

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
HELPING HANDS HEALTH AND WELLNESS
CENTER INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
5100 KARL ROAD

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 43229

D Employer identification number
20-5937457

E Telephone number
(614) 262-5094

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ WWW.HELPINGHANDSFREECLINIC.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 158,016

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																117,476											
	2	Program service revenue including government fees and contracts																2,259											
	3	Membership dues and assessments																											
	4	Investment income																561											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)										34,810																	
c	Less direct expenses from gaming and fundraising events																8,187												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																26,623												
7a	Gross sales of inventory, less returns and allowances										2,910																		
b	Less cost of goods sold										1,117																		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																1,793												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																148,712												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																124,721											
	13	Professional fees and other payments to independent contractors																3,082											
	14	Occupancy, rent, utilities, and maintenance																13,694											
	15	Printing, publications, postage, and shipping																1,142											
	16	Other expenses (describe in Schedule O)																51,010											
17	Total expenses. Add lines 10 through 16																193,649												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																-44,937											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																103,125											
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year Combine lines 18 through 20																58,188											

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	81,791	22	40,717
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	56,751	24	19,595
25 Total assets	138,542	25	60,312
26 Total liabilities (describe in Schedule O).	35,417	26	2,124
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	103,125	27	58,188

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 PROVIDE FAITH BASED MEDICAL CARE

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

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

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	140,835

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SARAH GRAY EXECUTIVE DI	40 00	51,002		
NANCY HENCEROOTH-GATTO PRESIDENT	10 00	0		
ROBERT GILLETTE TREASURER	3 00	0		
STEW ROBERTS SECRETARY	2 00	0		
RIZA TADY CONROY BOARD MEMBER	9 00	0		
JERRY CABLE BOARD MEMBER	2 00	0		
STEPHEN THOMPSON DIR ADMINIS	32 00	30,905		
RAYMOND D'ANGELO DIRECTOR	2 00	0		
TERESA ARCHER DIRECTOR	1 00	0		

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of STEPHEN THOMPSON Telephone no (614) 262-5094
Located at 1421 MORSE ROAD COLUMBUS, OH ZIP + 4 432296423

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

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

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

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

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

***** Signature of officer	2019-03-15 Date
ROBERT GILLETTE TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT G GILLETTE	Preparer's signature	Date 2019-03-15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00234963
	Firm's name ▶ ROBERT GILLETTE CPA			Firm's EIN ▶	
	Firm's address ▶ 4170 OXFORD DR COLUMBUS, OH 43220			Phone no (614) 459-7864	

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

Additional Data

Software ID:
Software Version:
EIN: 20-5937457
Name: HELPING HANDS HEALTH AND WELLNESS CENTER INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 HELPING HANDS HEALTH AND WELLNESS CENTER (HHHWC) IS FAITH- BASED FREE MEDICAL CLINIC THAT HAS GARNISHED THE SUPPORT OF DEDICATED STAFF MEMBERS AND VOLUNTEERS THE MISSION OF THE HELPING HANDS HEALTH AND WELLNESS CENTER IS TO BE THE CARING HANDS OF JESUS TO PROVIDE MEDICAL CARE, HEALTH EDUCATION, COUNSELING AND SOCIAL SERVICES TO THOSE WITH NEEDS THE HARD WORK AND PASSION OF ALL THE STAFF MEMBERS AND VOLUNTEERS IS DEMONSTRATED THROUGH PATIENT CARE 2018 IS A YEAR TO BE REMEMBERED FOR HELPING HANDS HEALTH AND WELLNESS CENTER THE ORGANIZATION FACED SOME FAMILIAR OBSTACLES, HIRING NEW STAFF MEMBERS AND RECRUITING MORE VOLUNTEERS, BUT WITH OVER 11 YEARS OF SERVICE, IT IS SURPRISING TO THINK THAT THE ORGANIZATION ENCOUNTERED AN OBSTACLE THAT IT HAD NOT PREVIOUSLY FACED HOWEVER, THAT IS EXACTLY WHAT HAPPENED FOR THE FIRST TIME IN THE ORGANIZATION'S HISTORY, IT HAD TO MOVE ITS CLINIC OPERATIONS ALL OF THE PATIENTS CARED FOR AT HHHWC ARE EITHER UNINSURED OR UNDERINSURED HHHWC SAW 377 NEW PATIENTS IN 2018 THE ORGANIZATION HOSTED 465 PATIENTS FOR A TOTAL OF 596 CLINIC VISITS OVER 63% OF THE CLINIC VISITS WERE FOR WOMEN AND APPROXIMATELY 37% WERE FOR MEN IN ADDITION, HHHWC PROVIDED OVER 150 DENTAL REFERRALS, 29 CHIROPRACTIC CARE VISITS, 160 SOCIAL SERVICES VISITS, AND OVER 300 TB SKIN TESTS AS A RESULT, THROUGH ITS WIDE RANGE OF SERVICES, THE CLINIC PROVIDED CARE FOR OVER 1,000 PATIENTS IN 2018 BREAKING DOWN THE HHHWC PATIENT POPULATION BY AGE, NEARLY 19% OF CLINIC VISITS WERE PATIENTS BETWEEN THE AGES OF 18 AND 29, OVER 14% WERE PATIENTS BETWEEN 30 AND 39, OVER 19% WERE PATIENTS BETWEEN THE 40 AND 49, OVER 19% WERE PATIENTS BETWEEN 50 AND 59, ABOUT 11% WERE PATIENTS BETWEEN 60 AND 64, AND ABOUT 15% WERE PATIENTS OVER THE AGE OF 65 COMPARING THESE AGE FIGURES TO THOSE IN 2017, THERE DOES NOT SEEM TO BE A SIGNIFICANT CHANGE IN ANY PARTICULAR AGE RANGE THE GREATEST NUMBERS OF OUR PATIENTS COME FROM COLUMBUS, WITH OVER 83% WESTERVILLE AND CANAL WINCHESTER BROUGHT IN THE SECOND GREATEST NUMBER OF PATIENTS, WITH 4 0% AND 3 4% RESPECTIVELY DURING THE PATIENT VISITS, OVER 68% OF PATIENTS IDENTIFIED THEMSELVES AS BLACK, ABOUT 7% AS ASIAN, NEARLY 18% AS WHITE, AND NEARLY 7% AS OTHER OR NOT IDENTIFIED THESE PERCENTAGES DO NOT APPEAR TO SIGNIFICANTLY DIFFER FOR THE REPORTED NUMBERS IN 2017 ABOUT 30% OF HHHWC PATIENTS REPORTED BEING UNEMPLOYED DURING THEIR VISIT, APPROXIMATELY 17% OF PATIENTS WERE WORKING FULL-TIME AND OVER 21% OF PATIENTS WERE WORKING PART-TIME IN ADDITION TO THE ORGANIZATION'S PATIENT CARE ACCOMPLISHMENTS, HHHWC ALSO MANAGED THE SUCCESSFUL EXECUTION OF THE ORGANIZATION'S MOVE IN JUNE OF 2018, HHHWC WAS INFORMED THAT IT NEEDED TO MOVE ITS CLINIC OPERATIONS BEFORE NOVEMBER OF 2018 THE CLINIC'S DEDICATED AND HARD-WORKING STAFF MANAGED TO EXECUTE THE MOVE IN UNDER 6 MONTHS WHILE THE CLINIC HAD ALWAYS PREVIOUSLY OPERATED AS A POP-UP STYLE CLINIC, USING TEMPORARY WALLS AND FOLDING TABLES AND CHAIRS, THE CLINIC NOW OPERATES IN A PERMANENT CLINIC WITH PERMANENT PATIENT ROOMS AND AN ASSEMBLED OPERATIONAL WORKFLOW WITH THIS MOVE CAME MANY CHALLENGES, BUT ALSO MANY BENEFITS FIRST, HHHWC WAS ABLE TO SECURE MUCH VOLUNTEER ASSISTANCE TO HELP WITH THE MOVE THE MOVE ITSELF TOOK ABOUT A WEEK OF LABOR AND INTENSIVE HELP THE STAFF COULD NOT HAVE BEEN MORE GRATEFUL FOR THE HELP OF ITS WONDERFUL AND FAITHFUL VOLUNTEERS SECOND, THE ORGANIZATION UTILIZED THE HELP OF THE COMMUNITY TO SECURE IN-KIND DONATIONS TO HELP OUTFIT ITS NEW PERMANENT CLINIC SPACE THE ORGANIZATION SECURED CUBICLE WALLS, BOOKCASES, CHAIRS, MEDICAL SUPPLIES, AND OTHER ITEMS FROM THE GENEROUS CONTINENTAL OFFICE, LOCATED IN THE SAME 43229 ZIP CODE THE ORGANIZATION ALSO RECEIVED MEDICAL EQUIPMENT, A DESK, CHAIRS, AND OTHER DONATIONS FROM OHIOHEALTH THESE TWO LARGE IN- KIND DONATIONS, WITH AN ESTIMATED VALUE OF 40,000, ALLOWED HHHWC TO DESIGN AN OPERATIONAL CLINIC FOR ITS PATIENTS WHILE THE MOVE WAS, BY FAR, THE ORGANIZATION'S LARGEST UNDERTAKING, IT ALSO CONTINUED TO PROVIDE FOR THE COMMUNITY IN OTHER WAYS HHHWC COMMUNICATED TO ITS SUPPORTERS, PATIENTS, VOLUNTEERS, AND DONORS BY CRAFTING MONTHLY NEWSLETTERS, PARTICIPATING IN LOCAL SCHOOL SPEAKING ENGAGEMENTS, MAILING POSTCARDS TO PATIENTS, AND POSTING ITS 2019 SCHEDULE IN A TIMELY AND CLEAR MANNER THE ORGANIZATION KEPT ITS STAKEHOLDERS INFORMED BY CRAFTING AN ANNUAL REPORT, ACQUIRING A SILVER GUIDESTAR RATING, PARTNERING WITH THIS WEEK COMMUNITY NEWS, AND FILMING A NEWS SEGMENT WITH MEDIA COLUMBUS IN 2018, HHHWC CONTINUED TO PERFORM HYPERTENSION SCREENINGS, DIABETES SCREENINGS, AND OVER-THE-COUNTER MEDICATION CONSULTATIONS ALL OF THESE FUNCTIONS WERE PERFORMED BY MEMBERS OF OUR COMMITTED VOLUNTEER CORPS HOWEVER, HHHWC BROUGHT ON A NEW SERVICE FOR ITS PATIENTS AS WELL THE ORGANIZATION IS NOW PROVIDING MARTTI, AN OVER-THE-PHONE INTERPRETATION SERVICE THAT HAS THE ABILITY TO INTERPRET FOR OVER 200 LANGUAGES HHHWC HELD ONE MAJOR FUNDRAISING CAMPAIGN WITH ITS 10TH ANNUAL BOWL TO HELP EVENT HHHWC'S MAJOR SUPPORTERS CONTINUE TO BE THE CHURCHES, WITH THE GREATEST SUPPORT COMING FROM THE NORTHLAND DEANERY OF CATHOLIC CHURCHES BECAUSE OF THE ORGANIZATION'S MOVE, ITS OPERATION HELPING HANDS PROGRAM, A DONATION AND AUCTION SOCIAL ENTERPRISE, WAS FORCED TO STOP IN 2018, BUT THE ORGANIZATION PLANS TO SEEK OUT AND RESEARCH OTHER SOCIAL ENTERPRISES IN THE FUTURE</p> <p>(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	140,835

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HELPING HANDS HEALTH AND WELLNESS CENTER INC

Employer identification number

20-5937457

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	147,662	121,220	124,823	141,653	117,476	652,834
2	Tax revenues levied for the organization'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	147,662	121,220	124,823	141,653	117,476	652,834
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)						
6	Public support. Subtract line 5 from line 4						652,834

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	147,662	121,220	124,823	141,653	117,476	652,834
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		79		1,184	561	1,824
9	Net income from unrelated business activities, whether or not the business is regularly carried on		1,596	1,635	30,225	25,623	59,079
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		6,651	22,190	9,644	2,910	41,395
11	Total support. Add lines 7 through 10						755,132
12	Gross receipts from related activities, etc. (see instructions)					12	4,461

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	86.450 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	89.880 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2017.** 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 and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2018.** 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—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organization'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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
11	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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
	7		
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).		
	8		
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 .		
	9a		
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 .		
	9b		
c	Did a disqualified 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 .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section 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	
Section 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)	1	
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	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 38,485

Additional Data

Software ID:

Software Version:

EIN: 20-5937457

Name: HELPING HANDS HEALTH AND WELLNESS
CENTER INC

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 38,485

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HELPING HANDS HEALTH AND WELLNESS
CENTER INC

Employer identification number

20-5937457

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		BOWL TO HELP (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	34,810			34,810
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	34,810			34,810
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,187			8,187
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				8,187
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				26,623

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

HELPING HANDS HEALTH AND WELLNESS
CENTER INC

Employer identification number

20-5937457

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 7,753 INFORMATION TECHNOLOGY 1,266 CONFERENCES/MEETINGS 3,086 INSURANCE 4,550 MEDICAL SUPPLIES 13,352 SOFTWARE 5,227 DUES AND LICENSES 1,310 LOSS ON DISPOSAT OF EQUIP 14,466 TOTAL 51,010

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	VEHICLES 52,239 8,383 LESS ACCUMULATED DEPRECIATION 7,332 0 BENEFICIAL INTEREST IN ASSETS 11,844 11,212 TOTAL 56,751 19,595

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 2,124 UNSECURED NOTES AND LOANS PAYABLE 35,417 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	<p>HELPING HANDS HEALTH AND WELLNESS CENTER (HHHC) IS FAITH-BASED FREE MEDICAL CLINIC THAT HAS GARNISHED THE SUPPORT OF DEDICATED STAFF MEMBERS AND VOLUNTEERS. THE MISSION OF THE HELPING HANDS HEALTH AND WELLNESS CENTER IS TO BE THE CARING HANDS OF JESUS TO PROVIDE MEDICAL CARE, HEALTH EDUCATION, COUNSELING AND SOCIAL SERVICES TO THOSE WITH NEEDS. THE HARD WORK AND PASSION OF ALL THE STAFF MEMBERS AND VOLUNTEERS IS DEMONSTRATED THROUGH PATIENT CARE. 2018 IS A YEAR TO BE REMEMBERED FOR HELPING HANDS HEALTH AND WELLNESS CENTER. THE ORGANIZATION FACED SOME FAMILIAR OBSTACLES, HIRING NEW STAFF MEMBERS AND RECRUITING MORE VOLUNTEERS, BUT WITH OVER 11 YEARS OF SERVICE, IT IS SURPRISING TO THINK THAT THE ORGANIZATION ENCOUNTERED AN OBSTACLE THAT IT HAD NOT PREVIOUSLY FACED. HOWEVER, THAT IS EXACTLY WHAT HAPPENED. FOR THE FIRST TIME IN THE ORGANIZATION'S HISTORY, IT HAD TO MOVE ITS CLINIC OPERATIONS. ALL OF THE PATIENTS CARED FOR AT HHHC ARE EITHER UNINSURED OR UNDERINSURED. HHHC SAW 377 NEW PATIENTS IN 2018. THE ORGANIZATION HOSTED 465 PATIENTS FOR A TOTAL OF 596 CLINIC VISITS. OVER 63% OF THE CLINIC VISITS WERE FOR WOMEN AND APPROXIMATELY 37% WERE FOR MEN. IN ADDITION, HHHC PROVIDED OVER 150 DENTAL REFERRALS, 29 CHIROPRACTIC CARE VISITS, 160 SOCIAL SERVICES VISITS, AND OVER 300 TB SKIN TESTS. AS A RESULT, THROUGH ITS WIDE RANGE OF SERVICES, THE CLINIC PROVIDED CARE FOR OVER 1,000 PATIENTS IN 2018. BREAKING DOWN THE HHHC PATIENT POPULATION BY AGE, NEARLY 19% OF CLINIC VISITS WERE PATIENTS BETWEEN THE AGES OF 18 AND 29, OVER 14% WERE PATIENTS BETWEEN 30 AND 39, OVER 19% WERE PATIENTS BETWEEN THE 40 AND 49, OVER 19% WERE PATIENTS BETWEEN 50 AND 59, ABOUT 11% WERE PATIENTS BETWEEN 60 AND 64, AND ABOUT 15% WERE PATIENTS OVER THE AGE OF 65. COMPARING THESE AGE FIGURES TO THOSE IN 2017, THERE DOES NOT SEEM TO BE A SIGNIFICANT CHANGE IN ANY PARTICULAR AGE RANGE. THE GREATEST NUMBERS OF OUR PATIENTS COME FROM COLUMBUS, WITH OVER 83% WESTERVILLE AND CANAL WINCHESTER BROUGHT IN THE SECOND GREATEST NUMBER OF PATIENTS, WITH 4.0% AND 3.4% RESPECTIVELY. DURING THE PATIENT VISITS, OVER 68% OF PATIENTS IDENTIFIED THEMSELVES AS BLACK, ABOUT 7% AS ASIAN, NEARLY 18% AS WHITE, AND NEARLY 7% AS OTHER OR NOT IDENTIFIED. THESE PERCENTAGES DO NOT APPEAR TO SIGNIFICANTLY DIFFER FOR THE REPORTED NUMBERS IN 2017. ABOUT 30% OF HHHC PATIENTS REPORTED BEING UNEMPLOYED DURING THEIR VISIT, APPROXIMATELY 17% OF PATIENTS WERE WORKING FULL-TIME AND OVER 21% OF PATIENTS WERE WORKING PART-TIME. IN ADDITION TO THE ORGANIZATION'S PATIENT CARE ACCOMPLISHMENTS, HHHC ALSO MANAGED THE SUCCESSFUL EXECUTION OF THE ORGANIZATION'S MOVE. IN JUNE OF 2018, HHHC WAS INFORMED THAT IT NEEDED TO MOVE ITS CLINIC OPERATIONS BEFORE NOVEMBER OF 2018. THE CLINIC'S DEDICATED AND HARD-WORKING STAFF MANAGED TO EXECUTE THE MOVE IN UNDER 6 MONTHS. WHILE THE CLINIC HAD ALWAYS PREVIOUSLY OPERATED AS A POP-UP STYLE CLINIC, USING TEMPORARY WALLS AND FOLDING TABLES AND CHAIRS, THE CLINIC NOW OPERATES IN A PERMANENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990-EZ, PART III, LINE 28</p>	<p>T CLINIC WITH PERMANENT PATIENT ROOMS AND AN ASSEMBLED OPERATIONAL WORKFLOW WITH THIS MOVE CAME MANY CHALLENGES, BUT ALSO MANY BENEFITS FIRST, HHHWC WAS ABLE TO SECURE MUCH VOLUNTEER ASSISTANCE TO HELP WITH THE MOVE THE MOVE ITSELF TOOK ABOUT A WEEK OF LABOR AND INTENSIVE HELP THE STAFF COULD NOT HAVE BEEN MORE GRATEFUL FOR THE HELP OF ITS WONDERFUL AND FAITHFUL VOLUNTEERS SECOND, THE ORGANIZATION UTILIZED THE HELP OF THE COMMUNITY TO SECURE IN-KIND DONATIONS TO HELP OUTFIT ITS NEW PERMANENT CLINIC SPACE THE ORGANIZATION SECURED CUBICLE WALLS, BOOKCASES, CHAIRS, MEDICAL SUPPLIES, AND OTHER ITEMS FROM THE GENEROUS CONTINENTAL OFFICE, LOCATED IN THE SAME 43229 ZIP CODE THE ORGANIZATION ALSO RECEIVED MEDICAL EQUIPMENT, A DESK, CHAIRS, AND OTHER DONATIONS FROM OHIOHEALTH THESE TWO LARGE IN-KIND DONATIONS, WITH AN ESTIMATED VALUE OF 40,000, ALLOWED HHHWC TO DESIGN AN OPERATIONAL CLINIC FOR ITS PATIENTS WHILE THE MOVE WAS, BY FAR, THE ORGANIZATION'S LARGEST UNDERTAKING, IT ALSO CONTINUED TO PROVIDE FOR THE COMMUNITY IN OTHER WAYS HHHWC COMMUNICATED TO ITS SUPPORTERS, PATIENTS, VOLUNTEERS, AND DONORS BY CRAFTING MONTHLY NEWSLETTERS, PARTICIPATING IN LOCAL SCHOOL SPEAKING ENGAGEMENTS, MAILING POSTCARDS TO PATIENTS, AND POSTING ITS 2019 SCHEDULE IN A TIMELY AND CLEAR MANNER THE ORGANIZATION KEPT ITS STAKEHOLDERS INFORMED BY CRAFTING AN ANNUAL REPORT, ACQUIRING A SILVER GUIDESTAR RATING, PARTNERING WITH THIS WEEK COMMUNITY NEWS, AND FILMING A NEWS SEGMENT WITH MEDIA COLUMBUS IN 2018, HHHWC CONTINUED TO PERFORM HYPERTENSION SCREENINGS, DIABETES SCREENINGS, AND OVER-THE-COUNTER MEDICATION CONSULTATIONS ALL OF THESE FUNCTIONS WERE PERFORMED BY MEMBERS OF OUR COMMITTED VOLUNTEER COHORTS HOWEVER, HHHWC BROUGHT ON A NEW SERVICE FOR ITS PATIENTS AS WELL THE ORGANIZATION IS NOW PROVIDING MARTTI, AN OVER-THE-PHONE INTERPRETATION SERVICE THAT HAS THE ABILITY TO INTERPRET FOR OVER 200 LANGUAGES HHHWC HELD ONE MAJOR FUNDRAISING CAMPAIGN WITH ITS 10TH ANNUAL BOWL TO HELP EVENT HHHWC'S MAJOR SUPPORTERS CONTINUE TO BE THE CHURCHES, WITH THE GREATEST SUPPORT COMING FROM THE NORTHLAND DEANERY OF CATHOLIC CHURCHES BECAUSE OF THE ORGANIZATION'S MOVE, ITS OPERATION HELPING HANDS PROGRAM, A DONATION AND AUCTION SOCIAL ENTERPRISE, WAS FORCED TO STOP IN 2018, BUT THE ORGANIZATION PLANS TO SEEK OUT AND RESEARCH OTHER SOCIAL ENTERPRISES IN THE FUTURE</p>