efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492318024259 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization VETERAN'S HELPING HAND INC ☐ Address change 26-4061152 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 46 S PERSHING AVÈ ☐ Final return/terminated (717) 846-6035 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return YORK, PA 17401 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶VETERANSHELPINGHAND COMCASTBIZ NET **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(19) ◀ (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) 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 \checkmark 1 133,865 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 85 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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) 6b Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 133,950 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 2,650 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 18,199 15 Printing, publications, postage, and shipping 15 481 16 Other expenses (describe in Schedule O) 16 57,275 17 17 Total expenses. Add lines 10 through 16 78,605 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 55,345 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 147,622 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 202,967 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

-orm 990-EZ (2018)						Page 2
Part II Balance Sheets (see the instructions			De at II			
Check if the organization used Schedule	O to respond to any q	question in this i			· ·	(P) End of year
22 Cash, savings, and investments			(A) D	eginning of year 107,672	22	(B) End of year 163,017
23 Land and buildings				39,950		39,950
24 Other assets (describe in Schedule O)		[24	
25 Total assets		[147,622	25	202,967
26 Total liabilities (describe in Schedule O)					26	
27 Net assets or fund balances (line 27 of column	<u> </u>			147,622	27	202,967
Statement of Program Service A Check if the organization used Schedule	•	•		t III) □	(F	Expenses Required for section 501(c)
What is the organization's primary exempt purpose?		,		<u> </u>		3) and 501(c)(4) rganizations, optional for
TO PROVIDE SERVICES AND EMERGENCY SHELTER To Describe the organization's program service accomplis measured by expenses. In a clear and concise manne benefited, and other relevant information for each pro	shments for each of its r, describe the service					ganizations, optional for thers)
28 See Additional Data Table						
(Grants \$) If this amoun	t includes foreign gran	nts. check here		. ▶ □	288	
29		,		<u> </u>	298	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
30					308	a .
(Grants \$) If this amoun	t includes foreign gran	nts, check here		. ▶ 🗆		
31 Other program services (describe in Schedule O)					1	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ 🗆	318	a
32 Total program service expenses (add lines 28a						
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
Check if the organization used Schedule	O to respond to any q	question in this i	i ait IVI		•	
(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensat (Forms W-2/ MISC) (if not enter -0	tion 1099- t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploy and	vee of other compensation
SANDIE WALKER	5 00		0			
PRESIDENT						
DANA SMITH	2 00		0			
VICE PRESIDE						
LAMONT JONES	1 00		0			
TREASURER						
TAMARA INGRAM	1 00		0			
DIRECTOR						
DIRECTOR						

Pai	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 . $$.		🗆	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a		NO
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
, o u	section 4911 \(\bigs_{ \text{section}}\), section 4912 \(\bigs_{ \text{section}}\), section 4955 \(\bigs_{ \text{section}}\)			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a				
The	e organization's books are in care of SANDIE WALKER Telephone no	(717)	846-603	5
	Located at ▶ 46 S PERSHING AVENUE YORK , PA ZIP + 4 ▶	<u>17401</u>		
		[Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43 9	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			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		
1E~	explanation in Schedule O	44a 45a		No
				OVI
45D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

	he organization engage, directly or indire	ctly, in political campaid	in activities on behalf o	of or in apposition to			
	idates for public office? If "Yes," complete			or in opposition to			
art VI	Section 501(c)(3) organization	<u> </u>			46		No
art VI	All section 501(c)(3) organizations	=	ons 47- 49b and 52	, and complete the tal	bles for lir	nes 50	and
	51. Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI			[_
	-					Yes	No
	he organization engage in lobbying activit es," complete Schedule C, Part II	iles or have a section 50	01(h) election in effect	during the tax year?	47		
Is the	e organization a school as described in se	ction 170(b)(1)(A)(ii)?	[f "Yes," complete Sche	edule E	48		
a Dıd tl	he organization make any transfers to an	exempt non-charitable	related organization?		49a		
o If "Y∈	es," was the related organization a section	n 527 organization?			49b		
Comp	plete this table for the organization's five	highest compensated ei	mployees (other than o	officers, directors, trustee	s and key	employ:	ees)
	each received more than \$100,000 of cor Name and title of each employee	-			(e) Est		
(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 employ benefit plans, and deferred compensation	ee of othe		
Comp	al number of other employees paid over splete this table for the organization's five bensation from the organization. If there i	highest compensated in	dependent contractors		than \$100),000 of	
Comp	plete this table for the organization's five	highest compensated in s none, enter "None "	· 		than \$100		
Comp	plete this table for the organization's five pensation from the organization If there i	highest compensated in s none, enter "None "	· 				——————————————————————————————————————
Comp	plete this table for the organization's five pensation from the organization If there i	highest compensated in s none, enter "None "	· 				
Comp	plete this table for the organization's five pensation from the organization If there i	highest compensated in s none, enter "None " each independent contra	actor	(b) Type of service			
Comp comp	plete this table for the organization's five pensation from the organization. If there is (a) Name and business address of	rs each receiving over:	\$100,000	(b) Type of service		nsation	
Comp comp	plete this table for the organization's five pensation from the organization. If there is a large of the contract of the contract of the organization of the contract of the organization complete Schedule A?	rs each receiving over some this return, including mined this return, including the some the second	\$100,000	(b) Type of service	(c) Compe	nsation	
Comp comp	al number of other independent contracted the organization complete Schedule A? mpleted Schedule A	rs each receiving over some this return, including mined this return, including the some the second	\$100,000	t attach a	(c) Compe	nsation	
Comp comp	al number of other independent contracted the organization complete Schedule A? mpleted Schedule A	rs each receiving over some this return, including mined this return, including the some the second	\$100,000	(b) Type of service	(c) Compe	nsation	
Comp comp	al number of other independent contracted the organization complete Schedule A? mpleted Schedule A	rs each receiving over some this return, including mined this return, including the some the second	\$100,000	st attach a edules and statements, a is based on all information 2019-11-14 Date	(c) Compe	nsation	
Comp comp	al number of other independent contracted the organization complete Schedule A? mpleted Schedule A	rs each receiving over s NOTE. All section 501(commined this return, include	\$100,000	t attach a edules and statements, a is based on all information 2019-11-14 Date	(c) Compe	nsation	
Comp comp	al number of other independent contractor distribution of the organization complete. Schedule A? mpleted Schedule A	rs each receiving over s NOTE. All section 501(c) mined this return, include Declaration of prepair	\$100,000	t attach a edules and statements, a is based on all information 2019-11-14 Date PTII POINT POI	(c) Compe	nsation	
d Total	al number of other independent contractor distribution of the organization complete. Schedule A? mpleted Schedule A	rs each receiving over seach independent control of the control of	\$100,000	t attach a edules and statements, a is based on all information 2019-11-14 Date PTII 900	Yes and to the hon of which	nsation	

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Additional Data

Software ID:

Software Version: EIN: 26-4061152

Name: VETERAN'S HELPING HAND INC

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

Describe the organization services, as measured by number of persons benef	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28		28a	
	TER TO VETERANS OVER THE YEAR WE WERE ABLE TO ASSIST OVER 125 VETERANS ENCY SERVICES TO DISPLACED AND UNDERPRIVILEGED VETERANS		
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$		

