Form 990-EZ			Short Form Return of Organization Exempt From Income T Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C		OMB No. 1545-1150					
(except private foundations)							2017			
Dep Inte	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information Internal Revenue Service Department of the Treasury Internal Revenue Service <li< td=""><td>Open to Public Inspection</td></li<>						Open to Public Inspection			
A	For	the 2017 calen	dar year, or tax year beginning , 2017, and ending				•			
B	Addre	c if applicable: C			DE	mployer identification number				
	Name		LPING HUGS, INC BOX 24477		4	46-13	321217			
	Initial		elephone	number						
	Final re	turn/terminated ST	(912)	279-0526						
		ded return			FG	roup E	xemption			
		ation pending			N	umber.	<u></u>			
G		ounting Method					organization is not			
				requir	ed to	attach	Schedule B Z, or 990-PF).			
		xempt status (check		(FOIII	990,	990-E	Z, or 990-PF).			
		n of organization								
L	Add	lines 5b, 6c, an	nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or i	f tota	I				
D	asse	Bevenue	mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			. ►Ş	107,519.			
Γċ	ir(I	Check if the	Expenses, and Changes in Net Assets or Fund Balances (see the	ne ins	truct	ions t	for Part I)			
	1	Contributions	organization used Schedule O to respond to any question in this Part I gifts, grants, and similar amounts received			T	Constant of the second			
	2	Program serv	ice revenue including government fees and contracts		• • • •	1	84,730.			
	3	Membership (lues and assessments		••••	2	• • · · · · • • • • • • • • • • • • • •			
	4	Investment in	come	• • • • • • • •	••••	3				
	5a	Gross amoun	from sale of assets other than inventory		••••	4	30.			
	b	Less: cost or	other basis and sales expenses							
			n sale of assets other than inventory (Subtract line 5b from line 5a)			5c				
	6	Gaming and f	undraising events	•••••		50				
RE	a	Gross income	from gaming (attach Schedule G if greater than \$15,000) 6a							
R E V E N	b	Gross income								
NU		from fundraisi								
Е			income and contributions exceeds \$15,000)	22,7	59.					
			xpenses from gaming and fundraising events	4,7	93.					
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and							
	7 2		f inventory, less returns and allowances	· · · · · · · ·	••••	6 d	17,966.			
			goods sold			19				
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)			_				
	8	Other revenue	(describe in Schedule O).			7 c 8				
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			8	100 700			
	10	Grants and sir	nilar amounts paid (list in Schedule O)	ΕO		10	102,726.			
	11		to or for members			11	46,257.			
E	12	Salaries, othe	r compensation, and employee benefits			12				
PF	13	Professional f	ees and other payments to independent contractors			13	825.			
EXPENSES	14	Occupancy, re	nt, utilities, and maintenance			14	025.			
	15	Printing, publi	cations, postage, and shipping			15	2,597.			
	16	Other expense	s (describe in Schedule O)	ΕO	Ī	16	16,143.			
	17	Total expense	s. Add lines 10 through 16 icit) for the year (Subtract line 17 from line 9)		►	17	65,822.			
A	18	Excess or (det	18	36,904.						
A NSE T	19									
ŦĔ	00	ingure reported	i on prior year's return)			19	56,560.			
S	20	Uther changes	in net assets or fund balances (explain in Schedule O)		[20				
	21	Net assets or	fund balances at end of year. Combine lines 18 through 20		►	21	93,464.			
DAA	A FOI	raperwork Re	duction Act Notice, see the separate instructions.				Form 990-EZ (2017)			

SHARON OLSON PRESIDENT 0.25 0.	Form	990-EZ (2017) HELPING HUGS,	INC		46-1	321217	Page 2
22 Cosh, savings, and investments. (b) Beginning of year (c) Beginni and year (c) B	Fai	Check if the organization used S	chedule O to respond to any gu	estion in this Part II			Π
23 Lond and buildings				0	A) Beginning of year		
24 Other assets (describe in Schedule 0)	and the second			and an an and the second se	56,560.	22	93,464.
25 Total assets						23	
26 Total liabilities (decombe in Schedule Q) 30, 300, 120 30, 484, 120 27 Net assets of unda balances (line 27 of clumme (E) must agree with line 21) 56, 560, 120 93, 464, 120 Part III Statement of Program Service Accompliahments (sea the instructions for Part III) Expenses Compared to avg duestion in this Part III. Expenses What is the organization's program service Accompliahments for cacho / its three gales, longram services, constrained, describe the services provided, the number of persons Compared to section of parts (III) 28 SEE_SCHEDULE 0 Compared to section of parts (III) 28 SEE_SCHEDULE 0						24	
27 Net assets or fund balances (line 2/ of column (E) must agree with line 21)					56,560.	25	93,464.
Classifier Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Clear the organization used Schedule O to respond to any question in this Part III. Image: Clear the organization of the organization o					V · [26	0.
Check if the organization used Schedule O to respond to any question in this Part III					56,560.	27	93,464.
What is the organization's primary example purpose? SEE SCHEDULE 0 Cr(3) and 50 (Cr(4) 28 SEE SCHEDULE 0 Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) 29 Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) 29 Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) 30 Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) 30 Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) Cr(3) and 50 (Cr(4) 30 Cr(3) and 50 (Cr(4) Cr(3) (Cr(4) Cr(4) (Cr(4) 31 Check if this amount includes foreign grants, check here 29a 30a 31 Check if the organization's provides (describe in Scheckule O) 31a 32 (S5, 824. Part V List of Officers, Directors, Tristees, and Key Employees (Bit tablice are the inductions for fait fit) 31a 32 Total program service expenses (add lines 28a through 31a) See the inductions for fait fit) 32 (S5, 824. Part V List of Officers, Directors, Tristees, and Key Employees (Bit tablice are the inductions for faith, and direct are the inductions for faith and direct are the induct are	Par	t III Statement of Program Service	Accomplishments (see the inst	tructions for Part III)	াত্য	Expense	ies
Describe the organization's program service accomplishments for each of its three largest program services, and for others). 28 SEP_SCHEDULE_0	What	Check if the organization used	Schedule O to respond to any o	question in this Part III.	(I		
28 SEE, SCHEDULE 0	Desc	ribe the organization's program servic	e accomplishments for each of	its three largest progra			
28 SEE, SCHEDULE 0	mea	sured by expenses. In a clear and cor	cise manner, describe the servi	ces provided, the numb	per of persons fo	or others.)	paona
29			or each program title.				
29	20	SEE SCHEDOLE 0					
29							
29		(Grants \$ 16 257)]	f this amount includes foreign of	rants check here		0	CF 004
30	29	40,257.7	i inis amount molados foreign g		A Z	00	65,824.
30							
30							
30		(Grants \$	f this amount includes foreign g	rants, check here		9a	
31 Other program services (describe in Schedule (), (Grants \$) if this amount includes foreign grants, check here	30						
31 Other program services (describe in Schedule (), (Grants \$) if this amount includes foreign grants, check here							
31 Other program services (describe in Schedule (), (Grants \$) if this amount includes foreign grants, check here							
(Grants \$) If this amount includes foreign grants, check here ▶ 3 a 32 Total program service expenses (add lines 28a through 31a)		(Grants \$	f this amount includes foreign g	rants, check here		0a	
32 Total program service expenses (add lines 28a through 31a)	31	Other program services (describe in	Schedule O)		•••••		
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Name and title (e) Name and title (f) Part IV (f) Part IV (a) Name and title (f) Name and title (f) Name part IV (f) Part IV (f) Part IV (f) Part IV (a) Name and title (f) Name part IV (f) Part IV			f this amount includes foreign g	rants, check here	> 🗌 3	1a	
Part IV List of Officers, Directors, Trustees, and Key Employees (list each ne even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. Controllations to engloyee (a) Name and title (b) Average hours possible or personation (c) Reportable compensation (d) Health benefits, controllations to engloyee LARRY MEAGHER (e) REAGHER (f) Average hours possible or personation (f) Health benefits, controllations to engloyee (e) Estimated amount of other compensation VICE PRESIDENT 15 0. 0. 0. 0. VICE PRESIDENT 0.25 0. 0. 0. 0. VILLIAM HORN 0.1 0. 0. 0. 0. 0. PRESIDENT 0.1 0. 0. 0. 0. 0. 0. DIRECTOR 0.1 0. 0. 0. 0. 0. 0. 0.	-	Total program service expenses (ad	d lines 28a through 31a)		3		65,824.
(a) Name and tite (b) Average hours particular particular based of the second second of position (c) Reporting a comparation of the second se	Par	t IV List of Officers, Director	s, Trustees, and Key Emp	loyees (list each one ever	if not compensated — see i	the instructions for	Part IV)
(a) Name and title Ower diversed diversed in position Offer merging states of entry back set of ent		Check if the organization used	Schedule O to respond to any of	question in this Part IV.			L
PRESIDENT 15 0. 0. 0. MARY LYNCH 15 0. 0. 0. VICE PRESIDENT 15 0. 0. 0. TREASURER 15 0. 0. 0. WILLIAM HORN RECORDING SEC 5 0. 0. 0. PRESIDENT 0.25 0. 0. 0. 0. PREGY MITCHELL 0.1 0. 0. 0. 0. DIRECTOR 0.1 0. 0. 0. 0. MONS. JOHN KENNEALLY 0.25 0. 0. 0. 0. DIRECTOR 0.1 0. 0. 0. 0. MONS. JOHN KENNEALLY 0.1 0. 0. 0. DIRECTOR 0.1 0. 0. 0.		(a) Name and title	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferre		ed amount of npensation
MARY LYNCH 35 0.1 0.1 0.1 VICE FRESIDENT 15 0. 0. 0. MOBERT HOCHWALD 15 0. 0. 0. TREASURER 15 0. 0. 0. WILLIAM HORN 15 0. 0. 0. RECORDING SEC 5 0. 0. 0. SHARON OLSON 0.25 0. 0. 0. PRESIDENT 0.25 0. 0. 0. DIRECTOR 0.1 0. 0. 0. MONS. JOHN KENNEALLY 0.125 0. 0. 0. DIRECTOR 0.125 0. 0. 0. MONS. JOHN KENNEALLY 0.1 0. 0. 0. DIRECTOR 0.1 0. 0. 0. 0.1 0. 0. 0.	LAF	RY MEAGHER					
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MONS. JOHN KENNEALLY 0.1	-PEC	GT MITCHELL					
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Part V	Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Particular Section 2010 (Note that Section 2010) and Section 2010 (Note t	SCHEDUI art V.	Е (D	. []
33 Di	id the organization engage in any significant activity not previously reported to the IRS?			Yes	No
24 W/	'Yes,' provide a detailed description of each activity in Schedule 0		33		Х
34 00	ere any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if the change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	ney reflect			
35 a Di	id the organization have unrelated business gross income of \$1,000 or more during the year from business activities		4		X
(s	such as those reported on lines 2, 6a, and 7a, among others)?	-	5a		х
b lf	'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Sche		5b		A
c W re	/as the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, aporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		5c		x
36 Di	id the organization undergo a liquidation, dissolution, termination, or significant isposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		6		x
	nter amount of political expenditures, direct or indirect, as described in the instructions. > 37a	0.			
b Di	id the organization file Form 1120-POL for this year?	10122	7b	in the Constant of	Х
ar	id the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were ny such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	3	8a	and an even	x
b It an	'Yes,' complete Schedule L, Part II and enter the total mount involved				
	ection 501(c)(7) organizations. Enter:	N/A		200	
	itiation fees and capital contributions included on line 9	27.47			
	ross receipts, included on line 9, for public use of club facilities	N/A			
		N/A			
-100 00	ection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	ection 4911 • 0.; section 4912 • 0.; section 4955 • ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 exce	0.			
be	enerit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not	ess been			
re	ported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part L.		0 b		Х
c Se ma	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization anagers or disqualified persons during the year under sections 4912, 4955, and 4958	0.			
d Se	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	0.			
e All sh	Il organizations. At any time during the tax year, was the organization a party to a prohibited tax nelter transaction? If 'Yes,' complete Form 8886-T		0e		х
41 Lis	st the states with which a copy of this return is filed ► GA				

42 a The organization's books are in care of ► ROBERT HOCHWALD Telephone no. ► (912) Located at ► 123 BAYBERRY CIRCLE ST SIMONS ISLAND GA ZIP + 4 ► 31522		-314	13			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a						
mancial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	-	Х			
If 'Yes,' enter the name of the foreign country:						
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•••••	•	N/A N/A
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	. 44a		x
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44b		v
c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a		v
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	. 45a		X
TEEA0812L 08/22/17	Form 990	0-EZ (2017)

Form 990	-EZ (2017) HELPING	HUGS,	INC			46-132	21217	Page 4			
46 Did can	the organization engage didates for public office	e, directly ? If 'Yes,'	or indire complete	ctly, in political campa Schedule C, Part I	ign activities on behalf (of or in opposition to		Yes No			
Part VI	Section 501(c)(3) organi)(3) orga	zations	s only	uestions 47-49b an			5			
		2.000	Schedul	e O to respond to any	question in this Part VI			П			
47 Did	the organization engage in the organization engage in the schedule C, Part	n lobbying	activities	or have a section 501(h) election in effect during	the tax year? If 'Yes.'	,,	Yes No			
48 Is th	he organization a school the organization make a	as descri	ibed in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48	<u>X</u>			
b lf 'Y	es,' was the related org	anization	a section	527 organization?	e related organization?.	• • • • • • • • • • • • • • • • • • • •	49a 49b	X			
50 Com	nplete this table for the orgologies) who each receive	anization'	s five hiat	nest compensated emplo	vees (other than officers	directors trustees and k		l			
	(a) Name and title of each e	mployee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other compe				
NONE		·									
	al number of other own		d august 1	00.000	L						
51 Com	al number of other emplo plete this table for the org pensation from the orga	anization'	s five hint	nest compensated indep	endent contractors who ea	ach received more than \$	100,000 of				
	(a) Name and business addres				(b) Туре о	of service	(c) Comper	nsation			
NONE			ma								
							· · · · · · · · · · · · · · · · · · ·				
											
							5 0 522-500				
d Tota	al number of other indep	endent co	ntractors	each receiving over \$	100.000						
52 Did	the organization comple	te Schedu	le A? No	ote: All section 501(c)(3) organizations must at	tach a	.►XYes	No			
	ies of perjury, I declare that I ha and complete. Declaration of pr						ief, it is				
Sign	Signature of officer Date										
Here	ROBERT HOCHWALD TREASURER Type or print name and title TREASURER							·····			
	Print/Type preparer's name		- 1	Preparer's signature	Date		ſIN				
Daid	J. DON VANLANDING	HAM. TR.		J. DON VANLANDING		Check L if					
Paid Preparer	arer Firm's name ► SCHELL & HOGAN LLP Firm's address ► 101 PLANTATION CHASE Firm's					Sen-employed P	P00416489				
Use Only						Firm's EIN	Firm's EIN 58-0665739				
							50 0003735				
May the IF	RS discuss this return w	ith the pre	parer sh	own above? See instru	uctions		.► X Yes	No			
							Form 990-I				