	m 990-EZ	Sł Return of Organizatio	lort Form 1 Exempt From Incom	e Tax		OMB No. 1545-0047
For	m <b>330-E.Z</b>	Under section 501(c), 527, or (except p		2019		
Dep: Inter	artment of the Treasury mal Revenue Service	<ul> <li>Do not enter social security nun</li> <li>Go to www.irs.gov/Form990E2</li> </ul>	· · · · · ·	•	:	Open to Public Inspection
A	For the 2019 calen	dar year, or tax year beginning	, 2019, and ending	<u> </u>		and and the second s
В	Check if applicable: C		, Loro, and chang	]	Employer i	dentification number
	Address change					
H		LPING HUGS, INC BOX 24477			46-13 Telephone	21217
	ST	SIMONS ISLAND, GA 31522				
	Final return/terminated	<b>,</b>		-		279-0526
	Application pending			F	Group E Number	xemption ►
G	Accounting Method			H Check	► if the	organization is not
I		PINGHUGSINC.ORG		require	d to attach	Schedule B
	Tax-exempt status (chec		(insert no.) 4947(a)(1) or 527	(Form S	990, 990-Е.	Z, or 990-PF).
к	Form of organization					
L	Add lines 5b, 6c, a assets (Part II, colu	nd 7b to line 9 to determine gross receipts. umn (B)) are \$500,000 or more, file Form 99	f gross receipts are \$200,000 or 0 instead of Form 990-F7	more, or if	total ► \$	164 020
Pa		Expenses, and Changes in Net Ass				<u>164,830.</u> or Part I)
	Check if the	organization used Schedule O to respond to	any question in this Part I			Χ
		gifts, grants, and similar amounts received				143,185.
		vice revenue including government fees and				
		dues and assessments				
					4	
		from sale of assets other than inventory other basis and sales expenses		<b>A</b>		
		orn sale of assets other than inventory (subtract line 5b f			5c	
		fundraising events:		<b>)</b>		
ne	a Gross income	e from gaming (attach Schedule G if greater	than \$15,000) 6a			
en		e from fundraising events (not including \$		utions		
Revenue	from fundrais	ing events reported on line 1) (attach Scheo	ule G if the sum			
ц.		s income and contributions exceeds \$15,000;		21,64		
		expenses from gaming and fundraising event		4,46	50.	
	d Net income o 6b and subtra	r (loss) from garning and fundraising events act line 6ං)	(add lines 6a and		6 d	17 105
	7 a Gross sales of	of inventcry, less returns and allowances	7 a		···· ou	17,185.
		goods sold				
	<b>c</b> Gross profit o	or (loss) from sales of inventory (subtract line	e 7b from line 7a)		7 c	
	8 Other revenu	e (describe in Schedule O)			8	
	9 Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	·····		. ► 9	160,370.
		imilar amounts paid (list in Schedule O)			10	138,356.
		to or for members				
ŝ		er compensation and employee benefits				
Expenses		fees and other payments to independent cor ent, utilities, anc maintenance				
Inde	15 Printing, publ	lications, postage, and shipping			14	2 101
ŭ	16 Other expens	ses (describe in Schedule O)	SEE SCHED	ULE O	15	3,101.
	17 Total expens	es. Add lines 10 through 16				<u> </u>
/*	18 Excess or (de	eficit) for the year (subtract line 17 from line	9)		18	5,067.
Net Assets	19 Net assets or	fund balances at beginning of year (from lir	ne 27, column (A)) (must agree	with end-of-v	ear	
t As	figure reporte	ed on prior year's return)			19	120,184.
Net		in net assets or fund balances (explain in fund balances at and of year. Complian line				
BA	A For Paperwork R	fund balances at end of year. Combine line eduction Act Notice, see the separate instru	s to unrough 20		. ► 21	<u>125,251.</u> Form <b>990-EZ</b> (2019)
		the second s				E UNIT JJU"GL (ZU+J)

Form 990-EZ (2019)

Form 990-EZ (2019) FELPING HUGS Part II Balance Sheets (see the	5, INC		46	-13212	17 Pag
Check if the organization used	e Instructions for Part II) Schedule O to respond to any qu	estion in this Part II			
			A) Beginning of yea	ar (I	B) End of year
22 Cash, savings, and investments			120,184		125,25
23 Land and buildings				23	100/10
24 Other assets (describe in Schedule	ΘΟ)			24	
25 Total assets			120,184	. 25	125,25
26 Total liabilities (describe in Sched	ule O)		0	26	120/20
27 Net assets or fund balances (line	27 of column (B) must agree with	line 21)	120,184		125,25
Part III Statement of Program Serv	ice Accomplishments (see the inst	ructions for Part III)			xpenses
Check if the organization us hat is the organization's primary exempt purposed escribe the organization's program ser heasured by expenses. In a clear and c enefited, and other relevant information	ed Schedule O to respond to any of SEE SCHEDULE O vice accomplishments for each of oncise manner, describe the service			(c)(3) and	l for section 501 l 501(c)(4) ions; optional .)
<sup>28</sup> SEE_SCHEDULE_O					
(Grants \$ 77,845. 9 FUNDED_THE_HELPING_HU HUMANITARIAN_PROJECTS	) If this amount includes foreign g GS_INC_ENDOWMENT_FUND IN_FURTHERANCE_OF_HEI	TO PROVIDE FOR	<u></u>	28 a	94,79
	) If this amount includes fore gn g			29 a	60,51
0	,			254	00,51
1 Other program services (describe i				30 a	
(Grants \$	) If this amount includes foreign g	rants, check here	► 🗌	31 a	
2 Total program service expenses (	add lines 28a through 31a)		•	32	155,30
art iv List of Unicers, Direct	ors, Trustees, and Key Emp ed Schedule O to respond to any c	loyees (list each one ever	hif not compensated — s	ee the instruc	tions for Part IV)
(a) Name and title		(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)		oyee (e)	Estimated amount of the compensation
ARRY MEAGHER			compensation		
ARY_LYNCH DRRESPOND_SEC	0.25	0.		0.	
DBERT HOCHWALD	15			0.	
RESIDENT	15	0.		0.	····
ECORDING SEC	5	0.		0.	
ICE PRESIDENT	15	0.		0.	
EASURER GGY MITCHELL	15	0.		0.	
IRECTOR	0.1	0.		0.	
DNSJOHN_KENNEALLY	0.25	0.		0.	
RENDA_IGLEHART	0.1	0.		0.	
EGGY_MEEGAN	0.1	0.		0.	
λA	TEEA0812L 0	8/23/19	•	 Eo	rm 990-EZ (2019

Form	990-EZ (2019) HELPING HUGS, INC	46-132121	7	F	Page 3
Par	<b>t V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements the instructions for Part V.) Check if the organization used Schedule O to respond to any question in	in fris Part V	SEE	SCH	0
33	Did the organizat on engage in any significant activity not previously reported to the IRS?		[	Yes	
34	If 'Yes,' provide a detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended docur	nents if they reflect	33		Х
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		34		x
35 a	Did the organization have unrelated bus ness gross income of \$1,000 or more during the year from business activ	vities			
L	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
	) If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation i Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 6033(e) i		35 b		
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		X
	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		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.		1997 X.	
	Did the organization file Form 1120-POL for this year?		37 b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return of f 'Yes,' complete Schedule L, Part II, and enter the total	יייייייייייייייייייייייייייייייייייייי	38 a		X
	amount involved. 38 b	0.			14 1 10 14 1975
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on line 9	0.		1948	a na amin'ny Amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny fanitr'o amin'ny f
	Gross receipts, included on line 9, for public use of club facilities	0.		i Granden Granden	
-10 0	section 4911 $\blacktriangleright$ 0.; section 4912 $\triangleright$ 0.; section 4955 $\triangleright$			lejek ila Lize Terre a	an a
b	Section $501(c)(3)$ $501(c)(4)$ and $501(c)(29)$ organizations. Did the organization engage in any section 49	U.		618 27722 1.1	
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that h	ias not been			
c	reported on any cf its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	•••••	40 b		X
Ŭ	managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	AND THE REPORT	as eter e r All	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			a ja store	-
	by the organization	0.		1997	
е	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		X
41 42 a	List the states with which a copy of this return is filed ► GA The organization's books are in care of ► ROBERT HOCHWALD Located at ► 2300 FREDERICA ROAD ST SIMONS ISLAND GA ZIF	ne no. ► <u>(912)</u> 2 + 4 ► 31522	638	-314	13
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	 er a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country >	unt)?	42 b		Х
				- 121	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States?.		42 c		Х
	If 'Yes,' enter the name of the foreign country ►		L I		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43		•	N/A
				Yes	N/A No
<b>44</b> a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed ins	tead			
F	of Form 990-EZ	· · · ·	44 a	 	X
D	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		44 b		X
с	Did the organization receive any payments for indoor tanning services during the year?		44 c		X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			e sider	

<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>					
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the mean ng of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.					
BAA TEEA0812L 08/23/19 Fo	orm <b>99(</b>	D-EZ (	2019)		

Form 990	0-EZ (2019) HE	LPING HUGS,	INC				46-13	21217	ŀ	Page <b>4</b>
<b>46</b> Did	I the organization	n engage, directly d	or indirect	ly, in political camp	aign activitie	s on behalf o	of or in opposition to	Farr d'Als	Yes	
car Part V	Ididates for publ	ic office? If 'Yes,' c 01(c)(3) Organii	complete S	Schedule C, Part I. Only			d 52, and complet		6	X
	for lines b	0 and 51.								
<b>47</b> Did	the organization	engage in lobbying a	activities o	r have a section 501(	h) election in	effect durina	the tax year? If 'Yes.'		Yes	<u>_</u>
<b>48</b> Ist	he organization	a school as describ	bed in sec	tion 170(b)(1)(A)(ii)	? If 'Yes,' co	mplete Sche	dule E	4	-	X X X
<b>b</b> If '` <b>50</b> Cor	Yes,' was the rel	ated organization a or the organization's	a section § s five highe	527 organization? st compensated emp	lovees (other	than officers	directors, trustees, and is none, enter 'None.'		9 b	
	(a) Name and title	e o⁴ each employee		(b) Average hours per week devoted to position	(c) Reportab (Forms W-	le compensation 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		nated amou compensati	
NONE										
51 Con	nolete this table f	er employees paid or the organization's the organization. I	five highe		pendent contr	actors who ea	ach received more than	\$100,000 c	ıf	
	······································	ness address of each ince				<b>(b)</b> Type	of service	(c) Co	ompensatio	n
NONE			10	<u> </u>						
					-					
					-					
					-					
					-					
52 Did	the organization	n complete Schedu	le A? Not	each receiving over e: All section 501(c)	(3) organiza	tions must a	ttach a	Xγ		No
							e best of my knowledge and b edge.	pelief, it is	<u> </u>	
Sign Here	Signature of a	officer CALLAHAN					Date TREASURER			
	Type or print Print/Type prepar	name and title er's name	P	reparer's signature		Date		PTIN		
Paid Preparer		LANDINGHAM, JR. SCHELL & HOGA		. DON VANLANDING	GHAM, JR.		Check if self-employed	P0041648	9	
Use Only							Firm's EIN			
May the I	RS discuss this			wn above? See inst	ructions		[Phone no. (91	<u>2) 638-9</u> ► X Y		No
BAA	······································				······································				990-F7 (	

Form	990	·EZ	(201	9)