

Form **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 private foundations)

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

A For the **2019** calendar year, or tax year beginning , **2019**, and ending ,

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>HELPING HUGS, INC PO BOX 24477 ST SIMONS ISLAND, GA 31522</p>	<p>D Employer identification number</p> <p>46-1321217</p> <p>E Telephone number</p> <p>(912) 279-0526</p> <p>F Group Exemption Number</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ HELPINGHUGSINC.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 164,830.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received		1				143,185.	
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3					
	4	Investment income		4					
	5 a	Gross amount from sale of assets other than inventory	a						
	5 b	Less: cost or other basis and sales expenses	5 b						
	5 c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5 c					
	6	Gaming and fundraising events:							
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a						
	6 b	Gross income from fundraising events (not including \$28,398. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	21,645.					
	6 c	Less: direct expenses from gaming and fundraising events	6 c	4,460.					
	6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6 d			17,185.	
	7 a	Gross sales of inventory, less returns and allowances	7 a						
7 b	Less: cost of goods sold	7 b							
7 c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7 c					
8	Other revenue (describe in Schedule O)			8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9			160,370.		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	10			138,356.		
	11	Benefits paid to or for members		11					
	12	Salaries, other compensation and employee benefits		12					
	13	Professional fees and other payments to independent contractors		13			825.		
	14	Occupancy, rent, utilities, and maintenance		14					
	15	Printing, publications, postage, and shipping		15			3,101.		
	16	Other expenses (describe in Schedule O)	SEE SCHEDULE O	16			13,021.		
17	Total expenses. Add lines 10 through 16			17			155,303.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18			5,067.		
	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			120,184.		
	20	Other 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			125,251.		

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	120,184.	125,251.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	120,184.	125,251.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,184.	125,251.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

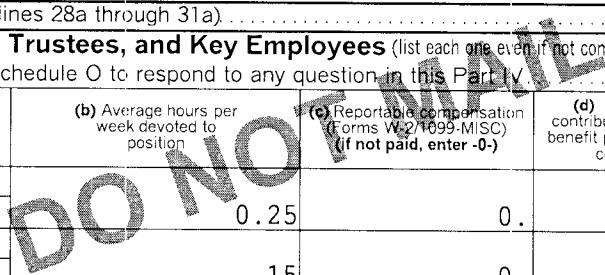
Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$ 77,845.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28 a	94,792.
29 FUNDED THE HELPING HUGS INC ENDOWMENT FUND TO PROVIDE FOR HUMANITARIAN PROJECTS IN FURTHERANCE OF HELPING HUGS MISSION.		
(Grants \$ 60,511.) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	60,511.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	155,303.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

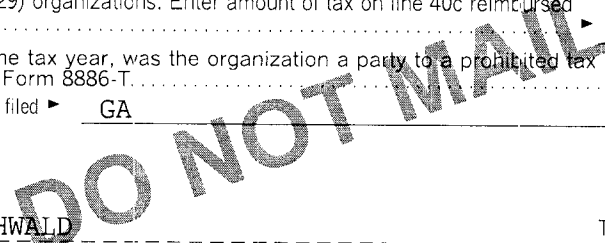
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LARRY MEAGHER DIRECTOR	0.25	0.	0.	0.
MARY LYNCH CORRESPOND SEC	15	0.	0.	0.
ROBERT HOCHWALD PRESIDENT	15	0.	0.	0.
WILLIAM HORN RECORDING SEC	5	0.	0.	0.
JAN LABOONE VICE PRESIDENT	15	0.	0.	0.
KEVIN CALLAHAN TREASURER	15	0.	0.	0.
PEGGY MITCHELL DIRECTOR	0.1	0.	0.	0.
MONS. JOHN KENNEALLY CHAIRMAN	0.25	0.	0.	0.
BRENDA IGLEHART DIRECTOR	0.1	0.	0.	0.
PEGGY MEEGAN DIRECTOR	0.1	0.	0.	0.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financials, and state filing.



42a The organization's books are in care of ROBERT HOCHWALD Telephone no. (912) 638-3143 Located at 2300 FREDERICA ROAD ST SIMONS ISLAND GA ZIP + 4 31522

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No columns and a reference to Form 114 instructions.

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

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, controlled entities, and Form 720 filings.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.....

	Yes	No
47 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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 a Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?.....	<input type="checkbox"/>	<input type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and title of each employee	(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 amount of other compensation
NONE				

f Total number of other employees paid over \$100,000..... ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000..... ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A..... Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: KEVIN CALLAHAN Date: _____
 Type or print name and title: TREASURER

Paid Preparer Use Only

Print/Type preparer's name: J. DON VANLANDINGHAM, JR. Preparer's signature: J. DON VANLANDINGHAM, JR. Date: _____
 Check if self-employed PTIN: P00416489
 Firm's name ▶ SCHELL & HOGAN LLP Firm's EIN ▶ 58-0665739
 Firm's address ▶ 101 PLANTATION CHASE Phone no. (912) 638-9031
SAINT SIMONS ISLAND, GA 31522

May the IRS discuss this return with the preparer shown above? See instructions..... Yes No