Form	8879-EO	

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning $\underline{JUL 1}$, 2020, and ending $\underline{JUN 30}$, 20 $\underline{21}$

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.



Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

74-1144638

HELPING	HAND	HOME	FOR	CHILDREN	INC.

Name and title of officer or person subject to tax

THRESA NASI

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	15,644,491.
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b	
<u>7a</u>	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b	
Ρ	art II Declaration and Sig	nature Authorization of Officer or Person Subject to Tax		

Under penalties of perjury, I declare that X I am an officer of the above organizat	on or 📃 I am a pers	son subject to tax with respect to
(name of organization)	, (EIN)	and that I have examined a cop

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize AVENSON HAMANN CPAS, LLP	to enter my PIN 78751
ERO firm name	Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

)

Signature of officer or person subject to tax Thresa Nasi	Date 5/06/2022
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	70442010000 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 that I am submitting this return in accordance with the requirements of Pub. 4163 IRS e -file Providers for Business Returns.	
ERO's signature	Date ▶4/20/22
ERO Must Retain This Form	- See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

023051 11-03-20

	Ο	00	Return of Organization Exempt From		OMB No. 1545-0047
For	m 🕈	90	except private foundation		
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
				JUN 30, 2021	
	Check if applicat	le: C Name of	organization	D Employer identifie	cation number
	Addr	HELP	ING HAND HOME FOR CHILDREN INC.		
	Name	9	usiness as	74-11446	38
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbe	r
	Final returr	√ <u>J004</u>	AVENUE B	512-459-	3353
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	15,644,491.
	Amer	AUSI	IN, TX 78751	H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: LUCY WEBER	for subordinates	
		SAME .	AS C ABOVE	H(b) Are all subordinates in	
		empt status:			list. See instructions
		f organization:	HELPINGHANDHOME.ORG	H(c) Group exemptio	n number ► I State of legal domicile: TX
	art I	Summary			
	1	•	e the organization's mission or most significant activities: A THERAPE	EUTIC HOME FOR	R ABUSED
<u>ce</u>	Ι.		LECTED CHILDREN		
Activities & Governance	2	Check this bo	If the organization discontinued its operations or disposed of more than the organization discontinued its operations.	ore than 25% of its net ass	sets.
ver	3		ing members of the governing body (Part VI, line 1a)		15
ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		15
s So	5		of individuals employed in calendar year 2020 (Part V, line 2a)		188
/itie	6		of volunteers (estimate if necessary)		200
cti	7 a		business revenue from Part VIII, column (C), line 12	_	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
			-	Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)	12,790,877.	15,226,651.
enu	9	0	ce revenue (Part VIII, line 2g)	191,794.	372,971.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	48,088.	5,342.
	111		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	435,134.	39,527.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,465,893.	15,644,491.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		o or for members (Part IX, column (A), line 4)	6,519,404.	6,519,557.
ses			compensation, employee benefits (Part IX, column (A), lines 5-10)	0,519,404.	0,519,557.
Expense	100		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 496,933.	0.	0.
Ä	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,209,486.	2,575,095.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,728,890.	9,094,652.
	19		expenses. Subtract line 18 from line 12	4,737,003.	6,549,839.
or	3			Beginning of Current Year	End of Year
ets	20	Total assets (F		13,321,022.	20,648,628.
Ass	21		(Part X, line 26)	2,151,627.	2,926,200.
Net Assets or	22		iund balances. Subtract line 21 from line 20	11,169,395.	17,722,428.
Pa	art II				
			declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is
true	, corre		Declaration of preparer (other than officer) is based on all information of which prepa		
			sa Nasi	05/06/20)22
Sig	n	, °	e of officer	Date	
Her	e	IN THRE	SA NASI, TREASURER		

Here							
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	CATHERINE AVENSON	4/20/22	self-employed P01259734				
Preparer	rer Firm's name AVENSON HAMANN CPAS, LLP Firm's EIN 46-3330935						
Use Only	Firm's address 🖌 1779 WELLS BRANC	H PKWY #110B-292					
	AUSTIN, TX 78728 Phone no. 512-693-9131						
May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

	1 990 (2020) HELPING HAND HOME FOR CHILDREN INC.	74-1144638	Page 2
. a	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: HELPING HAND HOME FOR CHILDREN'S MISSION IS TO PROVIDE A		1D
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, and	
4a	(Code:)(Expenses \$5,653,621. including grants of \$) (Rever HELPING HAND HOME PROVIDES A PLACE TO HEAL FOR ABUSED, N ABANDONED CHILDREN. THE RESIDENTIAL TREATMENT CENTER PR THERAPEUTIC ENVIRONMENT INCLUDING TRAUMA INFORMED PRACTI EVIDENCE BASED THERAPIES TO SUPPORT CHILDREN AND PREPARE TRANSITION TO A PERMANENT FAMILY HOME.	EGLECTED AND OVIDES A CES AND	7 <u>48.</u>)
4b	(Code:) (Expenses \$1,533,765. including grants of \$) (Rever HELPING HAND HOME PLACES CHILDREN, FROM BIRTH TO EIGHTEE INTO BASIC FOSTER CARE HOME OR THERAPEUTIC FOSTER CARE H ON THE LEVEL OF CARE NEEDED.	N YEARS OLD,	
4c	(Code:)(Expenses \$476,537. including grants of \$) (Rever THE UT CHARTER SCHOOL IS LOCATED ON THE CAMPUS OF HELPIN ENHANCES THE TREATMENT PLANS OF THE CHILDREN BY PROVIDIN A TRAUMA INFORMED ENVIRONMENT WITH SMALL CLASS SIZE. TE STAFF WORK TOGETHER TO MAXIMIZE LEARNING AND SOCIAL DEVE CHILDREN WITH HIGH LEVEL NEEDS. THE CHILDREN ARE SUPPO THE SKILLS THEY NEED TO SUCCEED IN THE PUBLIC SCHOOL SYS	G HAND HOME A G EDUCATION I ACHERS AND RT LOPMENT FOR RTED TO DEVEL	IN IC
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,663,923.		
		Form 99	90 (2020)
	² 12-23-20 3 ארג ארג ארג ארג ארג ארג ארג ארג ארג ארג	IOME FOR CUT I	JUU

18160415 146917 HHH

2020.05093 HELPING HAND HOME FOR CHI HHH____1

Form 990 (2			-	HOME	FOR	CHILDREN	INC
Part IV	Checklist of R	equired Sch	edules				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
h	Schedule D, Parts XI and XII	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
10	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
032003	12-23-20	Form	990	2020)

032003 12-23-20

18160415 146917 HHH

4

Form	aan	(2020)
FUIII	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00	Nate: All Forms 000 filese are required to conside Cohertula O	38	х	
Pa		00		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
03200/	12-23-20		990	(2020)
552002	5			_320)

18160415 146917 ННН

2020.05093 HELPING HAND HOME FOR CHI HHH____1

Form 990 (2020)					CHILDREN	
Part V Statements	Regarding Ot	her IRS	Filings	and Ta	ix Compliance	(continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[
	filed for the calendar year ending with or within the year covered by this return	2a	188							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	nization solicit	•								
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi			0						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the povor?	7a		х				
			Tovided to the payor :	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10						
Ũ	to file Form 8282?			7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?		N/A	8						
9	Sponsoring organizations maintaining donor advised funds.		/ -							
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b						
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>							
11	Section 501(c)(12) organizations. Enter:	110								
a h	Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against	<u>11a</u>								
5	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u> </u>	?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
				14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					37				
	excess parachute payment(s) during the year?			15		X				
10	If "Yes," see instructions and file Form 4720, Schedule N.			40		v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Incor	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
----------	--------

HELPING HAND HOME FOR CHILDREN INC.

Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the								
-	of officers, directors, trustees, or key employees to a management company or other person?				3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X		
6					6	Х			
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				0	- 22			
7a	more members of the governing body?				7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?				7b	х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				10				
a	The governing body?		•		8a	х			
a b	Each committee with authority to act on behalf of the governing body?				8b	X			
ы 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				00	27			
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x		
Sec	tion B Policies and address? If "Yes," provide the names and addresses on Schedule O		·····		9				
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (;ode.)			V.			
				I		Yes			
	Did the organization have local chapters, branches, or affiliates?				10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	-							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	filing the f	orm?	11a	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?		12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	'es," de	scribe						
	in Schedule O how this was done				12c	Х			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	Х			
	Other officers or key employees of the organization				15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha						
	taxable entity during the year?				16a		x		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure		<u></u>		100		I		
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1	(Section !	501(c)(3)s	onlv)	availa	ble		
-	for public inspection. Indicate how you made these available. Check all that apply.		(_ 200011)	(0)(0)0					
	X Own website Another's website X Upon request Other (explain	on Sch	edule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	olicy, and	financ	cial			
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records						
	CATHY WINKELMAN - 512-459-3353								
	3804 AVENUE B, AUSTIN, TX 78751								

Form 990 (2020)	HELPING HAND				74-1144638	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Sch	edule O contains a response or i	note to any line in	this Part VII								
Section A. Officers, D	irectors, Trustees, Key Employ	ees, and Highest	Compensated Er	nployees							
1a Complete this table f	or all persons required to be liste	d. Report comper	nsation for the cale	endar year e	ending with or within the organization's	s tax year.					
 List all of the organ 	nization's current officers, directed	ors, trustees (whe	ther individuals or	organizatio	ns), regardless of amount of compension	ation.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	idad I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		voldr	t con	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) TED KEYSER	40.00					1 2 0				
EXECUTIVE DIRECTOR	5.00	1		x				208,425.	Ο.	30,901.
(2) BECKY ROCHE	8.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(3) MARY MCDONALD	8.00									
FOUNDATION CHAIRPERSON	0.50	Х						0.	0.	0.
(4) SHANNON CAMERON	8.00									
TREASURER	0.50	Х		Х				0.	0.	0.
(5) YOLI ARRIAGA	8.00									
MEMBER AT LARGE		Х						0.	0.	0.
(6) MARY ANN FRISHMAN	8.00									
RECORDING SECRETARY		Х		Х				0.	0.	0.
(7) THRESA NASI	8.00									
TREASURER ELECT		Х		Х				0.	0.	0.
(8) CATHERINE PARKS	8.00									
DEVT COUNCIL VP		Х						0.	0.	0.
(9) MORGEN HARDIN	8.00									
MEMBERSHIP COUNCIL VP		Х						0.	0.	0.
(10) CYNDY SMITH	8.00									
HOME COUNCIL VP		Х						0.	0.	0.
(11) DINA NORTHINGTON	8.00									
MEMBER AT LARGE		Х						0.	0.	0.
(12) DIANA DOBSON	8.00									
MEMBER AT LARGE		Х						0.	0.	0.
(13) LUCY WEBER	30.00									
PRESIDENT	0.50	Х		Х				0.	0.	0.
(14) JULIE BALLARD	8.00									
PRESIDENT ELECT		Х		Х				0.	0.	0.
(15) TERRI VON DOHLEN	8.00									
MEMBER AT LARGE		Х						0.	0.	0.
						<u> </u>				
										600 (2000)

032007 12-23-20

Form 990 (2020)

1

18160415 146917 ннн

	990 (2020) HELPING H	IAND HOM	ΙE	FO	R	СН	ΊL	DR	REN INC.	74-13	1446	538	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	(do not check more than one						(D) Reportable compensation from	(E) Reportable compensatic from related	on	Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orgai and	ensation m the nization related nizations
	Subtotal								208,425.		0.	30	,901.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.208,425.		0.	30	0. ,901.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	; 		1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•				• • •	2		3	Yes No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization			X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>					-			-			5	X
1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for t	-									oensati	ion fror	n
	(A) Name and business				ig in				(B) Description of s		Co	(C) ompens	
270	ARLES WHITE CONSTRUCTIC 05 BEE CAVE RD #250, AU 3HAR DESAI, MD		X	78	74	6			CONSTRUCTION SERVICES		2	,102	,130.
112	209 METRIC BLVD STE H, BATT FOOD SERVICE	AUSTIN,	Т	X	78'	75	8	_	MEDICAL SERV	ICES		126	,295.
	BOX 137, SAN ANTONIO,	<u>TX 7829</u>	1						FOOD SERVICE			119	,529.
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos 3		ted	above) who received m	ore than			
											I	Form 9	90 (2020)

032008 12-23-20

9 2020.05093 HELPING HAND HOME FOR CHI HHH___1

		(2020) HELPING HAND	HOME FOR	CHILDREN	ENC.	74-1144	638 Page 9
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		33,550.				
Ω ^Ω Β	c						
ifts r A	d						
nila n	e	Government grants (contributions) 1e	4,829,480.				
Sir	f						
her		similar amounts not included above 1f	10,363,621.				
otici	a	Noncash contributions included in lines 1a-1f	353,237.				
Son	h	Total. Add lines 1a-1f		15,226,651.			
0.0			Business Code	, ,			
	2 a	ADOPTION SERVICES	900099	169,524.	169,524.		
vice	b		900099	80,546.	80,546.		
Ser	0	POST ADOPT AGENCIES	900099	72,854.	72,854.		
rer a	d		900099	47,675.	47,675.		
gra Re		UT CHARTER SCHOOL	900099	2,372.	2,372.		
Program Service Revenue	f			_,			
_	q	—		372,971.			
	3	Investment income (including dividends, inter					
	5	other similar amounts)		5,342.			5,342.
	4	Income from investment of tax-exempt bond					· / ·
	5	Royalties	F F				
	5	(i) Real	(ii) Personal				
	6 a		(
	b						
	c						
	d						
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a	assets other than inventory 7a					
	h	Less: cost or other basis					
e	D.	and sales expenses					
evenue	~	Gain or (loss)					
eve		Net gain or (loss)					
R B		Gross income from fundraising events (not					
Other R	0 0	including \$ of					
0		contributions reported on line 1c). See					
		. , , , , , , , , , , , , , , , , , , ,					
	h	Part IV, line 18 82 Less: direct expenses 88					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	J a	Part IV, line 19 9a					
	h	Less: direct expenses					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Gross sales of inventory, less returns					
	10 0	and allowances10	a				
	h	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
\rightarrow		net moome or noss, norm sales of inventory	Business Code				
sn	11 a	OTHER REVENUE	900099	21,527.	21,527.		
neo	b		900099	18,000.	18,000.		
Miscellaneous Revenue	c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Be	с Ч	All other revenue					
Σ		Total. Add lines 11a-11d		39,527.			
	12	Total revenue. See instructions		15,644,491.	412,498.	0.	5,342.
032009	9 12-23		F		, ,		Form 990 (2020)

10

HELPING HAND HOME FOR CHILDREN INC.

74-1144638 Page 9

Form	990	(2020
------	-----	-------

HELPING HAND HOME FOR CHILDREN INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 255,972. trustees, and key employees 255,972. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,268,294. 4,625,491. 307,912. 334,891. Other salaries and wages 7 8 Pension plan accruals and contributions (include 188,519. 174,857. 12,974. 688. section 401(k) and 403(b) employer contributions) 428,382. 370,601. 26,518. 31,263. Other employee benefits 9 378,390. 353,139. 25,251. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,375. 1,375. b Legal 24,166. 24,166. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 42,816. 4,934. 3,100. 50,850. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 708,102. 469,453. 161,236. 77,413. Office expenses _____ 13 Information technology 14 15 Royalties 138,108. 5,178. 146,973. 3,687. 16 Occupancy 24,499. 24,499. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 1,647. 164,696. 144,933. 18,116. Depreciation, depletion, and amortization 22 81,035. 68,233. 7,862. 4,940. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 1,181,796. 1,181,796. DIRECT CLIENT CARE а 50,635. ADMINISTRATIVE COSTS 171,741. 114,855. 6,251. h 16,199. 15,699. 239. 261. WORKERS COMPENSATION С 3,663. 3,663. d EDUCATIONAL SERVICES e All other expenses 9,094,652. 7,663,923. 933,796. 496,933. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

11

032010 12-23-20

Form **990** (2020)

Check here

if following SOP 98-2 (ASC 958-720)

HELPING HAND HOME FOR CHILDREN INC.

74-1144638 Page 11

		Check if Schedule O contains a response ar acted		ling in this Dort V			
		Check if Schedule O contains a response or note t	io any				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			456,173.	1	1,101,966.
	2	Savings and temporary cash investments			7,410,657.	2	8,126,153.
	3	Pledges and grants receivable, net			1,807,816.	3	4,659,949.
	4	Accounts receivable, net			426,420.	4	480,182.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifier					
		under section 4958(f)(1)), and persons described in				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			52,297.	9	109,913.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,986,279.			
	b	Less: accumulated depreciation	10b	2,815,778.	3,171,859.	10c	6,170,501.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			-4,200.	15	-36.
	16	Total assets. Add lines 1 through 15 (must equal			13,321,022.	16	20,648,628.
	17	Accounts payable and accrued expenses		555,426.	17	1,356,393.	
	18	Grants payable			18		
	19	Deferred revenue			507,101.	19	1,569,807.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	rt IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or former	office	r, director,			
Liabilities		trustee, key employee, creator or founder, substan	ntial co	ontributor, or 35%			
abi		controlled entity or family member of any of these	perso	าร		22	
	23	Secured mortgages and notes payable to unrelate	d thirc	l parties	1,089,100.	23	
	24	Unsecured notes and loans payable to unrelated the	hird pa	arties		24	
	25	Other liabilities (including federal income tax, paya	bles to	o related third			
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,151,627.	26	2,926,200.
(0		Organizations that follow FASB ASC 958, check	here				
čě		and complete lines 27, 28, 32, and 33.			0 155 000		
Ilan	27			····· -	3,155,899.	27	3,203,208.
B	28	Net assets with donor restrictions			8,013,496.	28	14,519,220.
pun		Organizations that do not follow FASB ASC 958	s, cheo	k here 🕨 🛄			
Ē		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			11 1 0 205	31	
Ne	32	Total net assets or fund balances			11,169,395.	32	17,722,428.
	33	Total liabilities and net assets/fund balances			13,321,022.	33	20,648,628. Form 990 (2020)

Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

	1990 (2020) HELPING HAND HOME FOR CHILDREN INC.	74-1	144638	Pa	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,64	4,4	91.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,09	4,6	52.	
3	Revenue less expenses. Subtract line 2 from line 1	3	6,54	6,549,839		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,16	9,3	95.	
5	Net unrealized gains (losses) on investments	5		3,1	94.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17,72	2,4	28.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				000		

Form **990** (2020)

SCHEDU	LE 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
2020
Open to Public Inspection

1

						Open to Public				
				► Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Nan	ne of 1	the organizati								identification number
De		Decen			OME FOR CHIL					4-1144638
	irt I	-			(All organizations must c			see instruction	IS.	
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1				-	on of churches described			1)(A)(i).		
2	Ц				Attach Schedule E (Forn					
3		•	•		anization described in se					
4			-	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	-							
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv).(C	Complete Part II.)						
6			-	-	nental unit described in					
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusion	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in
		_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	Ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		_ its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
c		_ Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)
		that is not f	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	/eness
		requiremen	nt (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
<u> </u>				n about the supporte		(iii) to the error	anization listed			
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 HELPING HAND HOME FOR CHILDREN INC. 74-1144638 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6042307.	6971732.	10477303.	<u>12790877.</u>	<u>15226651.</u>	51508870.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6042307.	6971732.	10477303.	12790877.	<u>15226651.</u>	51508870.
5	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)						4420584.
	Public support. Subtract line 5 from line 4.						47088286.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6042307.	6971732.	10477303.	<u>12790877.</u>	<u>15226651.</u>	51508870.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	512.	1,823.	13,934.	41,019.	5,342.	62,630.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						51571500.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,545,526.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
-	organization, check this box and stor	here					
	ction C. Computation of Publi						01 21
	Public support percentage for 2020 (I		-			14	91.31 %
	Public support percentage from 2019					15	89.59 %
1 6a	33 1/3% support test - 2020. If the c						
	 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. 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 						
b							
47.	and stop here. The organization qual						
17a	7a 10% -facts-and-circumstances test - 2020. 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 VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
b		0					10% OF
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation If the organization						
10	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 17a, 01 170			or 990-EZ) 2020
					JULIE	100 II I I I I I I I I I I I I I I I I I	, or 000-LEJ 2020

Schedule A (Form 990 or 990-EZ) 2020 HELPING HAND HOME FOR CHILDREN INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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 in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 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, and 3 received from disqualified persons						
b Amounts 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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
check this box and stop here	<u></u>					>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019		1			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly	supported organiza	ition	
b 33 1/3% support tests - 2019. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t			
032023 01-25-21			_	Sch	edule A (Form 990	0 or 990-EZ) 2020
		16				

18160415 146917 ННН

^{2020.05093} HELPING HAND HOME FOR CHI HHH____1

Schedule A (Form 990 or 990-EZ) 2020 HELPING HAND HOME FOR CHILDREN INC.

74-1144638 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

17

Schedule A (Form 990 or 990-EZ) 2020 HELPING HAND HOME FOR CHILDREN INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	_
-----	--	---	---

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

18160415 146917 ннн

2020.05093 HELPING HAND HOME FOR CHI HHH____

_1

Yes No

2a

2b

3a

3b

	dule A (Form 990 or 990-EZ) 2020 HELPING HAND HOME FOR CH			74-1144638 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	, integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990 or 990 EZ) 2020 HELPING HAND HOME FOR CHILDREN INC. 74-1144638 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

га	i v j rype in Non-i unctionally integrated 505	allol Supporting Orga	Continu	lea)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 202	D HELPING	HAND	HOME	FOR	CHILDREN	I INC.	74-1144638	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D,	mation. Provi 1, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the expl c, 5a, 6, 9a art IV, Secti	anations i , 9b, 9c, ⁻ on E, lines	required 11a, 11b, s 1c, 2a,	by Part II, line 10 and 11c; Part I 2b, 3a, and 3b;	0; Part II, line 1 V, Section B, li Part V, line 1; l	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	ection E, lin	nes 2, 5, a	nd 6. Als	o complete this	part for any ac	dditional information.	
032028 01-25-2	1				21		Sc	hedule A (Form 990 or 990-	EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

-		
1	HELPING HAND HOME FOR CHILDREN INC.	74-1144638
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organizatio	n is covered by the General Rule or a Special Rule.	

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Employer identification number

74-1144638

HELPING HAND HOME FOR CHILDREN INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>562,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,089,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
023452 11-25	J-∠U	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

24

Page 3

Employer identification number

HELPING HAND HOME FOR CHILDREN INC.

74-1144638

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ \$	
023453 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

25

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

me of orga	Form 990, 990-EZ, or 990-PF) (2020)			Employer id	Pag dentification numbe
ine of orge				Employer k	
ELPING	HAND HOME FOR CHILDRE	EN INC.		74-11	L44638
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organiza	tions	than \$1,000 for the yea
a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	w gift is held
		(e) Transfer of git	t		
	Transferee's name, address, ar	nd ZI P + 4	Relation	ship of transferor to tra	ansferee
_					
-					
-					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	w gift is held
-					
-					
-					
		(e) Transfer of git	t		
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to tra	ansferee
-					
-		[
-					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of ho	w gift is held
-					
-					
		(e) Transfer of git	+		
	Transferee's name, address, ar			ship of transferor to tra	

to transferee of how gift is held to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee 023454 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 26

18160415 146917 ННН

2020.05093 HELPING HAND HOME FOR CHI HHH_

_1

SCHEDULE [)
------------	---

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the orga	nization
------------------	----------

HELPING HAND HOME FOR CHILDREN INC.

Employer identification number 74-1144638

Par			s or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(h) Funds and other accounts
4	Total number at and of user	(a) Donor advised funds	(1)	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		 	
5	Did the organization inform all donors and donor advisors in w	-		
~	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			·
Par	Impermissible private benefit? t II Conservation Easements. Complete if the org.			
			Part IV, I	
1	Purpose(s) of conservation easements held by the organizatio		6 - 1-1-1	to all the transmission of the set of the set
	Preservation of land for public use (for example, recreati			ically important land area
	Protection of natural habitat		of a certifi	ed historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifier	ed conservation contribution in the form	of a con	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b			F	<u>2b</u>
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired af	-		
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organiza	ation during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing con	servation	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ation ease	ements during the year
•			(L)(A)(D)()	
8	Does each conservation easement reported on line 2(d) above	, ,		
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	•		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ients that	describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Si	milar Assets
1 ai	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 958		and balar	nce sheet works
Ia	of art, historical treasures, or other similar assets held for publ			
	service, provide in Part XIII the text of the footnote to its finance			
h	If the organization elected, as permitted under FASB ASC 958			shoot works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			or public service,
				•
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			► \$
2		ourse, or other similar assets for financia		▶ \$
2	If the organization received or held works of art, historical trea		a yan, pi	UVILE
~	the following amounts required to be reported under FASB AS	-		¢
	Revenue included on Form 990, Part VIII, line 1			▶ \$ ▶ \$
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
		101 1 0111 330.		Schedule D (Form 990) 2020
032051	12-01-20	27		

2020.05093 HELPING HAND HOME FOR CHI HHH____1

Sche		HAND HOME							44638		age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	[·] Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, checł	c any of the f	ollowing tha	t make sig	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	e organizatio	on's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contributions	s or other as	sets not i	ncluded		_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:							
									Amount		
	Beginning balance										
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if										
	-	(a) Current year		Prior year	(c) Two yea		(d) Three y				
1a	Beginning of year balance	3,535,433.	3	,535,547.		6,851.		17,928.	3,	407,	
b	Contributions	5,000.				5,000.		57,626.			000.
С	Net investment earnings, gains, and losses			-114.		3,696.		1,297.			596.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	3,540,433.		,535,433.		5,547.	3,4	76,851.	3,	417,	928.
2	Provide the estimated percentage of the curre		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ► <u>3.7500</u>	%									
С		6									
	The percentages on lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	it are held an	nd administer	red for the	e organiza	ition	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	77	X
	(ii) Related organizations								3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organizat								3b	Х	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme	<u>u</u>	wment f	funds.							
Fai	3 , 3 , 1 , 1 , 1 ,			/ line 11e C	00 Corm 000		line 10				
	Complete if the organization answered							-1	(-I) D I		
	Description of property	(a) Cost or o basis (investn		(b) Cost basis			ccumulate preciation	a	(d) Book	value	е
4 -	Land		neng		9,380.	uer			650	20	80.
	Land				<u>9,380.</u> 6,747.	2 5	711,28	36	5,445		
	Buildings			0,10	0,/4/.	, /	, 11, 20	•••	5,443	, 40	0 T •
	Leasehold improvements										
	Equipment			17	0,152.	1	104,49	22	65	5,66	<u> </u>
	Other			•					6,170		
Tota	. Add lines 1a through 1e. (Column (d) must ed	iuai Form 990, Part .	<u>x, colun</u>	nn (B), line 1(JC.)				D (Form		
								ocneuule	ווויטיון שי	330)	2020

Complete if the organization areaversed. "Yes" on Form 980, Part IV, line 11b. See Form 980, Part X, line 12. (c) Book value (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) (c) Method of valuation: Cost or end-of year market value (c) (c) (c) market value (c)	Part VII Investments - Other Securities.			
(1) Financial derivatives			-	of voor market value
(2) Colours / Interests		(b) BOOK value	(c) Method of Valuation. Cost of end-o	n-year market value
(3) Other (3) (A) (3) (B) (3) (C) (3) (B) (3) (B) (4) (B) (5) (B) (4) (B) (5) (B) (6) (B) (6) (B) (6) (G) (6) (G) (6) (A) (7) (A) (2) (B) (2) (B) (2) (B) (2) (B) (2) (B) (3) (B) (2) (B) (3) (B) (4) (B) (5) (B) (6) (C) (6) (B)				
AA Image: Constraint of the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 13. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 15. Complete If the organization answered 'Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 25. Complete If the organization answered Yes' on Form 980, Part IV, line 11d. See Form 980, Part X, line 25. (a) (b) Book value (b) (c) (c) (c) (c) (c) (c) (c)				
(B) (C) (C) (C) (D) (C) (E) (C) (F) (C) (G) (
(C) (C) (D) (C) (E) (C) (F) (C) (G)				
(0) (1) (E) (2) (3) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (2) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (2) (9) (1) (9) (1)				
(E) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (F) (G) (F) (G) (G) (
(F) (G) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G) (G) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (G) (3) (G) (4) (G) (5) (G) (6) (G) (7) (G) (6) (G) (7) (G) (1) (G) (2) (G) (3) (G) (4) (G) (5) (G) (6) (G) (7) (G) <				
(G) Image: Constraint of the constrai				
(H) Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (e) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (a) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c)<				
Total. (col. (b) must equal Form 90, Part X, col. (B) line 12.) Part Will Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (c) Method of valuation: Cost or end-of-year market value (f) (c) Method of valuation: Cost or end-of-year market value (f) (f) (g) (f) (g) (g) (h) must equal Form 990, Part X, col. (g) line 13.) Part W Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, line 15. (g) (g) (g) (g) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g)				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (c) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (6) (c) (c) (c) (c) (c)				
Complete if the organization answered 'Yes' on Form '990, Part IV, line 11c: See Form '990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of year market value (2) (a) (b) (c) (c) (3) (c) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c)		<u>_</u> L		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)		" on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(2)				of-year market value
(2)	(1)			
(3)				
(4)				
(5)				
(7)				
(8)	(6)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (b) (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) Description of Form 990, Part X, col. (c) line 15. (c) Part X Other Liabilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Book value (1) Federal income taxes (c) (c) (2) (a) Description of liability (b) Book value (c) (3) (c) (c) (c) (c) (3) (c) (c) (c) (c) (6) (c) (c) (c) (c) (6) </td <td>(7)</td> <td></td> <td></td> <td></td>	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) (a) Description (b) Book value (c) (a) (a) (b) Book value (b) (c) (c) (c) (d) (c) (f) (c) (c) (f) (c) (c) (c) (f) (c) (c) (c) (c) (c) (g) Inter Liabilities. Inter 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value (1) Federal income taxes (c) (c)	(8)			
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (b) Book value (2) (3) (4) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1 (b) Book value (1) Federal income taxes (b) Book value (2) (a) Description of liability (b) Book value (1) Federal income taxes (c) (b) Book value (2) (3) (1) Federal income taxes (2) (3) (1) (2) (3) (3) (4) (5) (6) (7) (7) (7) (7) (7) (8) (9) (7) (7) (7) (6) (7) (7) (7) (7) (7)	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (b) Book value (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (a) (c) (c) (3) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
(a) Description (b) Book value (1) (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Other Liabilities. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c)	Part IX Other Assets.			
(1)			11d. See Form 990, Part X, line 15.	
(2) (3) (3) (4) (4) (5) (5) (7) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (10) Ford and Form 990, Part X, col. (B) line 25.)	(a) Description		(b) Book value
(3)	(1)			
(4)	(2)			
(5)	(3)			
(6)	(4)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (b) Book value (2) (2) (3) (3) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (b) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c) (c)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c) (c)	Total. (Column (b) must equal Form 990, Part X, col. (B) lir	<u>1e 15.)</u>		
1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (c)			11. au 116 Cas Faure 000 Dart V line 05	
(1) Federal income taxes	(a) December 1 of Bala lite	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				(b) BOOK value
(3) (4) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►				
(4) (4) (5) (5) (6) (7) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)►				
(6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(8) (9) Total. <u>(Column (b) must equal Form 990, Part X, col. (B) line 25.)</u>				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
		20.25		
			the organization's financial statements the	it reports the

HELPING HAND HOME FOR CHILDREN INC.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2020

74-1144638 Page 3

032053 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 HELPING HAND HOME FOR CHILDREN	INC.	74-	1144638	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	15,899,	766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a				
b	Donated services and use of facilities 2b	252,081.			
с	Recoveries of prior year grants2c				
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	255,	275.
3	Subtract line 2e from line 1		3	15,644,	491.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,644,	491.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements V	With Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	9,346,	733.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a	252,081.			
b		· · · · · ·	<u> </u>		
	Prior year adjustments2b		-		
С	Prior year adjustments 2b Other losses 2c				
c d			-		
c d e	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d		2e		081.
c d e 3	Other losses 2c Other (Describe in Part XIII.) 2d			252, 9,094,	
-	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d		2e		
3	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 1		2e		
3 4	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2e		
3 4 a	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b		2e	9,094,	<u>652.</u> 0.
3 4 b c 5	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b		2e 3		<u>652.</u> 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

HELPING HAND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY EXIST, UNDER ASC
TOPIC 740, INCOME TAXES. HELPING HAND ACCOUNTS FOR UNCERTAINTY OF INCOME
TAXES BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD FOR THE RECOGNITION AND
DE-RECOGNITION OF TAX POSITIONS, WHICH INCLUDES THE ACCOUNTING FOR
INTEREST AND PENALTIES RELATING TO TAX POSITIONS. HELPING HAND DOES NOT
HAVE ANY UNRECOGNIZED TAX BENEFITS RESULTING FROM ITS TAX POSITIONS AT
JUNE 30, 2021 AND 2020.

032054 12-01-20

SC	CHEDULE J Compensation Information		I	OMB No. 1	545-004	17
(Fo	orm 990) For certain Officers, Directors, Trustees, Key Employees, and	Highest	F	00	00	
•	Compensated Employees	-		ZU	ZU)
-	Complete if the organization answered "Yes" on Form 990, Part Attach to Form 990.	IV, line 23.		Open to	Publ	ic
	partment of the Treasury rnal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest in	formation.		Inspe	ction	
Nam	me of the organization			identificatio		nber
	HELPING HAND HOME FOR CHILDREN INC.		74-1	14463	8	
Pa	art I Questions Regarding Compensation					
					Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person lis		990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these ite	ms.				
	First-class or charter travel	nce for persor	nal use			
	Travel for companions Payments for business use o	•				
	Tax indemnification and gross-up payments					
	Discretionary spending account Personal services (such as m	aid, chauffeu	r, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pay					
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to exp			1b		
2						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a	a?		2		<u> </u>
3	Indicate which if any of the following the accompanyation used to establish the companyation of the a	rachization'a				
3	Indicate which, if any, of the following the organization used to establish the compensation of the o CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a relate	-	on to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	su organizatio	JIT LO			
	X Compensation committee					
	Independent compensation consultant Independent compensation survey or stud					
	Form 990 of other organizations	•	ommittee			
		ilperisation ci	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	filina				
	organization or a related organization:	5				
а				4a		Х
b				4b		Х
с				4		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa	art III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensatio	n			
	contingent on the revenues of:					
а	a The organization?			5a		X
b	• Any related organization?			5b		X
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensatio	n			
	contingent on the net earnings of:					
	a The organization?					X
b	Any related organization?			6b	_	X
_	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe			_		v
-	not described on lines 5 and 6? If "Yes," describe in Part III			7		X
8						v
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Par			8		X
9						
	Regulations section 53.4958-6(c)?					00000
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Scheo	lule J (Forn	n 990)	2020

Schedule J (Form 990) 2020 HELP II	ŊG	HELPING HAND HOME FOR	FOR CHILDREN	KEN INC.	74-1144638	638		Page 2
s, Trustee	nplo	yees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	orm 9	oorted on Schedule J 90, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	m related organization:	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ad inc	lividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of ¹	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(m)-(l)(m)	in column (b) reported as deferred on prior Form 990
(1) TED KEYSER	(i)	208,425.	0.	0	24,294.	6,607.	239,326.	0.
EXECUTIVE DIRECTOR	(ii)	0	0.	0.		•0		0.
	(i)							
	9							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	Ξ							
	(i)							
	1							
	(i)							
	1							
	(i)							
	(<u>ii</u>)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2020

32

032112 12-07-20

Schedule J (Form 990) 2020 HELPING HAND HOME FOR CHILDREN INC.	74-1144638 Page 3	3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	lete this part for any additional information.	1
		I
	Schedule J (Form 990) 2020	50

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Name of the	e organization
-------------	----------------

HELPING HAND HOME FOR CHILDREN INC.

 $\begin{array}{c} \text{Employer identification number} \\ 74 - 1144638 \end{array}$

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		9,308.	FMV		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	10	242,998.	FMV		
10	Securities - Closely held stock			,			
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	11	6,800.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (SUPPLIES)	X	36	63,090.	FMV		
26	Other (TOYS)	X	27	31,041.			
27	Other \blacktriangleright ()			51/0110			
28	Other ()						
29	Number of Forms 8283 received by the organiz	I zation during	I the tax year for o	ontributions			
25	for which the organization completed Form 82						
	for which the organization completed rollin oz	00, i alt v, L	onee Acknowledg	ement		Yes	No
30a	During the year, did the organization receive by	v contributio	n any property ren	orted in Part L lines 1 throug	ıh 28 that it		
000	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	x
h	If "Yes," describe the arrangement in Part II.	·				30a	
	Does the organization have a gift acceptance	olicy that re	ouires the review	of any ponstandard contribut	tions?	24	x
31 222	Does the organization have a gift acceptance p Does the organization hire or use third parties					31	
JZd			•			220	x
L-	contributions?					32a	
	If "Yes," describe in Part II.	alumn (a) fa	a tupo of success	(for which column (a) is -1-	alvad		
33	If the organization didn't report an amount in c		a type of property	y for which column (a) is che	Skeu,		
	describe in Part II.	the Instance	iono for Form 000	n	Cabadula M	L (Earm 000	0000
LHA	For Paperwork Reduction Act Notice, see	me mstruci	IOUP IOL FOLLI 990	J.	Schedule N	1 (FUIII 990	y 2020

Schedule M	(Form 990) 2020	HELPING							74-1144638	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), th dditional informat	Provide e number ion.	the inforn of contrib	nation re outions,	equired by Part the number of it	I, lines 30b tems receiv	, 32b, and 33 red, or a comb	, and whether the organiza pination of both. Also com	ition plete
									Cabachila M /F	000) 0000
032142 11-23-2	20								Schedule M (Form	ເ ອອບ) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 74 - 1144638

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

A NOMINATING COMMITTEE, CHAIRED BY THE PAST PRESIDENT OF THE ORGANIZATION,

MEETS ANNUALLY TO SELECT A SLATE OF CANDIDATES FOR BOARD AND OFFICER

HELPING HAND HOME FOR CHILDREN INC.

POSITIONS. THE PAST PRESIDENT PRESENTS THE SLATE TO THE GENERAL MEMBERSHIP

FOR APPROVAL.

FORM 990, PART VI, SECTION A, LINE 7B:

THE GENERAL MEMBERSHIP MUST VOTE TO APPROVE AMENDMENTS TO THE BYLAWS OR STANDING RULES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE CONTROLLER AND OTHER EXECUTIVE STAFF, THEN DISTRIBUTED TO EACH BOARD MEMBER TO REVIEW AND VOTE TO APPROVE PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, DIRECTORS AND ADVISORS ARE REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY, ACKNOWLEDGING THEIR UNDERSTANDING OF THE POLICY AT BOARD MEETINGS. THE BOARD CHAIR REITERATES THE IMPORTANCE OF DISCLOSURE OF CONFLICTS, GIVING EXAMPLES AND PROVIDING APPROPRIATE WAYS TO ADDRESS AND/OR RESOLVE POTENTIAL CONFLICTS. ANYONE WITH A CONFLICT WILL RECUSE THEMSELF FROM VOTING ON RELATED MATTERS.

1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization HELPING HAND HOME FOR CHILDREN INC.	Employer identification number 74-1144638
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS INITIATES AN ANNUAL EVALUATION OF T	HE EXECUTIVE
DIRECTOR AND, BASED ON THE RESULTS AND INDEPENDENT COMPARA	BILITY DATA, VOTE
TO ADJUST THE COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL REQUIRED DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON RE	QUEST. THE AUDIT
AND FORM 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE.	
	edule O (Form 990 or 990-EZ) 2020

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ONS and Unrelated Pa ered "Yes" on Form 990, Part IV, I ► Attach to Form 990. 1990 for instructions and the lates	therships ine 33, 34, 35b, 3 t information.	3, or 37.	ō Ō	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization HELPING HAND HOME	NOME FOR CHILDREN INC.	NC.			Employer identification number 74-1144638	cation number 38
Part I Identification of Disregarded Entities. Complete if the organization	te if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exer	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	ntrolle
HELFING HAND HOME FOR CHILDREN FOUNDATION - 74-2756725 3804 AVENUE B AUSTIN TX 78751	EXCLUSIVELY SUPPORTS HHH, HELPING ABUSED AND NEGLECTED CHILDREN	TEXAS	501(C)(3)	LINE 12B II	HELPING HAND HOME FOR CHILDREN INC.	X Kes
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.			_	Schedule R	Schedule R (Form 990) 2020

032161 10-28-20 LHA

38

Schedule R (Form 990) 2020 HELP	HELPING HAND HOME FOR CHILDREN INC.	ME FOI	R CHILDREN	INC.					74-1	74-1144638	Page 2
Part III Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	ganizations Taxable a artnership during the ta	is a Partne × year.		the organiza	ition answered	"Yes" on Form	990, Part IV,	ine 34, becau	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	more relate	q
(a)	(q)	(c)	(q)	(e)		(£)	(<u></u> 6)	(H)	Ē	()	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total income	Share of end-of-year assets	Dispro por all ocati	amoul 20 of 9	31 General o DOX managing Jule partner?	General or Percentage managing ownership partner?
		country)		sections 5	12-514)			Yes No		065) Yes No	
Part IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	ganizations Taxable a	is a Corpo ig the tax y	or Trust.	omplete if the	e organization a	answered "Yes	" on Form 990	, Part IV, line	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ad one or m	ore related
(a)			(q)	(c)	(p)	(e)		(f)	(6)	(y)	(i)
Name, address, and EIN	N	Prim	ctivity	nicile	Direct controlling			Share of total	Share of	Percentage	Section 512(b)(13)
of related organizatio	u				entity	(C corp, S corp, or trust)		income	end-of-year assets	ownership	
032162 10-28-20									Sche	edule R (For	Schedule R (Form 990) 2020

032162 10-28-20

39

Schedule R (Form 990) 2020

Pade 2 74-1144638

HELPING HAND HOME FOR CHILDREN INC. Schedule B (Form 990) 2020 Schedule R (Form 990) 2020 HELPING HAND HOME FOR CHILDREN INC.

Page 3 74-1144638

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Matter Commission 1 if and the line line of the Matter in the Sector II and the sector of the sector					
Note: Complete miter i many emuty is instead in Farts in, in, or iv or this scriedule.	on one on one office of	: hotol onoitorianous hoto		Ies	SS NO
		מופח טוטמווובמווטווא וואופט ו			Þ
a Heceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ			1a	4
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift arant or capital contribution from related organization(s)				10	X
				2	Þ
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e	×
 Di idanda fuana talahad atanakan (a) 				Ţ	>
T UIVIGENDS ITOM FEIATED OF				ŧ	4
g Sale of assets to related organization(s)				1 g	X
Purchase of assets from related organiza				4	X
				÷	
				=	
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			Ŧ	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē	×
b Sharing of facilities equipment mailing lists or other assets with related organization(s)	on(s)				
				\$ ♪ ≣ ,	
 o sharing or paid employees with related organization(s) 				9 0	
p Reimbursement paid to related organization(s) for expenses				1p	×
				10 X	
				-	
				÷	>
				=	4 10
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	/olved	
	rype (a o)				
(1) HELPING HAND HOME FOR CHILDREN FOUNDATION	Ø	18,000.	COST		
(3)					
(4)					
(5)					
9					
032163 10-28-20			Schedule	Schedule R (Form 990) 2020	90) 2020

40

Page 4		(ənc	(j) (k) General or Percentage managing ownership					Schedule R (Form 990) 2020
38		rever	(j) General or P managing partner?	2				
446		gross	Gene	SB				e R (F
74-11		total assets or	(i) Code V-UBI amount in box 20 of Schedule K-1					Schedul
		sured by	Dispropor- tionate allocations?	22 22				
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(g) Share of end-of-year assets					
	e organization answered "Yes" on Form 990, Part IV, line 37	than five percent	(f) Share of total income					
	on Form	ed more	er (c)					
	Yes" o	nducte Ds.	le par					
EN INC.	zation answered "	ne organization col stment partnership	Predominant income Predominant income (related, unrelated, excluded from tax under sections 5.12-5.14)					
FOR CHILDREN		ip through which the sion for certain investion	(c) Legal domicile (state or foreign country)					
HELPING HAND HOME	le as a Partnership. Co	itity taxed as a partnersh uctions regarding exclus	(b) Primary activity					
Schedule R (Form 990) 2020 HELPIN	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

41

Page 4 74-1144638

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

032165 10-28-20