## **ELECTRONIC FILING MESSAGES MUST be corrected before electronic filing is allowed.**

(Keep for your records)

Name(s) as shown on return Tax ID Number

B HELPFUL LOVE INC 84-2072919

0001 PREVIOUSLY ACCEPTED RETURN: The return for this organization has been previously e-filed and accepted by the IRS. (IRS Business Rule R0000-932.)

990EF	EF Transmission Status			2020		
	(Keep for your records)					
Name(s) as shown on return  B HELPFUL LOVE INC				EIN number 84-2072919		
The following will be transi	mitted to the IRS.	☐ 990 ☐ 990-T ☐ 88	68 Amended	I		
The following state returns	will be transmitted:					
		· -				
The following returns have	been suppressed or are not el	igible and will NOT be transmitted.				
			_			
			_			
		· · · · · · · · · · · · · · · · · · ·				
EF Notes	as a MESSAGE PAGE.					
rederai return h	as a message PAGE.					

# **Acknowledgement and General Information for** 2020 **Entities That File Returns Electronically** Employer Identification Number Name(s) as shown on return B HELPFUL LOVE INC \*\*-\*\*\*2919 Entity address 436 E 36TH STREET CHARLOTTE, NC 28205 Thank you for participating in IRS e-file. 1. X 2020 990EZ income tax return for Federal was filed electronically. The electronic filing services were provided by <u>Total Tax Solutions</u> 2. **x** 990EZ income tax return was accepted on 03-01-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 5624322021060kepnzu4 PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### Form **990-EZ**

#### **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2020 calenda	r year, or tax year beginning , 2020, ar	nd ending		, 20
В	Check if ap	oplicable:	C Name of organization		D Emplo	yer identification number
	Address ch	nange	B HELPFUL LOVE INC		84	-2072919
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number
X	Initial return	n				
	Final return	n/terminated	436 E 36TH STREET			
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group	Exemption
	Application	n pending	CHARLOTTE, NC 28205		Numbe	_
G	Accounti	ing Method:	☐ Cash ☐ Accrual Other (specify) ► BOTH		H Check ►	x if the organization is <b>not</b>
	Website				required to	attach Schedule B
			check only one) - X 501(c)(3)         501(c)( )              ◀ (insert no.)         4947(a)(1)		(Form 990	, 990-EZ, or 990-PF).
		•	▼ Corporation			
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or			
			5500,000 or more, file Form 990 instead of Form 990-EZ			
P	art I		e, Expenses, and Changes in Net Assets or Fund Bala			· · · · · · · · · · · · · · · · · · ·
_			he organization used Schedule O to respond to any question in			
	1		s, gifts, grants, and similar amounts received			1
	2		vice revenue including government fees and contracts			2
	3		dues and assessments			3
	4		ncome	_ 1		4
	5a		nt from sale of assets other than inventory	5a 5b		-
		Less: cost or				
	С	`		5c		
	6	Gaming and				
			e from gaming (attach Schedule G if greater than	. 1		
Revenue				6a		-
š	b		<u> </u>	ontributions		
æ			sing events reported on line 1) (attach Schedule G if the	1		
			gross income and contributions exceeds \$15,000)	6b		-
			expenses from gaming and fundraising events	6c		-
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	otract		
		,				6d
			of inventory, less returns and allowances	7a		-
			goods sold	7b		-
	_		or (loss) from sales of inventory (subtract line 7b from line 7a)			7c
	8		le (describe in Schedule O)			8
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 10
	10		imilar amounts paid (list in Schedule O)			
	11		I to or for members			11
S	12 13		fees and other payments to independent contractors			12
SUS.	14		rent, utilities, and maintenance			14
Expenses	14		ications, postage, and shipping			15
Ш	16	• .	ses (describe in Schedule O)			16
	17		ses. Add lines 10 through 16			17
_	18		eficit) for the year (subtract line 17 from line 9)			18
ģ	19	,	r fund balances at beginning of year (from line 27, column (A)) (must agre			
set	19		igure reported on prior year's retum)			19
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)			20
		-	r fund balances at end of vear. Combine lines 18 through 20			21
		14E1 099E19 (	i iuliu palailees al eliu di veal. Cultidille IIIles 10 liiluuuli 20			I

Fori	m 990-EZ (2020) B HELPFUL LOVE INC			84-2	2072	Page A
P	art II Balance Sheets (see the instructions for Pa	art II)				
	Check if the organization used Schedule O	to respond to any qu	estion in this Part I	1		[
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0	22	( )
	Land and buildings			0		
	Other assets (describe in Schedule O)		T T			
	,		†	0		
	Total assets		+	0		
	<b>Total liabilities</b> (describe in Schedule O)		H	0	26	(
27	Net assets or fund balances (line 27 of column (B) must	agree with line 21)		0	27	(
P	art III Statement of Program Service Accompl	ishments (see the in	structions for Part	III)		F
	Check if the organization used Schedule C	to respond to any qu	uestion in this Part	Ⅲ		Expenses
Wh	at is the organization's primary exempt purpose? CHARIT			<u></u>	(Req	uired for section
					501(	c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments f				orgai	nizations; optional for
	measured by expenses. In a clear and concise manner, desc		ed, the number of		other	s.)
	sons benefited, and other relevant information for each progr					1
28	OPEN ARMS PROGRAM WERE WE FEED THE HOL	MELESS, PROVIDE				
	BLESSING BAGS AND FOR THE SENIORS CIT	IZENS THEY ARE I	PROVIDED			
	WITH LOVE BAGS. THIS PROGRAM PROVIDES	THE ESSENTIALS	FOR			
	(Grants \$ ) If this amo	ount includes foreign gra	nts, check here	▶ □	28a	0
29	OUR OPEN ARMS PROGRAM ALSO PROVIDES B					
	SENIORS/HOMELESS AND GROCERIES. THIS I			<del>.</del>		
		PROGRAM ALSO FEI	PD2 IHE			
	HOMELESS ONCE A MONTH.					
	(Grants \$ ) If this amo	ount includes foreign gra	ints, check here	▶ 📋	29a	0
30						
	(Grants \$ ) If this amo	ount includes foreign gra	ints, check here	▶ □	30a	
21	Other program services (describe in Schedule O)					
J 1	. •			_	24-	
	· · · · · · · · · · · · · · · · · · ·	ount includes foreign gra			31a	_
	Total program service expenses (add lines 28a through				32	0
P	art IV List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule O to res	spond to any question in	this Part IV			
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation	contributions to employe	e (	e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
יבזא	FASHA WHITE		(ii not paid, cittor o j	deletted dempendation		
		60.00	_		,	0
CE	J	60.00	0		<b>,</b>	0
				+	+	
_						
		1				
					- 1	

Form 9	990-EZ (2020) B <b>HELPFUL LOVE INC</b> 84-2072	919	F	Page
Pai	Tt 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	33		х
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		х
35 a	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		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b	<del>                                     </del>	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000	$\vdash$	1
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330	<del>                                     </del>	
30		36		7.7
27.0	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	276		
	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	00-		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		Х
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	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	40b		Х
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 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			
е	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	40e	$oxed{oxed}$	
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► NADJA IRBY  Telephone no. ► 980-	206-3	842	
	Located at ▶ 1134 ROBINWOOD ROAD, Gastonia, NC ZIP+4 ▶ 2805	4		1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	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 United States?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			_
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		х
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		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		х
	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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	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 900-F7. See instructions	45h		v

									$\Box$	Yes	No
46	Did the	organization engage, directly or indirectly, ir	n political campaign activi	ties on behal	lf of or in opp	osition					
	to candi	idates for public office? If "Yes," complete S	Schedule C, Part I						46		х
Par	t VI	Section 501(c)(3) Organizations	Only								
		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9b and 52	, and c	omplete the	table	s for	lines	
	!	50 and 51.									
	(	Check if the organization used Sch	edule O to respond	to any qu	estion in tl	his Part	VI				. 🗆
		<u> </u>	•	, ,						Yes	No
47	Did the	organization engage in lobbying activities o	r have a section 501(h) e	lection in effe	ect during the	e tax					
		"Yes," complete Schedule C, Part II	` '		J				47		х
48	-	rganization a school as described in section							48		x
49a		organization make any transfers to an exem							49a		x
b		was the related organization a section 527	•	J					49b		
	•	te this table for the organization's five highes	· ·					• •	430		
50	•	ŭ		`	•	•	•				
	employe	ees) who each received more than \$100,000	or compensation from th	e organizatio	on. If there is						
			(b) Average	1 ' '	eportable		alth benefits, ons to employee	(e)	Estimate	d amour	nt of
		(a) Name and title of each employee	hours per week		ensation	benefit pla	ins, and deferred	``	other con	mpensati	ion
			devoted to position	(Forms W-2	/1099-MISC)	cor	npensation				
NON	E										
f	Total nu	umber of other employees paid over \$100,00	00								
51		te this table for the organization's five highes		ent contracto	rs who each	received	more than				
•	•	00 of compensation from the organization. If									
	ψ.σσ,σσ		and to the tree tree to the tree tree to the tree to the tree to the tree to the tree tree to the tree tree tree tree tree tree tree								
	(a)	Name and business address of each independent contra	ctor	(b)	) Type of service	e	(	c) Com	pensatior	n	
NON	D										
IVOIV.	<u> </u>										
d	Total nu	umber of other independent contractors each	n receiving over \$100,000	)	<b></b>						
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations m	ust attach a				_		
	complet	red Schedule A						<b>►</b> X	Yes		No
Unde	r penalties	of perjury, I declare that I have examined this ret	urn, including accompanying	schedules and	d statements,	and to the	best of my knowle	edge ar	nd belief	f, it is	
true,	correct, an	d complete. Declaration of preparer (other than o	officer) is based on all information	ation of which p	preparer has a	ny knowle	dge.				
		NATASHA WHITE									
Sig	n	Signature of officer	·			Date	<u> </u>				
Her		NATASHA WHITE, CEO									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Check X if	PTI	N		
Paid	d		ennifer Walker		04-19-20	21	self-employed	BO.	09993	160	
_	parer				ν <del>1</del> -19 <b>-</b> 20			FUL	,,,,,,	,00	
	Only					Firm	n's EIN ▶	-			
USE	City	Firm's address > 3701 Freedom Dr					504	222	7000		
N/a	the IDC	Charlotte NC 282						333-	7999 Vas		N.a
ıvıay	ine IRS 0	discuss this return with the preparer shown a	nove: See instructions					<u> </u>	Yes	X	No

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Form **990-EZ** (2020)

84-2072919

Form 990-EZ (2020)

EEA

B HELPFUL LOVE INC

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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 instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ВН	ELP	FUL LOVE INC					84-207291	9
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	complete	this part	) See instructions	S.
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.	)		
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ).	.)		
3		A hospital or a cooperative hospital s	ervice organization	n described in <b>section 1</b>	70(b)(1)(A	A)(iii).		
4		A medical research organization ope	rated in conjunction	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	jovernment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in <b>section</b>	170(b)(1)(	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fror	n the general public	
		described in section 170(b)(1)(A)(vi	). (Complete Part II	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	). (Complete Part II.)				
9		An agricultural research organization	described in secti	i <b>on 170(b)(1)(A)(ix)</b> ope	rated in co	njunction v	vith a land-grant collec	je
		or university or a non-land-grant colle university:	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and state	e of the college or	
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess section	n 511 tax) fi	om businesses	
	_	acquired by the organization after Ju	ne 30, 1975. See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)		
11	Ц	An organization organized and opera	•			. ,. ,		
12	Ш	An organization organized and opera-	•					
		of one or more publicly supported or	-	` ` ` `		. , , ,		•
		Check the box in lines 12a through 12						•
	а	Type I. A supporting organization		•		•	. ,	ng
		the supported organization(s) the			nity of the d	irectors or	trustees of the	
	h	supporting organization. You mu	•		ith ito ounn	orted orga	nization(a) by baying	
	b	Type II. A supporting organization control or management of the supporting organization.	•			•	. , , .	
		organization(s). You must comp		•	130113 triat t		lariage the supported	
	С	Type III functionally integrated			nnection w	ith and fur	actionally integrated wi	th
		its supported organization(s) (se		·				,
	d	Type III non-functionally integr	,	•	•			n(s)
		that is not functionally integrated.		, ,				(-)
		requirement (see instructions). Y	o o			•		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, T	Гуре II, Туре III	
		functionally integrated, or Type II	non-functionally in	tegrated supporting orga	anization.			
	f	Enter the number of supported organ	izations					
	g	Provide the following information about	ut the supported or	ganization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	٠	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
				,,			,	,
					Yes	No		
(A)								
(B)								
(C)								
-								
(D)								
(E)								
Tota	ı							

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 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 

instructions

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

EEA

#### 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					1,500	1,500
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					3,600	3,600
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	<b>Total.</b> Add lines 1 through 5					5,100	5,100
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						5,100
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6					5,100	5,100
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						
С	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.)		o		0	5,100	5,100
14	First 5 years. If the Form 990 is for the orga	ınization's first	, second, third,	fourth, or fifth	tax year as a s	section 501(c)(3)	
	organization, check this box and stop here						▶ <u>x</u>
	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 8, c		=			15	%
	Public support percentage from 2019 Sched					16	<u>%</u>
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line		• •			17	%
	Investment income percentage from 2019 S					18	%
19a	33 1/3% support tests - 2020. If the organize						
	17 is not more than 33 1/3%, check this box	=	-	•		• •	
b	33 1/3% support tests - 2019. If the organize						
	line 18 is not more than 33 1/3%, check this	-	_	-	-		
20	Private foundation. If the organization did r	not check a bo	x on line 14, 19	9a, or 19b, che	ck this box and	d see instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2020 B HELPFUL LOVE INC 84-2072919

#### Part IV

#### **Supporting Organizations**

organization was described in section 509(a)(1) or (2).

(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 <b>Part VI</b> 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

- 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")? If "Yes," and if you checked 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?
- 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.
- 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).
- 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 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.
- 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 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.)

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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 lines 11b and 11c below, the governing body of a supported organization?  b A family member of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide dotal in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers using in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or inustees at all times during the tax year? If "No", "describe in Part VI into the supported organizations of the supported organizations and what conditions or restrictions," any, applied to such powers during the tax year.  1 Did the organization operated for the benefit of any supported organizations for the present of the benefit of any supported organizations of the tax year.  2 Did the organization operated is carried out the purposes of the supported organizations of the present of the benefit of any supported organizations of the present of the supported organizations of the supported organizations.  1 Were a majority of the organization's supported organizations.  1 Were a majority of the organization's supported organization's powering documents in effect on the date of notification, to the extent not previously provided?  1 Were any other organization maintenies of allowed in line 2, above, did the orga	Par	t IV Supporting Organizations (continued)			
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<ul> <li>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.</li> <li>2b</li> <li>3 Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>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.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>		how the organization was responsive to those supported organizations, and how the organization determined			
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trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI.</b> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		эa		
	b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	tions			
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 organ	izations	must complete Section	ns A through E.		
800	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year		
<u> </u>	tion A - Adjusted Net Income		(A) FIIOI Teal	(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				
			(A) D.:	(B) Current Year		
Sec	ction B - Minimum Asset Amount		(A) Prior 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	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 <b>Part VI</b> ):					
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				
Sec	ction 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	<b>Distributable Amount.</b> 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		ted Type III supporting	organization		

(see instructions).

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exem	pt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported						
	organizations, in excess of income from activity		2	2				
3	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions 3	3				
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in <b>Part VI</b> )	5	5				
6	Other distributions (describe in Part VI). See instructions.		6	6				
7	Total annual distributions. Add lines 1 through 6.		7	7				
8	Distributions to attentive supported organizations to which the	organization is respons	sive					
	(provide details in Part VI). See instructions.		8	3				
9	Distributable amount for 2020 from Section C, line 6		9	)				
10	Line 8 amount divided by line 9 amount		10	0				
		<b>(1)</b>	(ii)	(iii)				

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	<b>Total</b> 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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	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:			
a	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			
		·	0-1	

Part VI	<b>Supplemental Information.</b> 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.)
-	
_	

IRS e-file Signature Authorization for an Exempt Organization

		_	_	
or calendar year 2020, or fisc	cal year beginning			and ending

2020

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpayer identification number Name of exempt organization or person subject to tax 84-2072919 B HELPFUL LOVE INC Name and title of officer or person subject to tax NATASHA WHITE, CEO 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 ► 2a Form 990-EZ check here ► X 3a Form 1120-POL check here 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 ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) and that I have examined a copy 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. PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but 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. 01234 Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 562432 99360 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

▶ Jennifer Walker



#### **Total Tax Solutions**

3701 Freeedom Drive Charlotte, NC 28216 totaltaxnc@gmail.com Phone: (704)333-7999 | Fax: (877)202-0009

April 19, 2021

B Helpful Love Inc 436 E 36th Street Charlotte, NC 28205

Subject: Preparation of 2020 Tax Returns

B Helpful Love Inc:

Thank you for choosing Total Tax Solutions to assist with the 2020 taxes for B Helpful Love Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2020 federal and state income tax returns for B Helpful Love Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of B Helpful Love Inc, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2020 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(To book Took	
(704)333-7999.	
Sincerely,	
Jennifer Walker Total Tax Solutions	
Accepted By:	
Officer	
Date	
Date	

### **Total Tax Solutions**

3701 Freeedom Drive Charlotte, NC 28216 totaltaxnc@gmail.com

Phone: (704)333-7999 | Fax: (877)202-0009 April 19, 2021 B Helpful Love Inc 436 E 36th Street Charlotte, NC 28205 B Helpful Love Inc: Enclosed is the 2020 federal return for a tax-exempt organization, prepared for B Helpful Love Inc from the information provided. The return was e-filed with the IRS and was accepted on March 01, 2021. The federal return reflects neither a refund nor a balance due. Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (704)333-7999. Sincerely, Jennifer Walker **Total Tax Solutions** 

#### **Total Tax Solutions**

3701 Freeedom Drive Charlotte, NC 28216 totaltaxnc@gmail.com Phone: (704)333-7999 | Fax: (877)202-0009

April 19, 2021

B Helpful Love Inc 436 E 36th Street Charlotte, NC 28205

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (704)333-7999.

Sincerely,

Jennifer Walker Total Tax Solutions