE ORGANIZATION - 843-903-4846	oks ar	iu recoras 🟲			
	150 CORBAN PLACE, CONWAY, SC 29526		<del></del> _			

Form 990 (2016)	${\tt HIS}$	HANDS	OF	HORRY

27-0169270

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	(50		Pos	ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	inan is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SAMMY JOHNSON	1.50	X		х						•
CHAIRMAN (2) JEFF DAVIS	1.50	_	-	Λ				0.	0.	0.
VICE-CHAIRMAN	1.50	X		X				0.	0.	0.
(3) TERRI ALFORD	1.50	21		23		┢			<u> </u>	<del></del>
TREASURER	1.50	x		х				0.	0.	0.
(4) SUSAN JOHNSON	1.50		ļ					<u> </u>		
SECRETARY		X		х			ļ	0.	0.	0.
(5) GAIL HORTON	1.50					-				
DIRECTOR		X						0.	0.	0.
(6) WALT SMITH	1.50									
DIRECTOR		X	ļ					0.	0.	0.
(7) CHRIS BARNHILL	1.50									
DIRECTOR		X	ļ	ļ				0.	0.	0.
(8) HEATH ALLEN	1.50								_	_
DIRECTOR	1 50	X	<u> </u>					0.	0.	0.
(9) ARA HEINZ	1.50	1,,					-			•
DIRECTOR	1.50	X		ļ		-		0.	0.	0.
(10) RICK RUSH	1.50	x						0.	0.	0
DIRECTOR (11) DALE GRUNSKY	1.50	^	<del> </del>			-		0,	U •	0.
DIRECTOR	1.50	Х						0.	0.	0.
(12) HAYES HUDSON	1.50	1			$\vdash$		-	0.		<u></u>
DIRECTOR	1.50	X						0.	0.	0.
(13) TINA HARR	1.50									
DIRECTOR		Х						0.	0.	0.
										7.
										_
		ļ				<u></u>				
		.							•	
		<u> </u>	ļ			<u> </u>				
	ļ	1								
<u> </u>	1	1				1	L	<u>l</u>		

Part VII   Section A. Officers, Directors, Trus (A)	(B)	אסים 	CCS		<u>0 (1)</u> (2)	gne	si C			Т	/E\	
Name and title	Average hours per week	box	not c , unle	Pos heck ss pe	ition more rson	than s bot x/trus	han	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimate nount other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	pensa om the anizat d relat	e ion ed	
	line)	Individu	Instituti	Officer	Key emp	Highest employ	Former			orga	anızatı	ons 
	-	L										
								,				
	-		<del> </del>	<del>-</del>	ļ							
									-	-		
		_										
										<del>                                     </del>	<del></del>	
1b Sub-total		1						0.	0	-		0
c Total from continuation sheets to Part V	II, Section A							0.	0	•		0
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but recompensation from the organization</li> </ul>	not limited to th	nose	liste	ed al	bov	e) wi	ho re			• ∤		0
	-1	- 1 -						h . h l			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual			·		·				3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	· ·							•	the organization	4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com					-		relat	ed organization or indiv	idual for services	5		x
Section B. Independent Contractors  1 Complete this table for your five highest co		don	ande	nt o	ont	roote	t	that recovered more than	\$100,000 of compos	aatiaa i		
Complete this table for your five highest countered the organization. Report compensation for										Salion	10111	
(A) Name and business	address	N	ONI	E				(B) Description of s	services	(Compe	C) nsatio	'n
<del></del>												
								· · · · · · · · · · · · · · · · · · ·				
								<del></del>				
2 Total number of independent contractors (	including but r	not li	mıte	d to	tho	se li	sted	d above) who received n	nore than			
\$100,000 of compensation from the organi						0				Form	000 4	

27-0169270 HIS HANDS OF HORRY COUNTY, INC. Page 9 Form 990 (2016) Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 10 d Related organizations 1d 207,774. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,694 similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 210,468 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_ contributions reported on line 1c) See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 а b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

210,468

0.

0

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

•

# Form 990 (2016) HIS HANDS OF HORRY COUNTY, INC. Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A).	<del></del>
	Check if Schedule O contains a respon	Se or note to any line in t		· (C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	225,793.	225,793.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			<u> </u>	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				<del>-</del> -
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				<u> </u>
11	Fees for services (non-employees)				
а	Management				····
þ	Legal				<del></del>
С	Accounting				
	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees		<del>-</del>	<u>-</u>	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)		·		
12	Advertising and promotion				<del></del>
13	Office expenses				<del> </del>
14	Information technology				
15	Royalties	0.000	0.000		
16	Occupancy	9,000.	9,000.	<del></del>	
17	Travel	<del></del>			<del></del>
18	Payments of travel or entertainment expenses	İ			
40	for any federal, state, or local public officials	135.		135.	<del></del>
19	Conferences, conventions, and meetings	321.		321.	
20 21	Interest Payments to affiliates	341.		341.	
	Depreciation, depletion, and amortization	432.	432.		
22 23	Insurance	2,931.	359.	2,572.	
24	Other expenses. Itemize expenses not covered		332.	2,3/2.	······································
_4	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24 e expenses on Schedule 0.)	ļ.			
а	MEMBERSHIPS	600.		600.	
b					
c					<del></del>
ď					
	All other expenses		· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses Add lines 1 through 24e	239,212.	235,584.	3,628.	0.
26	Joint costs. Complete this line only if the organization		<u></u>		<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_					

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 7,231. 18,655. 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 5,181. basis Complete Part VI of Schedule D 10a 10,672. 432. 4,749. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 29,327 11,980 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 22,068. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 22,068. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 29,327. -10,088.27 27 Unrestricted net assets 28 Temporanly restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 29,327. -10,088. 33 33 Total net assets or fund balances 11,980. 29,327 Total liabilities and net assets/fund balances

Form **990** (2016)

	990 (2016) HIS HANDS OF HORRY COUNTY, INC.	<u> 27-016</u>	<u>9270                                    </u>	Pag	<u>е 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ц
1	Total revenue (must equal Part VIII, column (A), line 12)	1_1		),4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2:	
3	Revenue less expenses. Subtract line 2 from line 1	3		3 <u>,7</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	3.	<u>27.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8	-10	),6'	<u>71.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	-10	0,0	<u>88.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
			$\longrightarrow$	Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1 1	١	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	0	1	}	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1	-	
	separate basis, consolidated basis, or both		1	}	
	X Separate basis Consolidated basis Both consolidated and separate basis		1	ł	
þ	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		ļ	
	consolidated basis, or both		( )		
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,		ı	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	i	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt	1 1	Ì	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	
			Form	<b>990</b> (	2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

ZU16
Open to Public

Inspection

Employer identification number Name of the organization HIS HANDS OF HORRY COUNTY 27-0169270 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (v) Amount of monetary (II) EIN (III) Type of organization (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 HIS HANDS OF HORRY COUNTY, INC. 27-01692

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 27-0169270 Page 2

(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)

<u>Se</u> c	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and						_			
	membership fees received. (Do not	1								
	ınclude any "unusual grants.")	40,216.	33,990.	41,061.	155,242.	210,468.	480,977.			
2	Tax revenues levied for the organ-	ı l								
	ızatıon's benefit and either paid to									
	or expended on its behalf	<u> </u>								
3	The value of services or facilities									
	furnished by a governmental unit to	1								
	the organization without charge	<u> </u>								
4	Total. Add lines 1 through 3	40,216.	33,990.	41,061.	155,242.	210,468.	480,977.			
5	The portion of total contributions									
	by each person (other than a					1				
	governmental unit or publicly					j				
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,			,						
	column (f)						100 000			
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>			<u> </u>	L	480,977.			
		( ) 0010	# \ 0010		7,0045	4 3 004 6	(0.T-+-I			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013 33,990.	(c) 2014	(d) 2015 155,242.	(e) 2016 210, 468.	(f) Total			
	Amounts from line 4	40,216.	33,990.	41,061.	155,444.	210,400.	480,977.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	9.	ا م	3.	1		2.2			
_	and income from similar sources	J	9.	<u> </u>	1.		22.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
טנ	Other income. Do not include gain									
	or loss from the sale of capital	4,000.					4 000			
	assets (Explain in Part VI.)	4,000.		<del></del>			4,000. 484,999.			
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructiv			L	12	404,333.			
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av voar as a soctio					
13	organization, check this box and stor	_	s mat, second, umi	a, iourai, or marta	ax year as a section	11 30 1(0)(3)	▶[]			
Sec	ction C. Computation of Publ		rcentage	<del></del>						
	Public support percentage for 2016 (I			olumn (fl)	<del></del>	14	99.17 %			
	Public support percentage from 2015	• • • • • • • • • • • • • • • • • • • •	•			15	95.41 %			
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo				
	is 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test - 2015. 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 qual						ightharpoons			
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	· ·	▶□			
t	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	•			
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization	▶□			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17i	o, check this box a	and see instruction	s <b>&gt;</b>			
					Sche	edule A (Form 990	or 990-EZ) 2016			

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to ualify under the tests listed below, please complete Part (I.)

Se	ction A. Public Support	elow, please comp	Diete Part II.)				<del> </del>
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(4) = 4 :=	147	19/25	1-7-3	(0) = 0.10	
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,		-				
	merchandise sold or services per-						
	formed, 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-	1			1		
	iness under section 513	}					
4	Tax revenues levied for the organ-					<u> </u>	_
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					<del> </del>	
J	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5				1		
	a Amounts included on lines 1, 2, and					<del>                                     </del>	
, ,	3 received from disqualified persons	İ			1	1	
ŀ	Amounts included on lines 2 and 3 received				-	<del>                                     </del>	
Ī	from other than disqualified persons that					ł	
	exceed the greater of \$5,000 or 1% of the	'					
	amount on line 13 for the year  Add lines 7a and 7b		,,	†		<del> </del>	
	Public support. (Subtract line 7¢ from line 6)			<del>                                     </del>	<u> </u>	<del>                                     </del>	
	ction B. Total Support	·			<u> </u>	. L	
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(a) 2016	S (6 Total
	Amounts from line 6	(a) 2012	(6) 2013	(6) 2014	(a) 2013	(e) 2016	6 (f) Total
_	Gross income from interest,				<del> </del>	+	
	dividends, payments received on						
	securities loans, rents, royalties					İ	
	and income from similar sources Unrelated business taxable income					<del> </del>	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	,						
	c Add lines 10a and 10b  Net income from unrelated business					<del></del>	
• •	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on					-	
12	Other income Do not include gain or loss from the sale of capital						·
	assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) or	ganization,
<del></del>	check this box and stop here						<u>▶</u>
$\overline{}$	ction C. Computation of Publ					T T	
	Public support percentage for 2016 (I		*	column (f))	•	15	%
	Public support percentage from 2015				<del></del>	16	%
	ction D. Computation of Inves					11	<del></del>
	17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))						%
	Investment income percentage from 2015 Schedule A, Part III, line 17						%
198	a 33 1/3% support tests - 2016. If the	=				· ·	line 17 is not
_	more than 33 1/3%, check this box a	•	•	•			
t	o 33 1/3% support tests - 2015. If the	-			-		. —
	line 18 is not more than 33 1/3%, che					<del>-</del>	ation
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟_

# Schedule A (Form 990 or 990-EZ) 2016 HIS HANDS OF HORRY COUNTY, Part IV Supporting Organizations INC.

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

Section A	A. All Supporting Organizations
	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			Į
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		i
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	Į.	ļ	1
	organization was described in section 509(a)(1) or (2)	2		ļ
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		ŀ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ļ		
	organization made the determination	3ь		ĺ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		l
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	İ		ļ
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	Į		ļ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	ĺ		
	purposes	4c		i
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	1	)	1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	İ		1
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			ĺ
	was accomplished (such as by amendment to the organizing document).	5a		İ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	-		
-	designated in the organization's organizing document?	5b		ĺ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	{	ļ	1
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			İ
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	ĺ		ĺ
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		ĺ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		l
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			<u> </u>
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1		ĺ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
		l l	(	ı

determine whether the organization had excess business holdings.)

		16927	U Pa	<u> 19e 5</u>
Pai	rt IV   Supporting Organizations (continued)		T.,	
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ŀ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	<u> </u>	<u> </u>
Sec	tion C. Type II Supporting Organizations		<del></del>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s) tion D. All Type III Supporting Organizations	1 1		<u> </u>
000	tion D. Air Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3_	<u>.                                    </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions		r
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  those supported organizations and explain how these activities directly furthered their exempt purposes.			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			ĺ
	that these activities constituted substantially all of its activities.	0-		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		<del> </del>
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.	2.0	†	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	t	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2016 HIS HANDS OF HORRY COUNT			27-0169270 Page 6
Pai	rt.V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	İ		
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Sche	dule A (Form 990 or 990 EZ) 2016 HIS HANDS OF			7-0169270 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	_ <del></del>		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
2004	ion E. Distribution Allocations (as a instructions)	Excess Distributions	Underdistributions	Distributable
<del>Je</del> Ci	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h		•	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990 E	<u>Z) 2016 H</u> I	S HAND	S OF HORI	RY COUNTY	, INC.	27-0169270 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Information 1, 2, 3to 1, 2, 3to 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<b>ion.</b> Provide o, 3c, 4b, 4c, 2 and 3, Part	the explanations 5a, 6, 9a, 9b, 9d IV, Section E, lin	s required by Part c, 11a, 11b, and 11 nes 1c, 2a, 2b, 3a,	II, line 10, Part II, line c; Part IV, Section B, and 3b, Part V, line 1	17a or 17b, Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, additional information.
	(See instructions)						
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## **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	HIS HANDS OF HORRY		27-0169270				
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, III	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	winting that the assets held in donor advis	ad funds				
3	are the organization's property, subject to the organization's		Yes No				
_		S	<del></del> ::: <del></del> :::				
6	Did the organization inform all grantees, donors, and donor a	• •	-				
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose					
Da	impermissible private benefit?		Yes No				
Pa			Part IV, line /				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area				
	Protection of natural habitat	Preservation of a cert	ified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure				
-	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the					
Ŭ	year >	, , , , , , , , , , , , , , , , , , ,	organiamon admig and tax				
А	Number of states where property subject to conservation ea	esement is located					
5	Does the organization have a written policy regarding the pe						
3	violations, and enforcement of the conservation easements	-	Yes No				
_	•						
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and emorcing con-	servation easements during the year				
_	Amount of succession and an another an another transfer	dl					
7	Amount of expenses incurred in monitoring, inspecting, han	diing of violations, and emorcing conserva	tion easements during the year				
_			(I-)(A)(O)(I)				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170					
	and section 170(h)(4)(B)(ii)?	•	└ Yes				
9	In Part XIII, describe how the organization reports conservation						
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for				
	conservation easements	64 1 11: 1 : 17					
Ра	rt III Organizations Maintaining Collections of	•	tner Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under SFAS 116 (A						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri	nbes these items					
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	t and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financia					
_	the following amounts required to be reported under SFAS		· • • · · · · · · · · · · · · · · · · ·				
а	D	, o oog, lowing to those items	<b>▶</b> \$				
	Assets included in Form 990, Part X	<del></del>	<b>&gt;</b> \$				
			F +				

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)			DS OF HORR						<u>27-01</u>			<u> 2</u>
Check all that apply  a												
a Public exhibition   d   Loan or exchange programs   b   Scholarly research   e   Other   c   Preservation for future generations   d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII   During the year, dul the organization solicit for receive donations of art, historical treasures, or other similar assets   During the year, dul the organization solicit for receive donations of art, historical treasures, or other similar assets   During the year   dule organization solicit for receive donations of the organization assembly or possible of the organization answered "Yes" on Form 990, Parl IV, line 9, or reported an amount on Form 990, Parl X, line 21.  Is the organization an algent, installe, custodial arroangement in the membrane of the following table:  If Yes, explain the arrangement in Parl XIII and complete the following table:  If eligible plained   Additions during the year   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the organization and plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description in the plained   16     Description of property   16     Description of property   16     Description of property   16     Description of property   16     Description of property   16     Description of property   16     Description of property   17     Description of property   17     Description of property   17     Description of property   17     Description of property   17     Description of property   17     Description of property   17     Description of property   17     Description of property   17     Description of property   17     Description o	3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a siç	gnificant i	use of its o	collection	items	
b Scholarly research c ☐ Other C Preservation for future generations C ☐ Preservation for future generations C ☐ Preservation for future generations C ☐ Other C ☐ Ot		(check all that apply).										
c	а	Public exhibition	d	· 🖳 :	oan or exc	hange progra	ıms					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е	. 🗀 (	Other							
5 Dung the year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   Is the organization an apert, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   It is the organization answered "Yes" on Form 990, Part X   It is the organization and in the part of the organization answered "Yes" on Form 990, Part X   It is a separation on Form 990, Part X   It is a separation in the part of the organization in the part of the organization in the part of the organization in the part of the organization in the part of the organization in the part of the organization in the organization in the organization in asset per provided on Part XIII   Part V   It is a separation in the organization in asset per provided on Part XIII   Part V   It is a separation in the organization in asset per provided on Part XIII   Part V   It is a separation in the organization in asset per provided on Part XIII   Part V   It is a separation in the organization in asset per provided on Part XIII   Part V   It is a separation in the organization in asset per provided on Part XIII   Part V   It is a separation in the organiza	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatio	on's exer	npt purpo	ose in Part	XIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization solicit o	r receive donations	of art, his	stoncal trea	sures, or othe	er sımılar	assets				
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:    C										Yes		No_
reported an amount on Form 990, Part X, line 21  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year f Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships 1c Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment    5 Permanent endowment    5 Temporarily restricted endowment    5 Temporarily restricted endowment    5 Temporarily restricted endowment    5 Temporarily restricted endowment    6 Temporarily restricted endowment    7 Sa(ii)    8 Sa(ii)    8 Sa(ii)    8 Sa(ii)    8 Sa(ii)    9 Describe in Part XIII the intended uses of the organizations is listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organizations endowment funds  Describe of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation    1a Land     1a Land     1b Buildings     1c Other    1 Sa(ii)    1 Sa(ii)    1 Sa(ii)    3 Sa(iii)    3 Sa(iii)    3 Sa(iii)    3 Sa(iii)    4 Describe in Part XIII the intended uses of the organizations endowment funds  Describe of property    1a Land     2b Buildings     2c Lessehold improvements    2d Equipment     2d Other     2d A J A J A J A J A J A J A J A J A J A	Par						Yes" on	Form 990	J, Part IV,	line 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Le		reported an amount on Form 990, Par	rt X, line 21		· ·							
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    The triangle of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of the organization answered "Yes" on Form 990, Part IV, line 10.    The triangle of year balance   (a) Current year (b) Prior year (c) Two years back (e) Four years back or Net investment earnings, gains, and losses of the organization with the programs or scholarships   (a) Current year end balance (line 1g, column (a)) held as.   Board designated or quasi-endowment   %	1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount				•						Yes	ı	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b		and complete the fo	llowina t	able <sup>.</sup>							
c Beginning balance d Additions during the year   Distributions during the year   Ending balance   1t	_	voo, explant the analogoment the true								Amount		
d Additions during the year    Distributions during the year   1e   1e   1e   1e   1e   1e   1e   1	c	Beginning balance						10				
e Distributions during the year  f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b. Contributions 1b. Contributions c. Net investment earnings, gains, and losses d. Grants or scholarships e. Other expenditures for facilities and programs f. Administrative expenses g. End of year balance 2. Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as. a. Board designated or quasi-endowment    y6 b. Permanent endowment    y6 c. Temporarily restricted endowment    y6 The percentages on lines 2a, 2b, and 2c should equal 100% 3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related o			•				•					_
f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions		- ,										_
Det the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?    Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fo	f											_
Describe in Part XIII. Check here if the explanation has been provided on Part XIII.   Part V   Endowment Funds, Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Calcurrent year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	22		orm 990 Part Y line	21 for 6	secrow or c	ustodial acco	unt liabili			Vec		
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four yea		_						ity -	<u> </u>	] 103	声'	•0
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back								10				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 5,181, 432, 4,749.e		The state of the s		i e					vears hack	(e) Four	vears ha	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment   % b Permanent endowment   % c Temporarily restricted endowment   % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds  A Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Describion of property (a) Cost or other basis (other) (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 5,181, 432, 4,749.e	10	Boginning of year balance	(a) Ourrent year	(6)	noi yeai	(C) Two year	3 Dack	(d) Thirde	roars back	(e) i oui	years bu	UIL
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment ▶			·			<del> </del>						
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quasi-endowment  % b Permanent endowment  % c Temporarily restricted endowment  % The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4. Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Gipmin for property d Gipmin for property	b	•					<u> </u>					
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Temporarily restricted endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations  ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  6 Other	C											
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f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  a Board designated or quasi-endowment  \$\infty \frac{9}{6}\$  b Permanent endowment  \$\infty \frac{9}{6}\$  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations  b   f "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment  5,181. 432. 4,749. e Other	е	•					ļ					
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.  a Board designated or quasi-endowment ▶	f	,				<del>                                     </del>				<del> </del>		
a Board designated or quasi-endowment		•			<del></del>	<u> </u>				l		
b Permanent endowment \			rent year end baland	ce (line 1	g, column (	a)) held as.						
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment e Other		•									Yes I	10
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  to Buildings  c Leasehold improvements  d Equipment  e Other		(i) unrelated organizations								3a(i)		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  basis (other)  Cultural depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		.,									$\perp$	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R	,				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other				owment	funds							
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  3	Pai	t Ⅵ	nent.									
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other		Complete if the organization answere	ed "Yes" on Form 99	0, Part I\	/, line 11a.	See Form 990	), Part X,	line 10				
b Buildings c Leasehold improvements d Equipment 5,181. 432. 4,749.		Description of property	, , ,			1			- 1	(d) Book	( value	
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c Leasehold improvements d Equipment 5,181. 432. 4,749.		***										
d Equipment 5,181. 432. 4,749.		-										
e_Other		Fauroment				5,181		Δ	32.		4.74	9 -
									<del></del>		<u>- , ,                                 </u>	<del></del>
			equal Form 990. Part	X. colur	nn (B). line	10c)					4.74	9.

chedule D (Form 990) 2016 HIS HANDS OF Part VIII Investments - Other Securities.				69270 Pag
Complete if the organization answered "Yes"  a) Description of security or category (including name of security)	on Form 990, Part IV, lii (b) Book value		Part X, line 12. luation Cost or end-of-yea	r market value
Financial derivatives	(D) BOOK VAIGE	(C) WELLIOU OF VA	idation cost of chia of year	- Thartot Valdo
Closely-hold equity interests				<del></del>
Other				
(A)				
(B)				
(C)				
(D)				<del> </del>
(E)				
(F)			<del></del>	
(G)	·			
(H)				
at. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, II  (b) Book value		art X, line 13 lluation. Cost or end-of-yea	ar market value
	(b) DOOK VAIUE	(c) Motified of Va		value
(1)				
(3)				•
(4)		, <del>-</del> , - ,		
(5)				
(6)				
(7)				
(8)				
(9)				
	on Form 990, Part IV, li Description	ne 11d See Form 990, F		<b>b)</b> Book value
(1)	······································	<del></del>		
(2)				
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(5)	<u> </u>			
(6)	······································			
(7)				
(8)				
(9)				
al. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		<b>&gt;</b>	
art X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I		990, Part X, line 25	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
tal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25 )			
Liability for uncertain tax positions. In Part XIII, provide		e to the organization's fi	nancial statements that re	ports the
organization's liability for uncertain tax positions under		-		
			Schedule	D (Form 990)

chedule D (Form 990) 2016 HIS HANDS OF HORRY COUNTY, INC.	27-0169270 Page
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<del></del>
1 Total revenue, gains, and other support per audited financial statements	.   1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	<u> </u>
b Donated services and use of facilities 2b	<del> </del>
c Recoveries of prior year grants	<b></b> }
d Other (Describe in Part XIII )	<del></del>
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII )	<u> </u>
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2a	
b Prior year adjustments 2b	
c Other losses . 2c	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	5
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, nes 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information	

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2016)

Name of the organization Employer identification number 27-0169270 HIS HANDS OF HORRY COUNTY, INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (h) Purpose of grant (e) Amount of (g) Description of valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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

### **SCHEDULE:**O

(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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	HIS HANDS OF HORRY COUNTY, INC.	27-0169270
FORM	990, PART VI, SECTION B, LINE 11B:	
THE O	RGANIZATION'S CHAIRMAN REVIEWED THE PREPARED FORM 99	0 BEFORE IT WAS
FILED	•	
FORM	990, PART VI, SECTION C, LINE 19:	
THIS	INFORMATION IS MADE AVAILABLE TO THE PUBLIC UPON REQ	UEST.