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)

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ 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

Charme of organization Charme of organization HUGGS INSEPIEATIONAL FOR WOMEN & MEN	A F	or the	2015 calenda	r year, or tax year beginning JANUARY 1 , 2015	and ending	DECE	MBER 31	, 20 15		
Namber alreage-letted return common Namber and street (or P.O. box, if mail is not deviewed to street address) Room/suite Efetiphene number Room/suite Efetiphene number Room/suite Room	B	Check if ap	pplicable:	C Name of organization		D Emplo	yer identifica	ation number		
Number and street (or P.O. box, If mall is not delivered to sheet address) Room/suite Telephone number	Address change		change	HUGGS INSPIRATIONAL FOR WOMEN & MEN			20-5498725			
First number minimal Angeleatistic presenting Sal S. GALLATIN ROAD To develop postal code First presenting First present First prese	1		ange		Room/suite					
Americal return American Ame				331 S. GALLATIN ROAD	11		(615) 262	2-0063		
Availablemending MADISON, TR 37115 Number ▶ Number ▶	-		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			F Grou	p Exemption	1		
Website: HUGGSTN.ORG Tax-exempt etatus (check only one) Z 501(c)(3) 501(c) Tax-exempt etatus (check only one) Z 501(c)(3) 501(c) Tax-exempt etatus (check only one) Z 501(c)(3) Tax-exempt etatus (check one) Z 501(c)(3) Tax-exempt etatus			ACCEPTAGE CONTRACTOR	MADISON, TN 37115						
Website: ► HUGGSTN.ORG Timeset ron. 4947(a)(1) or 527 Forquired to attach Schedule B Timeset ran. 4947(a)(1) or 527 Forquired to attach Schedule B Timeset ran. 4947(a)(1) or 527 Forquired to attach Schedule B Timeset ran. 4947(a)(1) or 527 Forquired to attach Schedule B Timeset ran. 4947(a)(1) or 527 Forquired to attach Schedule D Timeset are \$200,000 or more, or if total assets Forquired to attach Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Forquired Schedule D Timeset are \$200,000 or more, or if total assets Timeset are \$200,000 or Timeset are \$200,000 or Timeset are \$200,000 or Timeset are \$200,000 or Timeset are \$200,000 or	G /	Account	ting Method:	☐ Cash	Н	Check >	if the c	rganization is not		
K Form of organization:										
L Add lines 5h, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part)	JT	ax-exen	npt status (che	ck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	(Form 99	990, 990-EZ, or 990-PF).			
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 Contributions, gifts, grants, and similar amounts received. 1 91333 2 Program service revenue including government fees and contracts 2 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	r more, or if tota	ıl assets				
Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 91333	_						\$			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 0 0	P	art I								
Program service revenue including government fees and contracts 3 Membership dues and assessments							0.00.30.00	as as is is 📋		
3 Membership dues and assessments 3 0 0 1 1 1 1 1 1 1 1								91333		
A Investment income A O O		1				191 891		0		
Fig. 2 Gross amount from sale of assets other than inventory be Less: cost or other basis and sales expenses. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). Gaining and fundralsing events a Gross income from gaming (attach Schedule G if greater than \$15,000). Gross income from fundraising events (not including \$ 0,0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). Gross income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). All the income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). Gross sales of inventory, less returns and allowances. Ta 0 bess: cost of goods sold. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). Total revenue (describe in Schedule O). Grants and similar amounts paid (list in Schedule O). Grants and similar amounts paid (list in Schedule O). Grants and similar amounts paid (list in Schedule O). Benefits paid to or for members. Grants and similar amounts paid (list in Schedule O). Grants and similar amounts paid (list in Schedule O). House of the revenue (addition of the payments to independent contractors. Grants and similar amounts paid (list in Schedule O). Total revenues (describe in Schedule O). Grants and similar amounts paid (list in Schedule O). Total expenses. Add lines 10 through 16. Finding, publications, postage, and shipping. Grants and similar amounts paid (list in Schedule O). Total expenses. Add lines 10 through 16. Finding, publications, postage, and shipping. Grants and similar amounts paid (list in Schedule O). Grants and similar amounts paid (list in Schedule O). Grants and similar amounts paid (list in Schedule O). Grants and similar amounts paid (list in Schedule O). Grants and similar amounts paid (lis					POR A CALL OF SE	Sec Sec.		0		
b Less: cost or other basis and sales expenses . 5b o Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					Property of	100 (B)	4	0		
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)					-	0				
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 \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. 7a Gross sales of inventory, less returns and allowances. 7b 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 784 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O)						0	17.00			
\$15,000)					i line 5a) 🕡 🖟	9 ba) 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7b 0 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 9 91333 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 1527 12 Salaries, other compensation, and employee benefits 12 18151 13 Professional fees and other payments to independent contractors 13 784 14 Occupancy, rent, utilities, and maintenance 14 38502 15 Printing, publications, postage, and shipping 15 3090 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 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 Other changes in net assets or fund balances (explain in Schedule O) 20	ne	a			a	0				
C Less: direct expenses from gaming and fundraising events 6C 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7b 0 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 9 91333 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 1527 12 Salaries, other compensation, and employee benefits 12 18151 13 Professional fees and other payments to independent contractors 13 784 14 Occupancy, rent, utilities, and maintenance 14 38502 15 Printing, publications, postage, and shipping 15 3090 16 Other expenses (describe in Schedule O) 16 30429 17 Total expenses. Add lines 10 through 16 17 92483 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (1,150) 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	Reven	b	from fundra	aising events reported on line 1) (attach Schedule G if the	e: V.	ns	w fi			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)						0				
Iline 6c)						0				
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		u u	line 6c) .		ind ob and st	IDTRACT	6d	0		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						0				
8 Other revenue (describe in Schedule O)		11					letten.			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deflicit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Occupancy, rent, utilities, and maintenance 22 Other changes in net assets or fund balances (explain in Schedule O) 23 Other changes in net assets or fund balances (explain in Schedule O) 24 Other changes in net assets or fund balances (explain in Schedule O) 25 Other changes in net assets or fund balances (explain in Schedule O)		1						0		
Total expenses. Add lines 10 through 16 the describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Description of the year (subtract line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 22 Other changes in net assets or fund balances (explain in Schedule O) 23 Description of the year (subtract line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 24 Description of the year (subtract line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 25 Description of the year (subtract line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	Expenses			·				Z-10-11-01-01		
Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) 20						(a) P		91333		
Salaries, other compensation, and employee benefits				, ,		* *		500000		
Professional fees and other payments to independent contractors 13 784 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Occupancy, rent, utilities, and maintenance 22 Other changes in net assets or fund balances (explain in Schedule O) 23 Occupancy, rent, utilities, and maintenance 24 Occupancy, rent, utilities, and maintenance 25 Occupancy, rent, utilities, and maintenance 26 Occupancy, rent, utilities, and maintenance 27 Occupancy, rent, utilities, and maintenance 28 Occupancy, rent, utilities, and maintenance 29 Occupancy, rent, utilities, and maintenance 20 Occupancy, rent, utilities, and maintenance 21 Occupancy, rent, utilities, and maintenance 21 Occupancy, rent, utilities, and maintenance 22 Occupancy, rent, utilities, and maintenance 23 Occupancy, rent, utilities, and maintenance 24 Occupancy, rent, utilities, and maintenance 25 Occupancy, rent, utilities, and maintenance 26 Occupancy, rent, utilities, and maintenance 27 Occupancy 28 Occupancy, rent, utilities, and maintenance 28 Occupancy, rent, utilities, and maintenance 28 Occupancy, rent, utilities, and maintenance 26 Occupancy, rent, utilities, and maintenance 27 Occupancy, rent, utilities										
16 Other expenses (describe in Schedule O)		12								
16 Other expenses (describe in Schedule O)		14								
16 Other expenses (describe in Schedule O)		15						- A PA ALOX		
Total expenses. Add lines 10 through 16										
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			Total expe	Inses Add lines 10 through 16						
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) Other changes in net assets or fund balances (explain in Schedule O)	ets	40	Excess or	deficit) for the year (Subtract line 17 from line 9)	* * * * *					
end-of-year figure reported on prior year's return)		19					TU U	(1,130)		
20 Other changes in net assets or fund balances (explain in Schedule O)	ASS		end-of-yea	r figure reported on prior year's return)			19			
2 21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20								
	z	21					21	7850		

Pa	rt II Balance Sheets (see the instructions					-
	Check if the organization used Schedule	O to respond to ar	ly question in this F	art II 🐭 🐭 🦂 🐷		<u> </u>
				A) Beginning of year		(B) End of year
22	Cash, savings, and investments	E E E E E E	6 6 6 6 6	1303		7850
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		(*) *) *) *(*)	1303		7850
26	Total liabilities (describe in Schedule O)				26	0
27 Par	Net assets or fund balances (line 27 of column			1303	27	7850
ган	27 7707					Expenses
\//ha	Check if the organization used Schedule t is the organization's primary exempt purpose?	EX-OFFENDER REE		art III	(Rec	uired for section
					501(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplineasured by expenses. In a clear and concise m	shments for each o	its three largest pr	ogram services,	orga othe	anizations; optional for
Ders	ons benefited, and other relevant information for ea	ianner, describe the ach program title	services provided	the number of	Otric	,,,,
28	BALANCING YOUR LIFE INTENSIVE OUTPATIENT T		M DDOVIDES INTENS	IVE	_	1
	OUTPATIENT TREATMENT SERVICES FOR EX-OFFE			TOTAL TARGET TO THE		1
	OSTITUTE THE THE TOTAL OF THE PARTY OF THE P	INDERS-209 FERSON	IS SERVED			
	(Grants \$ 91333) If this amount	includes foreign gra	nts check here	▶ □	28a	92483
29		o.aaee jareigingie				32403
		***************************************		***************************************		
		************************	*****************	CATALOG FACO HA SON HA INCOME.		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗆	29a	
30	Application of the second of t	in the case of the				
				5455774474745555555555		
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🗆	31a	1
32	/ last illes test				32	
Par	List of Officers, Directors, Trustees, and Ke					,
	Check if the organization used Schedule	O to respond to a				* * * * 🗆
	(a) Name and Alaka	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)			other compensation
	CD MODONAL D. W. OLIVANDALAN		(If flot paid, enter -0-)	deferred compensatio	n	
LLO	YD MCDONALD II-CHAIRMAN	-				
MICH	IAEL MONTCOMEDY VICE CHAIRMAN	0	0		0	0
MICE	IAEL MONTGOMERY-VICE CHAIRMAN					
IOA	N PUGH-SECRETARY	0	0		0	0
JUA	N FUGIT-SECRETARY	0				
SHE	RYL ALEXANDER-TREASURER		0		0	0
SILL	NIL ALLAMOLIN-INLAGOREK	0	0		0	0
SHE	RRI JACKSON-EXECUTIVE DIRECTOR	-			-	
91111	MI SHOROGIVE DIRECTOR	40	7251	153	27	0
RAN	EY IRWIN	40	7231	10.	-	
321312		0	0		0	0
MICH	IAEL KORVAL				-	
		0	0		0	0
TEVENUM						
		-				
	CASC MANAGED CATTOR CONTROL OF CO					
	N. 50 P. N. S. N. N. S.					
		×4.				
			1			
					- 11	

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	in th	e	age: O
-	and the first art by one or it the organization about confedure of to respond to any question in this	I ait		
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	Yes	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		V
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		V
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	35b		- V
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	35c		1
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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a	8.46		
b	Did the organization file Form 1120-POL for this year?	37b		1
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	e de la composição de l	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	(Update)		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4915 ▶ 0			
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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	Tavo	E	UISII
	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	8111	1
41	List the states with which a copy of this return is filed ► TENNESSEE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
42a	The organization's books are in care of ► HUGGS INSPIRATIONAL FOR MEN & WOMEN Telephone no. ► (I	615) 2	62-00	63
	Located at ► 331 S. GALLATIN RD., SUITE 11, MADISON, TN ZIP + 4 ►		115	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	1
	If "Yes," enter the name of the foreign country: ► N/A	720	5100	100.0
	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		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	92 94		▶ ✓
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	To the state of th		Yes	No
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	103	√
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	27 TAN	V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		_	1
ноа b	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the	45a		V
IJ	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		1

							Yes	No
46	Did the organization engage, directly or in	idirectly, in political ca	ampaign activities on	behalf of or	in opposit	tion	day	Lister
	to candidates for public office? If "Yes," o	complete Schedule C,	Part I			. 46		1
Part V		only	otions 17 10h and	50 and an		- 4-1-1 4		
	All section 501(c)(3) organization 50 and 51.	s must answer que	siions 47–490 and	52, and co	mpiete tn	e tables t	or iin	es
	Check if the organization used Sci	nedule O to respond	to any question in t	hie Part VI				m
-	one of the organization about of	reduie e to respond	to any question in t	IIIS I AIT VI			Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) election	n in effect o	during the	tax	103	140
	year? If "Yes," complete Schedule C, Par					. 47		1
	ls the organization a school as described in							1
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organi	zation?	16 8	. 49a		1
b	If "Yes," was the related organization a se	ection 527 organizatio	n?		. 8 8	. 49b		1
50	Complete this table for the organization's	five highest compen	sated employees (otl	ner than offic	cers, direc	tors, truste	es ar	nd key
_	employees) who each received more than	1 \$100,000 of comper	isation from the orga			e, enter "l	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 employe benefit plans, and deferre compensation				
NONE				<u> </u>				

30-53-00-	=000=000=000= 000=000=000=000=000=000=0							
f ·	Total number of other employees paid ov	er \$100,000	0					
	Complete this table for the organization			contractors	who eac	h received	l mor	e than
	\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."		7 11110 000	11 10001100	1111011	o triai
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	le	c) Compensat	tion	
			(2) 1) (2)	1100		, componed		
NONE								
= -								
ere e e e e e e e e e e e e e e e e e e	-7,10-7,0-7,10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							
		**********************	-					
-								
	T. T	*******************						
	Total number of other independent contr	_		-		ONE		
	Did the organization complete Sched				nust attac		_	
					9 9 9	.► ✓ Ye		No
true, corre	nalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (ether tha	return, including accompar n officer) is based on all info	lying schedules and statem ormation of which preparer	nents, and to the has any knowle	best of my ledge.	knowledge ar	id belle	f, it is
		(()	J. 10		-3**			_
Sign	Signature of officer			Da	te 2/1	2/11		
Here	SHERRI JACKSON							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	C	ate	Check [] if PTIN		
Prepa	rer					oyed		
Use C	only Firm's name >			Fin	m's EIN ▶			
May blo	Firm's address >	# ahawa ahawa 0 O	I a service the service to the servi	Ph	one no.	.		
IVICEY LITE	e IRS discuss this return with the prepare	I SHOWH ADOVE? See	HISTRUCTIONS	e an an ar a	0.00	► Ye	9	No