990-EZ

## **Short Form** Return of Organization Exempt From Income Tax

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

2009

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

For the 2009 calendar year, or tax year beginning , 2009, and ending D Employer identification number Check if applicable Please Many Hands for Haiti Address change use IRS label or 26-4480982 Name change 512 Madison Street Telephone number print or X Initial return Pella, IA 50219 type Termination Specific Instruc-Amended return Group Exemption Application pending Number Accounting method X Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► Check ► X if the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF) Tax-exempt status (check only one) — |X| 501(c) (3) ◀ (insert no) 4947(a)(1) or Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990 EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 156,881 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5 a b Less cost or other basis and sales expenses 5 b c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 5 c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7 a 7 b **b** Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► 8 **Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Statement 1,200. 10 Grants and similar amounts paid (attach schedule) See 10 95 11 SS 11 Benefits paid to or for members 12 15,071. 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 OGDEN, UT 14 Occupancy, rent, utilities, and maintenance 14 100. 15 Printing, publications, postage, and shipping 15 868. Other expenses (describe ► See Statement 2 94,862. 16 16 17 Total expenses. Add lines 10 through 16 17 112,101. 44,780. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 0. 20 20 Other changes in net assets or fund balances (attach explanation) 21 44,780. 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (B) End of year (A) Beginning of year 22 Cash, savings, and investments 27,412.22 23 Land and buildings 23 24 Other assets (describe ► See Statement 3 24 17,674

Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Total liabilities (describe ► See Statement 4

Form 990-EZ (2009)

45,086.

44,780.

306.

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27

0.

0. 26 Ō.

	990-EZ(2009) Many Hands for		-	26	-448	80982 Page <b>2</b>
Par	t III Statement of Program Se	rvice Accomplishments	S (See the instruction	ons.)		Expenses
Desc desc	s the organization's primary exempt purpose? <u>Se</u> ribe what was achieved in carrying out the ribe the services provided, the number of	e Statement 5 ne organization's exempt purp f persons benefited, or other	poses. In a clear and correlevant information for	oncise manner,	(Reg 501 ( orga 4947	ured for section c)(3) and (4) nizations and section (a)(1) trusts, optional
<u>prog</u>	am title				for o	thérs')
					•	
29	(Grants \$ ) If th	nis amount includes foreign g	rants, check here	<u>▶</u>	28 a	92,612.
			<b>-</b>	<b></b>		
30	(Grants \$ ) If th	nis amount includes foreign g	rants, check here	<b>&gt;</b>	29 a	
				<b></b>		
31	Other program services (attach schedule	nis amount includes foreign gi	rants, check here	▶ []	30 a	
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here	▶ □	31 a	
	Total program service expenses (add li			•	32	92,612.
Par	t IV List of Officers, Directors			ne even if not com	pens	ated (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	ns and	(e) Expense account and other allowances
	Brand	President	0.		0.	0.
	Madison	2.00				
	la, IA 50219					
	<u>da Grandia</u>	Treasurer	1		0.	0.
	Huber	3.00				
Pel	la, IA 50219					
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		TEEA0812L 0	1130/10			1 01111 330°EZ (2009)

TEEA0812L 01/30/10

Form **990-EZ** (2009)

		-	Yes	NI-
			res	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
	reporting, and proxy tax requirements?	35 a	<u> </u>	<u> X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.  b Did the organization file Form 1120-POL for this year?	276		Х
	,	3/10		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter		i	
	a Initiation fees and capital contributions included on line 9  39a  N/A			
	b Gross receipts, included on line 9, for public use of club facilities  N/A			
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	Section 4917 - 0., Section 4912 - 0., Section 4955 - 0.			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed   IA			
42	a The organization's			
	Located at > 512 Madison Street Pelia IA ZIP + 4 > 50219			
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		<u>X</u>
	If 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		_X_
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	<b>-</b>	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Voc ' Form 000 must be completed instead		.,,,	
	of Form 990-EZ	able parts of Schedule N dictures, direct or indirect, as described in the instructions   36   37b   3		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se	ction 4947(a)(1) no	nexempt charita	bt <b>cnaritable trusts only</b> ble trusts must answer (	. All section questions
	46-49b and complete the tables	s for lines 50 and 5	51.		atement 6
46 Did the for pi	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (	ct political campaign ac C, Part I	ctivities on behalf of	or in opposition to candidates	Yes No
	he organization engage in lobbying activi				47 X
	e organization a school as described in se				48 X
	he organization make any transfers to an	•	related organization	17	49a X
	es,' was the related organization a section				49b
50 Complempl	plete this table for the organization's five oyees) who each received more than \$10	highest compensated e 0,000 of compensation	employees (other that from the organization	in officers, directors, trustees on If there is none, enter 'Noi	and key ne '
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None_					
				-	
- <b></b> -	<b></b>				
					-
					· · · · · · · · · · · · · · · · · · ·
f Total	number of other employees paid over \$1	00.000			
	, , , , , ,	·	-	_	
51 Comp	plete this table for the organization's five pensation from the organization. If there i	highest compensated is none, enter 'None'	ndependent contract	ors who each received more	than \$100,000 of
	(a) Name and address of each independent contr	····	<del> </del>	(b) Type of service	(c) Compensation
None	(a) Hame and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) compensation
		<del></del>			
- Total	mumber of other understandent contractor		100.000	<u> </u>	
<b>u</b> rotai	number of other independent contractors	s each receiving over \$	100,000		
	Under penalties of perjury   declare that   have examtrue, correct, and complete   Declaration of preparer (	nined this return, including acco	mpanying schedules and st	atements, and to the best of my knowle	edge and belief, it is
	true, correct, and complete Declaration of preparer (	other than officer) is based on	all information of which pre	parer has any knowledge	
Sign	Senda R. C	Jsandia	<u> </u>	5-17-1	10
Here	Signature of officer	1: 1/100	0/0	Date	
	Type or print name and title	ia VICE	Tres/Je	cretary	
			Date	Check if Prepa	rer's Identifying Number
Paid	Preparer signature Jeff Van Maanen	, CPA	9/28/	self   N/A	
Pre- parer's	Firm's name of Van Maanen, Sie	tstra & Meyer,	P.C. //		
Use	yours if self employed), address, and Political Street			EIN ► N/	
Only	ZIP+4   Pella, IA 50219			Phone no ► (641)	628-3737
May the IR	S discuss this return with the preparer st	nown above? See instru	uctions		X Yes No

## SCHEDULE A (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name (	of the	organization		<del>-</del>					Employe	r identifica	ition number	
Man		Hands for Hai								48098		
Parl	<u>. I</u>	Reason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	See ı	nstruct	tions	
The c	rga	nization is not a priv	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box )				
1		A church, convention	on of churches or asse	ociation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)				
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
	name, city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(A)(iv). (Complete Part II)											
6 7												
8				170(b)(1)(A)(vi). (Comple	te Part I	1)						
9		from activities relate investment income	d to its exempt function	more than 33-1/3 % of its sis — subject to certain excess taxable income (less omplete Part III )	eptions, a	and (2) r	no more	than 33-	1/3 % of	its supp	ort from gross	
10		An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).			
11		more publicly supp	orted organizations d	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	nctions o 2) See	of, or ca section	rry out t <b>509(a)(</b> 3	he purposes of one o 3). Check the box tha	
	describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other											
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in d organi	dırectly zatıons	by one describe	or more ed in se	disqual	lified persons other 9(a)(1) or section	
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type I	l or Typ	e III sup	porting	organization,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	person	Yes No	
		(i) a person who below, the go	directly or indirectly verning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribed	d ın (ıı) a	and (III)	11 g (i)	
		(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)	
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) al	bove?						11 g (iii)	
<u>h</u>		Provide the following	ng information about t	the supported organization	ns							
	(	) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?	the organ	ou notify nization in (i) of upport?	organizat	is the ion in col zed in the S ?	(vii) Amount of Support	
					Yes	No	Yes	No	Yes	No		
										_		
				<u> </u>		_						
Total												

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🟲 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 156,881 156,881. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 0 0 0 0 Total. Add lines 1-through 3 156,881 156,881. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 from line 4 156,881. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 0 0 0 7 Amounts from line 4 0 156,881 156,881. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources 0. Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. Total support. Add lines 7 through 10 156,881. 12 Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► X Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test – 2008. 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 qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Many Hands for Haiti 26-4480982 Page 3 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed or facilities furnished in a activity that is related to the organization's tax-exempt nurpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8. column (f) divided by line 13, column (f)). % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule /	A (Forn	1 990 or	990-EZ	2009	Mai	ny E	lands	s fo	r H	laiti	-				26-	-44809	982	Page 4
Part IV	Sup	plemer	ital Inf	format	tion.	Com	plete	this	par	t to p	provide	e the	explana r addıtı	ations re	equirec	by Pa	art II, III	ne 10;
	Part	II, line	17a c	r 17b;	and	Pari	<u>t III, I</u>	ine 1	2. F	Provid	de any	othe	r addıtı	onal inf	ormatio	on. Se	e instru	ictions.
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2009	Federal Statements	•	Page 1
	Many Hands for Haiti		26-4480982
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid  Class of Activity: Donee's Name: Donee's Address:  Relationship of Donee: Cash Amount Given:	Donation Promise for Haiti 4402 Howell Place Nashville, TN 37205 Unrelated	\$	1,200.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  Advertising and Promotion Conferences, Conventions, an Depreciation Insurance Office Expenses Project Supplies Supplies Travel	d Meetings	\$ Total <u>\$</u>	604. 468. 4,418. 2,344. 2,354. 38,621. 7,652. 38,401. 94,862.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets  Furniture and Fixtures		Beginning\$ 0.\$	Ending 17,674.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities		Total <u>\$ 0.</u> <u>\$</u>	17,674.
Accounts Payable and Accrued	Expenses	Beginning	306. 306.
Statement 5 Form 990-EZ, Part III Organization's Primary Exempt Pur	pose		

The purpose of the Organization is to assist and support Haitian efforts aimed at improving the quality of life for the people of Haiti.

2009 **Federal Statements** Page 2 26-4480982 Many Hands for Haiti Statement 6 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No