

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning July 1, 2016, and ending June 30, 2017

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
Hands Helping Halt

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 231

City or town, state or province, country, and ZIP or foreign postal code
Lacon, IL 61540

D Employer identification number
46-0609237

E Telephone number
(309) 246-8455

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: ▶

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. ▶ \$

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	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received								73,982														
	2	Program service revenue including government fees and contracts								0														
	3	Membership dues and assessments								0														
	4	Investment income								0														
	5a	Gross amount from sale of assets other than inventory	5a																					
	b	Less: cost or other basis and sales expenses	5b																					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c				0													
	6	Gaming and fundraising events																						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a																					
	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)	6b																					
c	Less: direct expenses from gaming and fundraising events	6c																						
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d				0														
7a	Gross sales of inventory, less returns and allowances	7a																						
b	Less: cost of goods sold	7b																						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c				0														
8	Other revenue (describe in Schedule O)					8				0														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9				73,982														
Expenses	10	Grants and similar amounts paid (list in Schedule O)				10				0														
	11	Benefits paid to or for members				11				0														
	12	Salaries, other compensation, and employee benefits				12				0														
	13	Professional fees and other payments to independent contractors				13				2,479														
	14	Occupancy, rent, utilities, and maintenance				14				0														
	15	Printing, publications, postage, and shipping				15				1,209														
	16	Other expenses (describe in Schedule O)				16				65,788														
17	Total expenses. Add lines 10 through 16				17				69,476															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18				4,506														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)				19				69,688														
	20	Other changes in net assets or fund balances (explain in Schedule O)				20				0														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21				74,194														

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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	6,506	22 11,012
23 Land and buildings	63,182	23 63,182
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	69,688	25 74,192
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,688	27 74,194

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? _____

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 Support the Modern School of Savanette, Haiti, which provides primary education to approximately 180 Students.		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	17,746
29 Provide medical clinics in the Savanette area which provides care to over 500 people		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	14,744
30 Water Project which installs biosand water filters and provides water, sanitation and hygiene education. Approximately 6000 people provided gained access to filters or received education during the year.		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	36,986
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	69,476

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
Patrick Sloan, President 356 County Road 1300E, Lacon, IL 61540	6	0	0	0
Steve Bonte, Vice-President 6866 II Rt.2N Oregon, IL61061	4	0	0	0
Mary Jane Humkey, Secretary 235 Lyons Ave Morehead, KY 40351	4	0	0	0
Adam Calender, Treasurer 402 Beryl Street Redondo Beach, CA 90277	6	0	0	0
Linda Mechowski 473 Limerick Dr. Crossville, TN 38572	6	0	0	0
Charles Owens 520 Wirt St. Henry, IL 61537	2	0	0	0
John Bayler 722 Main St. Box 123 Varna, IL 61375	2	0	0	0
Steve Gustafson 728 10th Street Bettendorf, IA 52722	2	0	0	0
David Stauffacher 903 Third Street Henry, IL 61537	2	0	0	0

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

		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		✓
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)		✓
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)?		✓
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		✓
c	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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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		✓
c	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 sections 4912, 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 ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Adam Calender Telephone no. ▶ 585-322-3154 Located at ▶ Hands Helping Haiti, PO Box 231, Lacon, IL ZIP + 4 ▶ 61540		
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)? If "Yes," enter the name of the foreign country: ▶ Haiti	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	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		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b	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	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b	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	✓

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	Yes		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

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	Yes		No
				✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a			✓
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.

Sign Here	▶ <u>Patrick G. Sloan, President</u> Signature of officer	▶ <u>Sept. 3, 2017</u> Date
	▶ Patrick G. Sloan, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Hands Helping Haiti

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

46-0609237

Part I, Line 16, Other Expenses

Expenses in Haiti for School Support, including the food program and extracurricular events = \$16,342.72

Expenses in Haiti for Medical Clinic Support, including vitamins, and diagnostics = \$1,984.51

Expenses in Haiti for the Water Project, including filter production, installation and education = \$33,886.45

Travel Team Expenses = \$13,574.63

Total Other = \$65,788.31