efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 08-01-2010

C Name of organization

BLESSING HANDS INC

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492307005341

D Employer identification number

20-4794276

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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)

Short Form

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

and ending 07-31-2011

Open to Public Inspection

In	ıtıal ret	turn	106 Timber Lane		(606) 7	04 4705	
_	erminat		Characteria state as south and 770 and		, ,	84-4785	
_		d return on pending	City or town, state or country, and ZIP + 4 Morehead, KY 40351		F Group Exemptio Number ►	n	
<u> </u>	рисац	on penaling					
G A c	count	tıng method	Cash Accrual Other (specify) ►				
		https://www.ble					ganization is not
J Tax	-Exem _l	pt status(check	only one)— 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or	527	required to atta (Form 990, 99		
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization and i -EZ or Form 990 return is not required though Form 990-N (e-p to file a return, be sure to file a complete return				
L Add	lines 5	5b, 6c, and 7b, to	line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ	ıf total assets	s (Part II, line 25, coli ► \$	ımn (B)	below) are \$500,000 or 92,811
Pa	rt I	_	e, Expenses, and Changes in Net Assets or Fund Book or seem or seem of the organization used Schedule O to respond to any question in the		(See the instruct	ons for	r Part I)
	1	Contribution	s, gifts, grants, and similar amounts received			1	77,058
	2	Program serv	vice revenue including government fees and contracts			2	0
	3	Membership	dues and assessments			3	0
	4	Investment	ıncome			4	147
	5a	Gross amour	nt from sale of assets other than inventory	5a	15,479		
<u>a</u>	b	Less cost o	rother basis and sales expenses	5b	13,944	1	
Revenue	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	1,535
Rej	6	Gaming and	fundraising events				
	а	Gross income fr	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a	0		
	b		ne from fundraising events (not including \$ <u>0</u> of contributions from line 1) (attach Schedule G if the sum of such gross income and c				
	С	Less direct	expenses from gaming and fundraising events	6с	0		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and subt	ract line 6c)	6d	0
	7a	Gross sales	of inventory, less returns and allowances	7a	127		
	ь	Less cost o	fgoods sold	7b	0		
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	127
	8	O ther revenu	ue (describe in Schedule O)	•		8	0
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	78,867
	10	Grants and s	similar amounts paid (list in Schedule O)			10	79,957
	11	Benefits paid	d to or for members			11	0
	12	Salaries, oth	er compensation, and employee benefits			12	2,124
o.	13	Professional	fees and other payments to independent contractors			13	5
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	0
Exp	15	Printing, pub	lications, postage, and shipping			15	1,244
_	16	O ther expen	ses (describe in Schedule O)			16	1,980
	17	Total expens	ses. Add lines 10 through 16			17	85,310
9	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	-6,443
less less	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (i	must agree	with		
Net.Assets		end-of-year	figure reported on prior year's return)			19	40,949
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	36
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		•	21	34,542

Part II Balance Sheets Check if the organization use	d Schedule O to respond to	any question in th	nıs Part II		
(See the instru	ctions for Part II)	ſ	(A) Beginning of yea	ır	(B) End of year
22 Cash, savings, and investments .				49 22	34,242
23 Land and buildings			,	0 23	0
24 Other assets (describe in Schedule ())			0 24	300
25 Total assets	,		40.	949 25	34,542
26 Total liabilities (describe in Schedule	:0)	•	,	0 26	0
27 Net assets or fund balances (line 27	•	th line 21) .	40,	949 27	34,542
Check if the organization use What is the organization's primary exemp To provide educational and health aid to so others through educational support and in Describe what was achieved in carrying o	ed Schedule O to respond to t purpose? students in the China We wa nprovements to their enviror	any question in t int to help people nment and health	help themselves and	(c or 49	Expenses Required for section 501 (3) and 501(c)(4) rganizations and section 947(a)(1) trusts, otional for others)
describe the services provided, the numb program title 28 See Additional Data Table					
(Grants \$) If th	nıs amount ıncludes foreıgn (grants, check her	• ▶┌	28	a
(Grants \$) If the state of the	nis amount includes foreign (grants, check her	e ► <u></u>	298	a
(Grants \$) If the	nıs amount ıncludes foreıgn (grants, check her	e ► 厂	30	a
31 O ther program services (describe in S (Grants \$)	chedule O) nis amount includes foreign (grants, check her		31	a
32 Total program service expenses (add II	nes 28a through 31a) .			32	. 79,957
Part IV List of Officers, Directors, Tr				e ınstructı	ons for Part IV)
Check if the organization use (a) Name and address	d Schedule O to respond to (b) Title and average hours per week devoted to position	any question in the (c) Compensa (If not paid enter -0)	tion (d) Contribu	it plans	
See Additional Data Table					

						- r ugc
Pa	rt V	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	s Part V I			T
33		organization engage in any activity not previously reported to the IRS? If "Y tion of each activity in Schedule O		33	Yes	No No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y mended documents if they reflect a change to the organization's name. Othe le O (see instructions)		34		No
35	If the o	rganization had income from business activities, such as those reported on I , but not reported on Form 990-T, explain in Schedule O why the organizatio				
а		organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No
b	If"Yes	" has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		organization undergo a liquidation, dissolution, termination, or significant disr? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter am	ount of political expenditures, direct or indirect, as described in the instructions	37a 0			
b	Dıd the	organization file Form 1120-POL for this year?		37b		Νο
38a	Dıd the	organization borrow from, or make any loans to, any officer, director, trustee	, or key employee or were			
	any suc	th loans made in a prior year and still outstanding at the end of the tax year o	covered by this return?	38a		Νo
b	If "Yes,	" complete Schedule L, Part II and enter the total amount involved .	38b			
39	Section	501(c)(7) organizations. Enter				
а	Initiati	on fees and capital contributions included on line 9	39a			
b	Gross	eceipts, included on line 9, for public use of club facilities	39b			
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization duri	ng the year under			
	section 4	911 ▶0 , section 4912 ▶0 , section 4955	5 ▶0			
b	transac	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section during the year or did it engage in an excess benefit transaction in a prid d on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been	40b		No
c		s 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org Ified persons during the year under sections 4912, 4955, and 4958	ganization managers or			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein ation	mbursed by the 0			
	transac	nizations. At any time during the tax year, was the organization a party to a p tion? If "Yes," complete Form 8886-T		40e		No
41		tates with which a copy of this return is filed 🕨 KY				
42a	The or	ganization's books are in care of Mathematics 106 Timber Lane	Telephone no	<u>(60</u>	16) /84	-4/85
	Locate	d at Morehead, KY	ZIP + 4	<u>4</u>	035111	.56
b	•	time during the calendar year, did the organization have an interest in or a si	-		Yes	No
	over a f	inancial account in a foreign country (such as a bank account, securities acc t)?	count, or other financial	42b	Yes	
		" enter the name of the foreign country ► CH				
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re al Accounts.	eport of Foreign Bank and			
c	Atany	time during the calendar year, did the organization maintain an office outside	of the US?	42c		Νο
	If "Yes,	" enter the name of the foreign country 🕨				
		4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year				▶ 「
44a	Dıd the	organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompleted instead of		Yes	No
	Form 99	00-EZ.		44a		Νο
b	Dıd the	organization operate one or more hospital facilities during the year? If 'Yes,'	Form 990 must be completed			
		of Form990-EZ	•	44b		No
c	Dıd the	organization receive any payments for indoor tanning services during the ye	ar?	44c		No
d	If'Yes' ın Sche	to line 44c, has the organization filed a Form 720 to report these payments?	? If 'No,' provide an explanation	44c		110

orm 990	0-EZ (2010)							Page (
							Yes	No
	any related organization a controlle s,' Form 990 and Schedule R must be		_	of section 5	512(b)(13)? <i>If</i>	45		Νo
	d the organization receive any paym eaning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N
46 Did	d the organization engage, directly on ndidates for public office? If "Yes,"	or indirectly, in political o	campaign activities on l			45a		No
Part V				avamnt	charitable tr	46	n lu	No
Pail V	All section 501(c)(3) organ 47-49b and 52.			_			-	stions
	Check if the organization used	Schedule O to respond	to any question in this l	Part VI	<u> </u>	<u></u>		
							Yes	No
7 Did	d the organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		Νo
8 Is	the organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," complete .	Schedule E		48		Νo
9a Did	d the organization make any transfe	ers to an exempt non-cha	ırıtable related organıza	tion?		49a		Νo
b If"	"Yes," was the related organization	a section 527 organizat	ion?			49b		
	mplete this table for the organization							
<u>e m</u>	nployees) who each received more t I	(b) Title and average	nsation from the organi		nere is none, ente			
	ne and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employe	e benefit plans & dicompensation	a	e) Exper count a rallowa	and
		·			·			
ONE								
60(f) T	otal number of other employees pa	ıd over \$100,000 .				••••••••••••••••••••••••••••••••••••••		
1 Co	otal number of other employees pa emplete this table for the organization compensation from the organization Name and address of each indeper	on's five highest compen n Ifthere is none, enter '	'None "		• o each received n pe of service		an \$10	
61 Co of (a)	implete this table for the organization	on's five highest compen n Ifthere is none, enter '	'None "					
61 Co of (a)	implete this table for the organization	on's five highest compen n Ifthere is none, enter '	'None "					
61 Co of (a)	implete this table for the organization	on's five highest compen n Ifthere is none, enter '	'None "					
61 Co of (a)	implete this table for the organization	on's five highest compen n Ifthere is none, enter '	'None "					
6 1 Co	implete this table for the organization	on's five highest compen n Ifthere is none, enter '	'None "					
61 Coof (a)	implete this table for the organization	on's five highest compen n If there is none, enter ' ndent contractor paid mo	'None " re than \$100,000					
(a) ONE	emplete this table for the organization compensation from the organization Name and address of each indeper	on's five highest compen If there is none, enter ' Indent contractor paid mo contractors each receiving	ye than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Ty	pe of service	(c) C	ompen	sation
1 Co of (a) (a) O NE 1(d) T 2 [mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete Schemust attach a completed Schedule and belief, it is true, correct, and complete, and correct, and completed process.	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Ty	pe of service 47(a)(1) nonexer	npt cha	aritable (es	trusts
1 Coof (a) ONE 1(d) T 2 [mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete Schemust attach a completed Schedule and belief, it is true, correct, and complete, and correct, and completed process.	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Ty	pe of service 47(a)(1) nonexer	npt cha	aritable (es	trusts
ONE (a) ONE (1(d) The second of the secon	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete Schemust attach a completed Schedule and belief, it is true, correct, and complete, and correct, and completed process.	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Ty	pe of service 47(a)(1) nonexer	npt cha	aritable (es	trusts
0 NE 0 NE 0 NE 0 NE	Total number of other independent control of the organization complete. Total number of other independent control of the organization complete Schemust attach a completed Schedule of the organization of th	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	'None " re than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Ty	pe of service 47(a)(1) nonexer 3 statements, and to all information of	npt cha	aritable (es	trusts
ONE (a) ONE (1(d) The second of the secon	implete this table for the organization compensation from the organization. Name and address of each independent of the organization complete Schemust attach a completed Schedule analties of perjury, I declare that I have been declared, it is true, correct, and cope. Signature of officer Betty Cutts Director Type or print name and title	on's five highest compen If there is none, enter indent contractor paid motor on tractors each receiving the A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization luding accompanying scheparer (other than officer)	(b) Ty	pe of service 47 (a)(1) nonexer statements, and to n all information of	npt cha	aritable /es st of my prepare	trusts No
of (a) ONE ONE ONE onder periowledge owledge ign ere	Total number of other independent of Did the organization complete Schemust attach a completed Schedule and belief, it is true, correct, and cope. Signature of officer Betty Cutts Director Type or print name and title Preparer's signature Preparer's Prep	on's five highest compen If there is none, enter indent contractor paid motor on tractors each receiving the A? NOTE: All Section A	'None " g over \$100,000 on 501(c)(3) organization luding accompanying schaparer (other than officer)	(b) Ty	pe of service 47(a)(1) nonexer statements, and to all information of	npt cha	aritable /es st of my prepare	trusts No r has a
ONE (a) ONE (1(d) The solution of the solut	Total number of other independent of the organization complete. Total number of other independent of the organization complete Schemust attach a completed Schedule of the organization complete Schemust attach a completed Schedule of the organization of the organiza	on's five highest compen If there is none, enter indent contractor paid motor on tractors each receiving the A? NOTE: All Section A	'None " g over \$100,000 on 501(c)(3) organization luding accompanying schaparer (other than officer)	ons and 49	pe of service 47 (a)(1) nonexer statements, and to n all information of	npt cha	aritable /es st of my prepare	trusts No r has a

Employer identification number

33492307005341

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization BLESSING HANDS INC

BLESS	ING HA	NDS INC				
		20-4794276				
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions			
The	organı:	zation is not a private foundation because it is (For lines 1 through 11, check only one box)				
1						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)					
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Ente	r the		
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d ın		
		section 170(b)(1)(A)(iv). (Complete Part II)				
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.				
7	⋝	An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public		
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ın faas ai	nd aro		
,	'	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than			, ,	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	JIII DUSIIIR	:5565		
10	_	An organization organized and operated exclusively to test for public safety See section 509(a)(4).				
	<u>'</u>					
11	'	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sective box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Check	
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation,	
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?				
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No	
		and (III) below, the governing body of the the supported organization?	11g(i)			
		(ii) a family member of a person described in (i) above?	11g(ii)			
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11q(iii)			

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

Provide the following information about the supported organization(s)

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 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.)

	under Part III. II the	organización i	ans to quanty u	ider the tests i	isted below, pie	ease co	inpiete i	<u>'ait III.)</u>
	ection A. Public Support endar year (or fiscal year beginning	T	<u> </u>					
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	48,748	59,759	73,546	95,992		77,058	355,103
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to	(0	0	0		0	0
	the organization without charge	48,748	59,759	73,546	95,992		77,058	355,103
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a		39,739	73,340	93,992		77,036	333,103
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							125,738
6	Public Support. Subtract line 5 from							229,365
	line 4							,
	ection B. Total Support endar year (or fiscal year beginning			1	1		$\overline{}$	
Car	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
7	A mounts from line 4	48,748	59,759	73,546	95,992		77,058	355,103
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	62	53	52	43		147	357
9	sources Net income from unrelated business activities, whether or not the business is regularly	0	0	0	0		0	0
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0	0
11	Total support (Add lines 7 through 10)							355,460
12	Gross receipts from related activition	es, etc (See insti	ructions)			12		0
13	First Five Years If the Form 990 is to check this box and stop here			thırd, fourth, or fı	fth tax year as a	501(c)(:	3) organız	ation, ▶
	ection C. Computation of Pub Public Support Percentage for 2010			11 solumn (f)		1		
14	-	-		LI Column (1))		14		64 526 %
15	Public Support Percentage for 2009					15		68 %
16a	33 1/3% support test—2010. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	ı, check ti	his box ► ▼
	33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee organization	organization did i qualifies as a pu – 2010. If the orga tion meets the "fa	not check the box blicly supported c inization did not c icts and circumst	on line 13 or 16 organization heck a box on lin ances" test, chec	e 13, 16a, or 16t ck this box and st	and line	e 14 Explain	check this
	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organization supported organization	ization meets the tion meets the "fa	e "facts and circur acts and circumst	nstances" test, c ances" test The	heck this box and organization qual	d stop h e ifies as	ere. a publicly	▶ ┌
18	Private Foundation If the organizations	on did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (f) Total (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part 13 Total support (Add lines 9, 10c, 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15

16	Public support percentage from 2009 Schedule A, Part III, line 15	16				
S	ection D. Computation of Investment Income Percentage					
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))					
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18				

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization BLESSING HANDS INC Employer identification number

20-4794276

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L16		Expenses for bank charges and wires, fees for membership, computer and internet expenses, phone, office expenses, accounting, transportation, volunteer expenses, luggage fees

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L20	Form 990-EZ, Part I, Line 20	1123 value of stock at end of accounting year was less than value it sold for a few days later Unrealized gains on investments carried at market value 1093 Professional paintings listed on prior year income given to charity 1123-1093= 36

ldentifier	Return Reference	Explanation
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	value of professional paintings in inventory

Software ID: 10000077

Software Version: v1.00

EIN: 20-4794276

Name: BLESSING HANDS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Yangshuo, China Program funds were given for educational aid to primary, middle school, high school students in many schools in Yangshuo County Primary kids received \$60 each a year, middle school students received \$140 a year, and high school students received \$160 a year Sister school boxes were exchanged between these sister schools. A two-day photo workshop involving 70 students and 32 volunteers produced over a 1000 student-taken pictures (Grants \$ 1,638) If this amount includes foreign grants, check here	28a	17,586	
29 Qinzhou program service Program Funds were given to 160 high school students with \$160 a year in tuition. A sister school relationship was encouraged for one large city school having 60 of our students. The program included one gathering during the year for accountability and photos (Grants \$ 22,460). If this amount includes foreign grants, check here	29a	23,496	
30 University Scholarships were given to male and female college students. A verage scholarship amount was \$500-2 students received all their university expenses from their sponsors. Special scholarship dinners were hosted in 2 cities with bus fare being paid to come (Grants \$ 23,487). If this amount includes foreign grants, check here ▶ ✓	30a	23,824	
Du'an County, China Three water purification units were purchased that will serve 3 primary schools with pure drinking water, preventing water borne diseases like hepatitis A We gave \$4,332 matching funds to purchase a medical van for Longfu Hospital In cooperation with Longfu Hospital, we sponsored and taught a 10 day Health Assistant Workshop to teach village leaders to be first health responders in remote villages. We equipped the health assistants with backpacks of supplies and gave them a book called "Where There is No Doctor". We gave school aid to 11 primary students at Liushan Primary School and began a supplementary feeding program for 50 a kindergarten children. We bought one concrete ping pong table for a primary school. (Grants \$ 9,505). If this amount includes foreign grants, check here		10,473	
Childrens' Medical Expenses Wei Senbao needed medical care for a birth defect. We sent him to Beijing for diagnosis and will follow up with more medical care when he is older and needs an operation. Li Zhongbo is going blind. We sent him for medical care for glaucoma. (Grants \$ 3,155) If this amount includes foreign grants, check here		3,155	
College Intern Program - One college intern was selected for a trip to China to assist with a health assistant workshop in Du'an, China The intern also assisted in interviewing potential college scholarship students (Grants \$ 350) If this amount includes foreign grants, check here		350	
Library program We bought two libraries for two schools One was in Yangshuo, China and the other one in Du'an County (Grants \$ 453) If this amount includes foreign grants, check here		453	
Anlong, Guizhou, China High School Tuition program Seven Anlong High School students of the Buyi Minority received \$160 tuition grants each (Grants \$ 526) If this amount includes foreign grants, check here		526	
Bible gifts to Church in Nanning, China (Grants \$ 94) If this amount includes foreign grants, check here		94	

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Betty Cutts 106 Timber Lane Morehead, KY 403511156	Founder and Chairman of the Board 50	0	0	0
Phyllis Nickel 25 Brickyard Road South Shore, KY 41175	Vice President 0	0	0	0
Xiaomin Mai 419 R East Main Street Morehead, KY 40351	treasurer 0 20	0	0	0
Eric Zhang 3109 Chadbourn Lanes Lexington, KY 40513	board member 0 5	0	0	0
Huali Luo Meicheng English School 28mi R D Dacunmen Yangshuo County Guilin, Guangxi 541900 CH	Administrator 40	1,103	0	256
Wei Shourong 39 Chengbei Road Yangshuo Guilin, Guangxi 541900 CH	Advisor in Yangshuo 1	0	0	0
Yunna Liu Room 1 Qinzhou Number 1 High School Qinzhou, Guangxi 535000 CH	Qınzhou Director of Blessing Hands 1	499	0	0
Dorıs Wells 104 Oakwood Dr Morehead, KY 40351	Secretary 0 2	0	0	0
Mandy Ma Rongman Hua Xing Cheng Building A 6th Floor Qixing Road Nanning, Guangxi 530001 CH	Administrator 5	521	0	40