McKINNEY COMMUNITY DEVELOPMENT CORPORATION Project Grant Application

Fiscal Year 2022

Applications must be completed in full, using this form, and received by MCDC, via email or on a thumb drive. Contact us to discuss your plans and schedule a meeting with the Projects Subcommittee prior to completing the application.

Please submit application, including all supporting documentation, via email or on a thumb drive for consideration by the MCDC to:

McKinney Community Development Corporation 5900 S. Lake Forest Blvd., Suite 110 McKinney, TX 75070

Attn: Cindy Schneible (cschneible@mckinneycdc.org)

2022 Project Grant Application Schedule

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: December 31, 2021	January 27. 2022	February 24, 2022
Cycle II: March 31, 2022	April 28, 2022	May 26, 2022
Cycle III: June 30, 2022	July 28, 2022	August 25, 2022

APPLICATION

Project Grants support for projects eligible for consideration under Sections 501 and 505 of the Texas Local Government Code. These include:

- Projects Related to the Creation or Retention of Primary Jobs
- Infrastructure Improvement Projects Necessary to Develop New or Expanded Business Enterprises
- Public Parks and Open Space Improvements
- Projects Related to Recreational or Community (city/public access) Facilities
- Professional and Amateur Sports and Athletic Facilities, including Children's Sports
- Entertainment, Tourist and Convention Facilities
- Projects Related to Low Income Housing
- Mass Transit-Related Facilities (facilities and/or equipment)
- Airport Facilities

McKinney Community Development Corporation - Overview

In 1996 McKinney voters approved the creation of a 4B (now Type B) sales tax corporation to support community and economic development projects and initiatives to enhance quality of life improvements and economic growth for McKinney residents. MCDC receives revenue from a half-cent sales tax and awards grant funds for projects, promotional activities and community events that showcase the City of McKinney and support business development and tourism.

Guided by a City Council-appointed board of seven McKinney residents, the impact of investments made by MCDC can be seen throughout the community.

Projects eligible for funding are authorized under The Development Corporation Act and Chapters 501 to 505 of the Texas Local Government Code.

McKinney Community Development Corporation – Mission

To proactively work, in partnership with others, to promote and fund community, cultural and economic development projects that maintain and enhance the quality of life in McKinney and contribute to business development.

Guiding Principles:

- Serve ethically and with integrity
- Provide responsible stewardship
- · Embrace our role and responsibility
- Honor the past provide innovative leadership for the future
- Make strategic and transparent decisions that best serve the community

McKinney Community Development Corporation – Goals

- Ensure application/project eligibility for MCDC consideration under Sections 501 to 505 of the Texas Local Government Code (see information below)
- Meet citizen needs for quality of life improvements, business development and sustainable economic growth for residents in the City of McKinney
- Provide support for cultural, sports, fitness, entertainment, community projects and events that attract resident and visitor participation and contribute to quality of life, business development and increased McKinney sales tax revenue
- Highlight and promote McKinney as a unique destination for residents and visitors alike
- Demonstrate informed financial planning addressing long-term costs, budget consequences and sustainability of projects for which funding is requested
- Educate the community about the impact that local dining and shopping has on investment in quality of life improvements in McKinney

General Guidelines

- Applications must be completed in full, and provide all information requested, to be considered by the MCDC board.
- Applicant must have been in business (preferably within the City of McKinney) for a minimum of two (2) years. The MCDC board may waive this requirement for economic development projects.

General Guidelines - continued

- The land, building or facility where the proposed project will be located should be owned by the Applicant. However, if the Applicant does not own the land, written acknowledgement/approval from the property owner must be included with the application. The letter must document the property owner is aware of the proposed use of the property or facility; and the property owner has reviewed the project plan and application, approves and supports the efforts of the Applicant.
- **Preference may be given** to Applicants who have **not** received funding from MCDC within the previous 12-month period.
- Performance agreements are required for all approved grants.
- Funded Projects must be completed within one year of the date the grant is approved by the MCDC board, unless an exception is granted.
- Completed Project must be inspected for Code compliance.
- A signed Contractor's Sworn Statement and Waiver of Lien to Date form must be completed, notarized and provided to MCDC prior to receiving grant funds.
- Property owner will be responsible for maintaining the infrastructure improvements made with funding for ten (10) years.
- Grant recipients must maintain financial books and records of the funded project and of their operations
 as a whole for at least two years, should MCDC or the City of McKinney require an audit. The books and
 records must be available upon request, and create a clear audit trail documenting revenues and
 expenses of the funded project.
- Within 30 days of completion of the funded project, the grant recipient is required to submit a final report that includes detailed information on the activity; visual documentation of pre and post-project completion; and any outstanding receipts for expenditures included under the scope of the grant.
- Grant recipient must recognize McKinney Community Development Corporation as a sponsor/funder of the project improvements. MCDC will provide a logo for grant recipient use.

Process

The McKinney Community Development Corporation Board of Directors are responsible for reviewing and voting on applications for grant funding, in accordance with requirements of the Texas Local Government Code.

- A completed application form must be submitted to MCDC in accordance with the schedule outlined above.
- The application will be evaluated to determine eligibility for MCDC funding under State law.
- Once eligibility for consideration is confirmed, a public hearing will be conducted, during a regularly scheduled MCDC board meeting, on the grant application submitted.
- Prior to the public hearing, notice will be published and posted in accordance with the requirements of the Open Meetings Act and the Texas Local Government Code. The application, along with all documents/attachments will become public information once submitted to MCDC.
- Following the public hearing, grant requests will be referred to a subcommittee of the MCDC board for evaluation and recommendation of approval or denial to the full board.
- Board action on the grant application will be scheduled for the board meeting the month following the public hearing.

- If a grant is approved, a performance agreement will be drafted for execution between MCDC and applicant.
- Funds awarded for approved applications are provided on a reimbursement basis, following submission of receipts and documentation of payment for qualified expenditures.
- The final 20% of the award may be withheld until a final project report is submitted to MCDC and compliance with all requirements of the executed performance agreement are confirmed.

APPLICANT INFORMATION					
Name: Lauren Smith					
Company: Hugs Café Inc					
Federal Tax I.D.: 46-2332714					
Incorporation Date: July 13, 2014					
Mailing Address: 224 E Virginia Str	reet				
City McKinney	ST: TX		Zip: 75069		
Phone: 469-301-6900 Fax:		Email:	lauren@hugscafe.org	Cell: 940-367-7016	
Website: www.hugscafe.org					
Check One:					
 □ Corporation □ Partnership □ Sole Proprietorship □ Governmental entity ☑ Nonprofit – 501(c) Attach a copy of IRS Determination Letter □ Other 					
PROJECT INFORMATION:					
Project/Business Name: Hugs Greenhouse Upgrades					
Location of Project: Hugs Greenhouse					
Physical Address: 1151 E Cottage Hill Parkway					
City: McKinney	ST: T	X	Zip: 75071		
Property Size: 2.495 acres of the 2	.7.97 acres		Collin CAD Property ID: 21	.21161	

Please provide the information requested below: • An expansion/improvement Yes No A replacement/repair Yes No • A multi-phase project Yes No A new project Yes No **PROPERTY OWNER INFORMATION** (if different from Applicant info above): Name: David Shelton Company: Mailing Address: 1255 E Cottage Hill Parkway City: McKinney ST: TX Zip: 75071 Phone: 214-725-0002 Cell: Fax: Email: **DETAILED PROJECT INFORMATION:** Project Details and Proposed Use: This proposal is for the investment of additional equipment upgrades to our second greenhouse structure. We have received an increase in wholesale purchase orders which has made it critical to further upgrade our current greenhouse infrastructure. The addition of benchtops and irrigation to our second greenhouse structure will allow us to fulfill these orders and further expand our propagation inventory. The propagation of plants allows us to begin growing stock plants from cuttings and expanding our inventory of perennial plants at cost. In addition to the increased greenhouse equipment, we are seeking the funds necessary to improve our driveway and the grounds surrounding the greenhouse structures by adding gravel. This will ease access for customers and improve safety conditions for our employees. This will also improve the overall aesthetic appearance and reduce erosion from rain runoff. Estimated Date of Project Completion: October 1, 2022 Days/Hours of Business Operation: Open seasonally, Tuesday-Saturday 9am to 2pm Estimated Annual Taxable Sales: \$145,000 Current Appraised Value of Property: \$95,758 Estimated Appraised Value (*Post-Improvement*): \$95,758 Estimated Construction Cost for Total Project: \$0 Total Estimated Cost for Project Improvements included in grant request: \$14,158.93 Total Grant Amount Requested: \$14,158.93 Will funding be requested from any other City of McKinney entity (e.g. TIRZ Grant, City of McKinney 380, CDBG

Grant)?

□Yes

 $\bowtie No$

If yes, please provide details and fu	nding requested:			
Has a request for grant funding	been submitted to MCDC in the past?			
⊠ Yes	□ No			
Date(s): March 30 th , 202	20			
Will the project be competitivel	y bid?			
We were able to secure competitive the materials, multiple vendors were	e bids for two of the quotes we received. Due to the specific nature of some of e not able to be bid on every item.			
⊠ Yes	□ No			
If yes, please attach bids for the project				
Has a feasibility study or market analysis been completed for this proposed project? If so, please				

Additional Information – please attach the following

- Business plan
- Current financial report

attach a copy of the Executive Summary.

- Audited financials for previous two years (if not available, please indicate why)
- Plat/map of property extending 200' beyond property in all directions (if applicable to your project)
- Detailed budget for the project
- Describe planned support activities; use; admission fees if applicable
- Timeline and schedule from design to completion
- Plans for future expansion/growth

Acknowledgements

If funding is approved by the MCDC board of directors, Applicant acknowledges the following:

- The Project for which financial assistance is sought will be administered by or under the supervision of the applying individual/company.
- All funds awarded will be used exclusively for the purpose described in this application.
- Applicant owns the land, building or facility where the proposed infrastructure improvements will be made.
 If the Applicant does not own the land, written acknowledgement/approval from the property owner must
 be included with the application. The letter must document the property owner is aware of the proposed
 improvements and use of the property or building; and the property owner has reviewed the project plan
 and application, approves and supports the efforts of the Applicant.
- MCDC will be recognized as a funder of the Project. Specifics to be agreed upon by applicant and MCDC and included in an executed performance agreement.

- Individual/company representative who has signed the application is authorized to submit the application.
- Applicant will comply with the Grant Guidelines in executing the Project for which funds were awarded.
- Funded Projects must be completed within one year of the date the grant is approved by the MCDC board, unless an exception is granted.
- Completed Project must be inspected for Code compliance.
- A signed Contractor's Sworn Statement and Waiver of Lien to Date form must be completed, notarized and provided to MCDC prior to receiving grant funds.
- Property owner will be responsible for maintaining the infrastructure improvements made with funding from Grant for ten (10) years.

Acknowledgements - continued

- A final report detailing the successful completion of the Project will be provided to MCDC no later than 30 days following completion of the Project.
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses.
- Up to 20% of the grant funds awarded may be withheld until a final report on completion of the Project is provided to MCDC.
- A performance agreement will be required that may outline requirements for acknowledging MCDC funding support for the project. Additionally, it will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120th day after the date the MCDC notifies the applicant of the violation.

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BY SIGNING THIS APPLICATION, I CERTIFY THAT I AM THE LEGAL OWNER OF THE ABOVE REFERENCED PROPERTY OR THAT I AM AUTHORIZED TO REPRESENT AND ACT ON THE BEHALF OF THE OWNER OF THE ABOVE REFERENCED PROPERTY. I ALSO CERTIFY THAT ALL OF THE INFORMATION PROVIDED HEREON IS ACCURATE AND TRUE SO FAR AS I AM AWARE AND UNDERSTAND THAT I AM LEGALLY RESPONSIBLE FOR THE ACCURACY OF THIS APPLICATION. I FURTHER UNDERSTAND THAT I AM NOT GUARANTEED A GRANT.

Applicant's Signature

LAUKEN STY

Printed Name

Property Owner's Signature

Signature

Date

INCOMPLETE APPLICATIONS, OR THOSE RECEIVED AFTER THE DEADLINE, WILL NOT BE CONSIDERED.

A FINAL REPORT IS TO BE PROVIDED TO MCDC WITHIN 30 DAYS OF THE COMPLETION OF THE PROJECT. FINAL PAYMENT OF FUNDING AWARDED WILL BE MADE UPON RECEIPT OF FINAL REPORT.



Hugs Cafe Inc. Grant Application Narrative Upgraded Infrastructure for Hugs Greenhouse Program

I. Applying Organization

Mission

The mission of Hugs Café Inc. is to enhance the lives of adults with special needs through training and employment. It is our passion to offer a place of hope, understanding, grace, and success to each individual so they may be recognized for their abilities and talents in the community.

Strategic Goals and Objectives

Our goal is to provide a place of competitively paid training and employment for adults with special needs that teaches valuable skills and provides an ability-conscious career pathway. Additionally, we seek to provide this place of training and employment at no cost to the beneficiary. This is achieved by offering quality products to retail customers as a means to fundraise a large portion of our program expenses. We further aim to achieve independent skill mastery and vocational development with each of our mission-based employees, or teammates. We do this by carving out a job to meet a person's ability. If needed, we provide a job coach, or volunteer, to assist a teammate in their current position. These job coaches shadow our teammates, or special needs employees, to ensure the task is being performed correctly and that this employee is working towards skill mastery and personal advancement.

Scope of Services

Hugs Café Inc. is composed of four programs. Three of these programs deal directly with staff training and development within the realm of foodservice and hospitality. Hugs Café, which is our flagship program, is where we directly employ 24 adults with special needs in a café setting. The next is Hugs Prep where we offer cooking classes to students as means of culinary exploration. Our newest culinary program is Hugs Training Academy which is a 12-week curriculum for adults with intellectual and developmental disabilities who seek to be employed in the foodservice and hospitality industries.

Our fourth program is Hugs Greenhouse, which is a program that recognizes food service may not be for every person or every ability. The location and setting of Hugs Greenhouse offers a tranquil environment for those looking for employment. This enterprise trains and educates adults with special needs on gardening, retail sales, and

socialization within the community. All of our programs offer training and educational employment to adults with special needs so they may gain respect and independence.

Day to day operations

Hugs Greenhouse provides a tranquil environment for those who may prefer a less chaotic or crowded work environment. This offers a chance for each of our teammates to study horticulture, plant seedlings, maintain a watering schedule, and provide excellent customer service on-sale dates. This social enterprise has proven to be a new and exciting model that continues to provide new employment and revenue possibilities. Daily you will find the staff planting and watering the young seedlings, pruning plants to promote flowering and fruiting, organizing products for the next customer pick up, and enjoying the peace that comes with routine work.

Number of Paid Staff and Volunteers

Hugs Cafe Paid Staff: 3

Mission-based Staff: 25

Volunteers: 28

Hugs Training Academy

Paid Staff: 4 Students: 6 Volunteers: 3

Hugs Greenhouse

Paid Staff: 2

Mission-based Staff: 6

Volunteers: 16

Hugs Cafe Inc Administration

Paid Staff: 1

Mission-based Staff: 1

II. Project

Scope

This proposal is for the investment of additional equipment upgrades to our second greenhouse structure. We have received an increase in wholesale purchase orders which has made it critical to further upgrade our current greenhouse infrastructure. The addition of benchtops and irrigation to our second greenhouse structure will allow us to fulfill these orders and further expand our propagation inventory. The propagation of

plants allows us to begin growing stock plants from cuttings and expanding our inventory of perennial plants at cost.

In addition to the upgraded greenhouse structure, we are seeking the funds necessary to improve our driveway and the grounds surrounding the greenhouse structures by adding gravel. This will ease access for customers and improve safety conditions for our employees. This will also improve the overall aesthetic appearance and reduce erosion from rain runoff.

Goals

Our goal is to use the secondary greenhouse to support the influx of new wholesale orders as well as expand inventory potential. This growth in wholesale customers was inherited by us from a local nursery that will be closing its doors. It is our belief that acquiring these new wholesale customers will result in consistent revenue as well as workload. This will in turn generate employment expansion opportunities which will allow us to continue creating jobs for those who seek employment. Outside of revenue goals, it is our mission to promote confidence, build skills and encourage employees to work independently.

Objective

Our objective is to provide the most efficient and successful model to employ adults with special needs. All of our programs offer training and educational employment to adults with intellectual and developmental disabilities so they may gain respect and independence. Hugs Greenhouse accommodates those who require a tranquil work environment. Additional growing support will allow us to generate an increased consistency of sales year-round that will in turn allow for an expansion of employment. At Hugs Greenhouse, we believe in carving out a position to fit the ability of an individual. It is our hope that through this effort of social enterprise, we can provide meaningful employment to those who require a routine and peaceful work environment. The possession of a secondary fully equipped greenhouse will allow us to create more opportunities for those that seek employment.

Benefitting McKinney

The goal for our organization is to utilize as much of our business model and profits to create employment for adults with special needs. This investment will contribute to the expansion of this enterprise and in turn provide a revenue stream that will allow us to continue developing our staff to better serve the community of McKinney. MCDC believes in supporting the development of purposeful enterprises that act as seeds of inspiration within the community. It is our belief that the mission of Hugs Greenhouse is inspiring passion and purpose by providing meaningful employment.

Project Location and Timeline

The project will take place at Hugs Greenhouse in McKinney. We estimate that upon confirmation of funding, this project will take 3 months to complete. The irrigation and shade cover will be installed by our Hugs Greenhouse staff and volunteers. The benches will also be constructed by the Hugs Greenhouse team. We plan on beginning the necessary upgrades on July 1st and intend to be completed no later than October 1st.

Use of Investment

The end user of this investment will be the Hugs Greenhouse employees and volunteers. The additional technology and improvements will be utilized continuously throughout growing seasons. Hugs Greenhouse currently operates a spring and fall growing season as well as holiday poinsettias, so we are on-site utilizing our equipment the entire year.

Will the project be competitively bid? Are there plans for growth/expansion in future years?

Where possible, Hugs Greenhouse was able acquire competitive bids. Due to the specific nature of certain products not all bids were possible to duplicate. It is our belief that with this upgrade we will be on the path for continued growth and expansion. Hugs Greenhouse has been uniquely positioned to acquire wholesale customers from a local nursery that will no longer be in operation. It is our plan to accommodate these wholesale customers and with expansion of inventory, attract more retail customers as well.

III. Financial

Overview of revenue impact and project budget

This financial request will aid in the completion of much needed upgrades that will allow Hugs Greenhouse to capture the customers being displaced by the local greenhouse being closed. The estimated increase of revenue generated by production of poinsettias during Fall/Winter is \$11,000 which can be achieved with the investment of these upgrades. We are proud to share that we will be providing McKinney North Soccer with poinsettias for their annual fundraiser and hope to continue to serve the community of McKinney in such ways. Our goal to have more of an impact in the community will also be achieved with additional employment opportunities that will be created by the increased demand of inventory.

It has become very evident that the cost of materials has been inflated from 2020present. It is to be noted that the price of materials is greater due to the current economic climate.

Materials	Vendor	Cost		
Benchtop	Vitz Metals	\$2,457.50		
Lumber	Homedepot	\$1,882.68		
Irrigation	KBW Supply	\$5,818.75		
Gravel	Jackie Jordan	\$3,000		
Incidentals		\$1,000		
	Total:	\$14,158.93		

Supporting documents provided include:

2019 990
2020 990
IRS Determination Letter
Letter From Land Owner
Quotes for materials
Audit 2019
Audit 2020
Greenhouse Business Plan
Current financial reports

IV. Marketing and Outreach

Hugs Greenhouse is uniquely positioned for marketing and community outreach. By leveraging the current consumer base of Hugs Cafe, Inc., we're able to secure our customers from those who already support our mission and frequent our restaurant.

Hugs Greenhouse has proven to be a valuable asset to the community of McKinney by providing the necessary supplies to beautify areas of outdoor recreation. With the ongoing support from our loyal customers, we have established an enterprise that has brought lasting change to the lives of our wonderful employees.

As mentioned, we have inherited a surplus of orders from a local greenhouse that will be closing. These inherited orders have come from the McKinney North soccer team, and we are delighted to be of service to this organization by providing beautifully robust poinsettias. We believe as we continue to establish our presence and cultivate community relations the demand for our services will increase simply for the fact that when the message of Hugs Greenhouse is heard, passion for purpose is ignited. The long-term growth opportunity for Hugs Greenhouse is significant, with a current need for an investment to bring the secondary greenhouse up to an elevated standard by being fully functional.

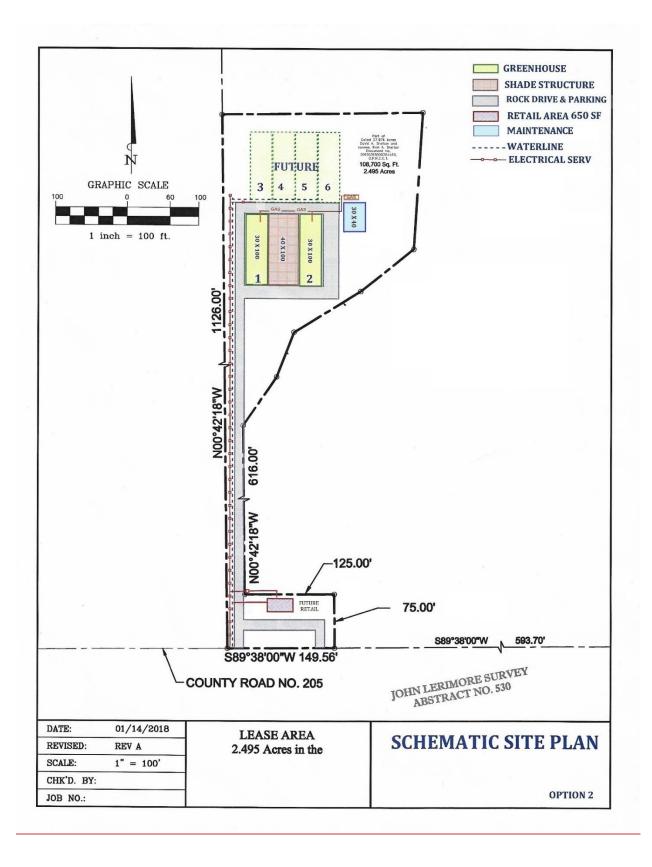
Hugs Greenhouse is located just north of Trinity Falls and is easily accessible from what will be the new Collin County Outer Loop. This proximity to McKinney and northern Collin County ensures a steady growth of customers.

Communication with our customers is multi-faceted. We currently leverage a following of over 22,000 social media followers. We also offer a newsletter that is broadcasted to over 2,500 recipients. We work directly with local media as well as other nonprofits. Hugs Café Inc has relationships with businesses such as Brandon Thomas Subaru and has even received exciting support from FC Dallas. Bill Crump, who is our greenhouse manager, has had lifelong experience working within the industry has numerous industry connections. We also regularly work with the Collin County Master Gardeners and the McKinney Garden Club. Ultimately our most valuable form of outreach comes from the word of mouth from our loyal customers and citizens of McKinney whom we love to serve.

V. Metrics to Evaluate Success

The success of this investment can be measured in multiply ways. After 6 months, we will be able to assess the financial success of profits earned with the increase in inventory of poinsettias for our fall growing season. We anticipate being able to sell an additional 1,400 poinsettias with the upgraded growing support, this generates an additional \$11,000 in revenue. The additional growing support can be used to generate extraneous products such as perennials and shade plants outside of the fall and winter seasons contributing to a further increase in revenue.

Our employee success is measured by feedback from the families of our special needs staff who monitor interpersonal skills and overall development when they are not at work. By receiving this direct feedback from our nucleus community, we can better understand how to empower our employees and lead them to success. By developing these relationships, we can further enhance the lives of our employees and encourage connection within the community.



BUSINESS PLAN

Hugs Greenhouse



Ruth Thompson, Founder

December 31, 2017

1. EXECUTIVE SUMMARY

1.1 Company Description

Hugs Greenhouse is an exciting new venture which will provide training and employment opportunities for adults with special needs in a year-round, self-sustaining greenhouse business. It will supply a range of annuals and perennials to the local community. Hugs Greenhouse will leverage the focused training, education, dedication, abilities and sense of purpose of our adults with special needs while providing high quality, hearty plants to our rapidly growing and largely philanthropic local community. The success of Hugs Greenhouse will be rooted in our primary advisor and operational manager, Bill Crump. Through the past 40 years, Bill has forged key relationships and established the technical know-how to manage the operations of the greenhouse business.

Our parent organization, Hugs Café, Inc., is a nonprofit, 501(c)(3) organization, providing jobs for adults with special needs. The success of Hugs Cafe, Inc. serves as the support structure for the Hugs Greenhouse, with the continued focus of providing jobs for adults with special needs.

1.2 Mission Statement

The mission of Hugs Café, Inc. (Hugs) is to create an inviting place of training and employment for adults with special needs, one which provides its employees with dignity, self-worth and respect in the community. Our founder, Ruth Thompson, is already recognized as one of the pioneering leaders in the adults with special needs community. Her passion, combined with the operational expertise of Bill Crump, and supported by hard-working teammates, will make Hugs Greenhouse a success.

Hugs Greenhouse is the next stage in the greater vision of providing long-term, sustainable employment for adults with special needs. Initially, Hugs Greenhouse will begin with two 3,000 square foot greenhouses and one 4,000 square foot outdoor shade structure, with the intention of adding additional greenhouses as quickly as the business allows. In addition to the growing space, there will be a maintenance shed that will also house a breakroom, staff restroom, and greenhouse administrative office.

1.3 Leadership

Since founding Hugs Cafe, Inc., Ruth Thompson has surrounded herself with individuals from a variety of backgrounds, all of whom share her passion for people and service. This group comes from all walks of life and has decades of professional experience in fields that will enable Hugs Greenhouse to blossom and grow. This existing, cohesive team will continue as the Board of Directors, overseeing all the Hugs enterprises, including Hugs Café, Inc., Hugs Prep and Hugs Greenhouse.

Our Board members are:

Ruth Thompson	Founder and President
Don Hodges	Vice-President
Georgiann Leonard	Treasurer
Wendi Osborn	Secretary
Alex Beard	Director
EJ Morrow	Director
Janice Morriss	Director
Chris Thompson	Director
Jared Thompson	Director

In addition to the above group of business professionals, Hugs Greenhouse has formed an Advisory Council comprised of:

Bill Crump	Advisor
Kim Sanchez	Advisor
David Shelton	Advisor
Kari Shelton	Advisor

1.4 Customers

Hugs Greenhouse will primarily serve the local community of McKinney, Texas and northern Collin County. Seasonal retail sales, combined with a concentrated effort to secure direct sales to local landscaping businesses as a supplier of high-quality durable plants, will provide the foundation of the customer base.

Our goal is to create customers for life through our superior plant quality. Additionally, this community is noted for its philanthropic giving. Obtaining a high-quality commodity, while at the same time supporting a non-profit organization, is extremely appealing to many consumers.

1.5 Our Request

Hugs Greenhouse is requesting funding for the following:

- Initial build of two 30x100 greenhouses and one 40x100 shade structure
- One-time initial infrastructure (water line, electric, road access, maintenance facility)
- Build of a destination road-side retail store and related parking
- First year operating expenses

Our financial ask is \$303,688 to fund the infrastructure, initial investment and Year 1 expenses. Please note, the land lease has already been secured with the opportunity to expand. This lease is a charitable donation with no expected lease expense.

Hugs Greenhouse offers a unique cash-flow proposition: for relatively low start-up costs, the first growing season will reap immediate cash flows. This will enable Hugs Greenhouse to engage in future expansion, thereby increasing our ability to employ more Teammates from the special needs community.

1.6 Financial Projections

	Initial Capital Expenditure	Year 1	Year 2
Infrastructure,			
greenhouses and related	\$139,800		
initial investment*			
Sales		\$222,600	\$222,600
Cost of Goods Sold		\$39,600	\$39,600
Operating Expenses		\$129,288	\$129,288
Net Income		\$53,712	\$53,712
Taxes		<exempt></exempt>	<exempt></exempt>
Total Income/Funds for		\$53,712	\$53,712
reinvestment			
Estimated Seasonal		12	12
Teammates Employed			
Estimated Mainstream		1.5	1.5
FTEs			

^{*}This includes: gravel road access, electric line, water line, propane line, fertilizer injector, tractor, trailer, as well as the actual greenhouses, maintenance shed and retail shop. The retail shop could be delayed, pending fund availability.

2. COMPANY DESCRIPTION

2.1 Mission Statement

The mission of Hugs Greenhouse mirrors that of our parent organization, Hugs Cafe, Inc. - to create an inviting place of training and employment for adults with special needs, one which provides its employees with dignity, self-worth and respect in the community. To the supporters of Hugs, this is more than just a statement, strikes at the very core of who we are. In everything we do, we strive to fulfill our mission and to complete our goal of transforming the lives of adults with special needs and their families

2.2 Business Structure

Hugs Café, Inc. was established as a 501(c)(3) organization, commonly referred to as a charitable organization. Hugs Greenhouse will operate under the existing Hugs Café, Inc. structure.

2.3 Principal Members

Our Board members are:

Ruth Thompson	Founder and President
Don Hodges	Vice-President
Georgiann Leonard	Treasurer
Wendi Osborn	Secretary
Alex Beard	Director
EJ Morrow	Director
Janice Morriss	Director
Chris Thompson	Director
Jared Thompson	Director

In addition to Hugs Board of Directors, the following individuals are advisors to the Board of Directors for Hugs Greenhouse:

Bill Crump	Advisor
Kim Sanchez	Advisor
David Shelton	Advisor
Kari Shelton	Advisor

Ruth Thompson: Founder & President of the Board of Directors

As many of us do as we mature in adulthood, Ruth often pondered the question "Why am I here?". Pursuing the answer, in 1998, she became the Executive Director of New Day In-Home Support and Respite Care in Parker, Colorado. One of the objectives of New Day was to provide support to families and individuals with special needs. While at New Day, Ruth helped start a day program for adults with special needs and fell in love with this population with whom she had little previous experience.

Fast forward to 2004. Upon moving to McKinney, Texas, and with a background in management and a love for cooking, Ruth applied for a manager's position in the Cooking School at Market Street. Ruth was asked to translate her passion, and the life skills cooking classes at Market Street were born. The program grew to nine different class groups from various locations across North Texas, including transition programs from McKinney ISD, Wylie ISD and Plano ISD and as far away as Denton.

Ruth's experience in the food service industry and with adults with special needs ultimately led her to create Hugs Café, Inc. Throughout the process of developing Hugs Café into a reality, Ruth has learned what it takes to make support the success of adults with special needs. Hugs Greenhouse is the next step in helping adults with special needs find meaningful employment opportunities.

Ruth is the visionary, the inspiration and the heart of the organization. She is supported by her husband, three children and three adorable grandchildren.

Don Hodges: Board of Directors Vice-President

Georgiann Leonard: Board of Directors Treasurer

Wendi Osborn: Board of Directors Secretary

Wendi Osborn is a dedicated and talented Special Education teacher. She graduated from the University of Wyoming with BA in Education and began teaching Special Education for McKinney ISD in August of 1999. Wendi currently serves as the Team Lead for the McKinney ISD transition program. This is a community-based program for adults 18-22 years of age with special needs. Wendi became a key asset for Ruth since they met in 2008 through a cooking class for students with special needs, located at Market Street.

Wendi brings her expertise to effectively train and communicate with adults with special needs. She plays an invaluable role in identifying the tasks Teammates can perform and developing their training to make them successful.

Wendi enjoys spending time with her husband, two sons, and stepdaughter.

Alex Beard: Board of Directors

Alex is Partner at Saunders, Walsh & Beard, a multi-practice law firm located in Craig Ranch. He attended Clemson University and graduated with a B.A. in Political Science, before moving on to Tulane University Law School. Alex Beard has over 28 years of experience representing individuals

and businesses, with a practice focusing on business litigation, liability insurance coverage, and civil appeals. He has extensive experience with liability insurance claims, and enjoys analyzing coverage issues under numerous types of insurance, including commercial general liability, business/personal auto and life. He has handled over 100 appeals and original proceedings throughout Texas' 14 intermediate appellate courts, the Texas Supreme Court, and U.S. Fifth Circuit Court of Appeals.

Alex enjoys playing competitive tennis and cooking Cajun food for his wife and two sons.

EJ Morrow: Board of Directors

Janice Morriss: Board of Directors

Chris Thompson: Board of Directors

Chris Thompson is one of the founding members of the Hugs Café, Inc. Board of Directors. Chris brings 40 years of Risk Management/Insurance background to the table. While working as a Risk Management Consultant for a Fortune 500 Company, Chris was in the forefront of providing customer service and assisting customers in problem identification and problem solving. After recently retiring, Chris is becoming more involved in the Inc. portion of the Hugs Café organization.

Chris has worked with the special needs population for years, volunteering in events in Colorado and cooking school classes for students with special needs in Texas. Chris is a regular volunteer at Hugs Café, as he provides guidance and assistance to the teammates with their duties. Chris will be significantly involved in the upcoming Hugs Greenhouse operations.

Chris enjoys his time working side-by-side with Ruth as together they are making a difference in the McKinney community.

Jared Thompson: Board of Directors

Jared brings nearly 10 years of marketing expertise to the team at Hugs Greenhouse and has been a member of the Board of Directors at Hugs Cafe, Inc. since its founding. His passion for service and helping adults with special needs is what initially attracted him to Hugs Cafe, Inc. and is what keeps him motivated to continually strive to grow Hugs and its new ventures. Jared has worked for several Fortune 100 brands and global marketing agencies and is now focused solely on the non-profit sector. His relationships and experience have proven invaluable to Hugs and will continue to do so as we grow Hugs Greenhouse for years to come.

In his free time, Jared enjoys woodworking and spending time with his wife and son.

Bill Crump: Advisor

Crump's Garden Inc. began in McKinney five generations ago in 1939 on the Crump family farm north of U.S. 380. The business grew from the popularity of Bill Crump's great-grandmother Burtsy's socials in the family flower garden. When the women attendees asked to buy her plants, the business was born.

Bill Crump grew up in the family business and was ultimately appointed as President. His philosophy will translate to Hugs Greenhouses: to sell only fresh plants, and their plants are varieties that survive

and thrive in Texas. Bill is licensed as a private pesticide applicator and certified horticulturalist. He will provide the technical and managerial expertise to ensure Hugs Greenhouse is successful and sustainable. Bill will be the primary mainstream employee of Hugs Greenhouse and will be responsible for greenhouse operations.

Bill lives in McKinney with his wife, and can often be found helping his daughter with her floral business.

Kim Sanchez: Advisor

As Professional Engineer, Kim Sanchez has nearly 20 years of civil engineering experience and is registered in multiple states. She received her Bachelors in Civil Engineering from the University of Texas in 1998. Mrs. Sanchez owns her own engineering firm, Sanchez & Associates, and since 2005 has watched her company grow from small projects to multi-million dollar projects with both private individuals and government entities.

Her role with Sanchez & Associates is to insure all aspects of the engineering process go through a quality assurance review, including manpower estimates, workflow, budgets, technical review, construction methods and client communication. She has experience in residential projects including multifamily projects such as the Alexan by Trammel Crow and single-family projects such as Saddle Club, both in McKinney. She is also experienced in commercial projects including One and Two Lincoln Town Center in Legacy Town Center and Valliance Bank, a Class A office project, in McKinney.

On the weekends, you may find Kim, her husband and two daughters relaxing at their lake house.

David Shelton: Advisor

David is the on-call "jack of all trades" handyman for Hugs Café and will be instrumental in the initial building and ongoing operations of Hugs Greenhouse. David graduated from Texas A&M as an Electrical Engineer and had a very productive career as a cellular engineer for AT&T. Following his early retirement in 2015, David has focused on his family and giving back to the local community. He is a valuable resource, with the creativity and technical ability to build anything we need, and fix whatever he breaks. He designed and built his own residence, as well as various additional outdoor decks, patios and related items. The Hugs Greenhouse will be on the Shelton property, and David will be on-site and available to assist in any capacity needed. In addition, he will train as Bill's understudy, to provide the needed support during any absence.

Kari Shelton: Advisor

Kari

2.4 Staffing

Bill Crump will be the primary mainstream employee, with a secondary staff member to be identified. Due to the seasonality of the business, these positions will be paid hourly.

Hugs refers to our employees with special needs as Teammates. Due to social security and Medicaid requirements, many teammates have restrictions on their maximum hours available to work. Furthermore, the work at Hugs Greenhouse will be seasonal in nature. The seasonality provides greater employment opportunities, but does limit the goal of steady employment for our Teammates. As Hugs Greenhouse expands, it will provide more ongoing employment opportunities and minimize the seasonality.

Initially, we anticipate hiring 12 teammates to work 20 hours/week for two weeks during each planting season. We anticipate three of these teammates will average working six-eight hours/week for watering and other supporting activities throughout the year.

The Texas Master Gardeners are interested in volunteering to work with the teammates. Hugs will partner with them and other groups to provide the volunteer support structure our Teammates require.

3. MARKET OPPORTUNITY

3.1 Industry

The greenhouse industry is highly labor intensive, requiring dedicated and repetitive processes. The unique and focused skills of many adults with special needs make this an excellent industry for these workers.

Hugs Greenhouse will focus on bedding plants - annuals, perennials and specialty plants as requested by clientele.

As the north Texas landscaping market continues to grow, so does the demand for these products. The Collin County population has grown from approximately 782,000 to over 935,000, according to the latest U.S. Census data (period 4/1/2010-7/1/2016). This 20% growth is significant, but pales in comparison to McKinney's growth over the same period of 31.5%. Furthermore, the median income is almost 50% higher than the national average, while median owner housing costs is approximately 25% higher, resulting in a significant amount of disposable income in the targeted area.

Businesses classified under the North American Industry Classification System (NAICS) code 11 - agriculture, forestry, fishing and hunting - has declined from 15 establishments within the county to 10 establishments in the 10 years from 2005-2015. This decline of local businesses, combined with Hugs' unique ability to recruit and train the necessary labor, provides a competitive edge for this venture.

Please note, Hugs Greenhouse will not be a distributor of produce to individual consumers, as this requires significant regulatory oversight.

3.2 Customers

Hugs Greenhouse has two distinct customers:

Bedding Plants:

- <u>Individual Consumers</u>. This group of people buy bedding plants for the visual and aromatic enjoyment of bedding plants. Customers typically purchase in both the spring and the fall.
- <u>Small Businesses</u>. Small landscaping businesses are in constant need of locally available bedding plants. Their ability to purchase locally, while supporting a non-profit business, makes Hugs Greenhouse the business of choice.

3.3 Competitors

Hugs Greenhouse faces the following types of competitors:

• <u>Home Improvement Stores</u>. The local large retailers of Home Depot and Lowe's are prime competitors, with the advantage of a complete array of landscaping needs priced as a

large-scale retailer with extended hours. Their disadvantage is quality and the lack of personal customer service. Often their plants are not purchased locally and therefore the freshness and heartiness of the plants is compromised in transport, prior to being available at the stores.

• <u>Similar local retailers</u>. These are very similar operations to the home improvement stores and include local nurseries. There appears to be room in the market for multiple distribution channels, given the tremendous growth in the catchment area.

3.4 Competitive Advantage

The key member of the Hugs Greenhouse Advisory Committee is Bill Crump, former co-owner of Crump's Gardens in Collin County. Crump's Gardens was originally founded by Bill's grandfather in 1939. Bill grew up in the greenhouse business within the local community. He provides the technical expertise for Hugs Greenhouse, as well as insight in consumer buying habits from years in the local business marketplace. Bill will ensure that the quality offered by Hugs will be second to none. The high quality will provide Hugs with a distinct advantage.

Buying patterns are based on the customer's desires. As customers are spending their disposable income, they desire not only personal satisfaction in the actual product they are purchasing, but also from the buying experience. That is where Hugs Greenhouse stands apart from its competition.

Hugs Greenhouse will produce high-quality bedding plants. In addition to the high-quality products, the buying experience at Hugs will be unmatched in the industry. Consumers, both individuals and small businesses, are humanitarian in nature and want to give back to society. Their ability to support a non-profit business during their normal course of buying is a prime advantage. These consumers appreciate the difference in quality and are willing to make the short trip to Hugs Greenhouse for their seasonal landscaping needs.

As a small, local business, Hugs will also be able to offer flexibility that our large competitors cannot match. For instance, if a local business is preparing for a large new subdivision with specialized landscaping needs, Hugs will be able to alter production to meet the needs of that customer. Hugs is less concerned about maximizing yield, and more concerned with ensuring we establish customers for life. We believe, rightfully so, that taking care of the customer is the most important thing.

3.5 Regulation

Based on our mission, Hugs is providing training and gainful employment to adults with special needs. Our focus includes those with physical limitations and therefore we anticipate making modifications to the workplace to accommodate mobility challenges. There will be a TAS-compliant restroom within the maintenance facility.

Hugs Greenhouse will be required to have a Nursery Floral License, which must be annually renewed.

The land secured for the Hugs Greenhouse lease is already considered agricultural-exempt. Furthermore, it is not included within any city limits or any extraterritorial jurisdiction (ETJ). The land

is intended to be within the city of Weston's ETJ, but due to an administrative error, that has not occurred.

There are no prohibiting deed restrictions on the property.

4. PRODUCT/SERVICE LINE

4.1 Product or Service

Hugs Greenhouse will grow a variety of annuals and perennials that have a proven endurance for the variability of north Texas weather.

4.2 Pricing Structure

Hugs will focus on a value-based pricing structure. As evidenced in our mission statement, creating an inviting place of training and employment for adults with special needs is an incredibly noble and worthy cause. We therefore confidently stand by our value-based pricing, as the funds support the valuable work and mission of our organization. Even if our customers are sometimes requested to pay slightly higher prices than might be available for similar products or services elsewhere, they will see first-hand the impact they are having on the lives of our Teammates, thus adding value to their purchase. Such value-based pricing also provides us the flexibility to recognize that a varied consumer base (business versus personal) may experience a different level of value and therefore we can adjust our pricing accordingly.

4.3 Product/Service Life Cycle

As known within the product life cycle, we are in the 'Introduction Phase'. The high costs of the initial start-up will be minimized through charitable donations. Once production begins, we believe we will be in the 'Growth Stage' for the foreseeable future, and as we perfect our greenhouse production cycle with our teammates, our flexible lease options will facilitate future expansion. The maturity of our business will be closely aligned with future growth, as we will be able to anticipate the opportune time for expansion, which will keep us in the growth – maturity – growth phases for countless years ahead.

Logistically, we will experience three main growing seasons and will establish specialty lines to supplement these main seasons.

4.4 Intellectual Property Rights

No intellectual property rights are applicable, but the extensive expertise that Bill Crump will provide during initial start-up, in conjunction with on-site management, will ensure the success of Hugs Greenhouse.

5. MARKETING & SALES

5.1 Growth Strategy

Hugs Greenhouse is uniquely positioned to begin marketing even during construction of the first greenhouses. By leveraging the current consumer base of Hugs Cafe, Inc., we'll be able to secure our initial customers when the first flat of annuals is ready to be sold.

For our start-up initiative, Hugs Greenhouse will have two greenhouses and an outdoor shade structure. As mentioned, the land lease provides for growth opportunity to increase the number of greenhouses and/or shade structures. Seasonal sales will be held in a roadside facility, the style of which will provide a destination experience for shoppers. Flyers and marketing materials will be distributed at Hugs Cafe, Inc. and other local merchants. Below is potential rendition of the planned retail market. The build of this structure will be the last of the initial investment requirements, and could be achieved through a more minimalistic structure.



Additionally, Chambersville Tree Farm is located approximately one mile away. Established in 2004, Chambersville Tree Farm has established itself as a premier grower. Our businesses are not in competition, but rather complement each other. Dean Oswald, owner, is aware of the vision of Hugs Greenhouse and supportive. Ultimately other nursery operations could provide employment opportunities for our well-trained adults with special needs after they have successfully completed their education in plant care and nursery functions.

The long-term growth opportunity for Hugs Greenhouse is significant, with a primary necessity being the space for additional greenhouses, which has already been considered in the land lease.

The land for Hugs Greenhouse is secured, and is located northwest of McKinney (and less than three miles from the rapidly growing Trinity Falls community) and will be easily accessible from the new Collin County Outer Loop. This proximity to McKinney and northern Collin County ensures a steady flow of customers.

5.2 Communication

Communication to our customers will be multi-faceted:

- Hugs Cafe, Inc. leveraging our ability to provide flyers of upcoming retail dates
- Social Media creating leveraging the existing following of Hugs Cafe, Inc.
- Local Media special interest newscasts
- Industry Connections Bill Crump will be a tremendous asset, as he already has several potential buyers of our high-quality products.

During retail sales, we will capture customer's names and email addresses to be able to alert them as seasonal sales occur.

Additionally, we will be doing direct marketing to the local landscaping businesses to advise them of the next seasonal products available.

In preparation of the Hugs Greenhouse, the domains hugsgreenhouse.org and hugsgreenhouse.com have been secured, as well as the Hugs Greenhouse Facebook page.

5.3 Prospects

Sales will be direct retail. Small business will be able to come directly to the greenhouses to select their merchandise, and individual consumer sales will be held at a roadside facility.

Currently there are over 14,000 people who follow Hugs, the significant majority of which are prospects for Hugs Greenhouse.

6. FINANCIAL PROJECTIONS

6.1 Initial Investment – Infrastructure & Capital Expenditure

Infrastructure & Capital Expenditure	Comments	Budgeted Costs	Actual Costs
Land Survey	Donated by North Texas Surveying	\$500	\$50
Electric Line	Retail space and greenhouses	\$9,000	
Gravel Drive		\$11,000	
Water Line		\$10,000	
Propane Line		\$1,500	
Septic	Staff bathroom only; not at retail facility	\$10,000	
Maintenance Shed		\$22,000	
Greenhouses (2) & Shade Structure	Includes cooling, heating, paved interior walkways, plastic, plumbing		
	and rock	\$40,000	
Fertilizer injector		\$800	
Tractor		\$15,000	
Trailer		\$2,000	
Retail Shop		\$18,000	
Initial Investment		\$139,800	

6.2 Revenue & Loss

	Year 1	Year 2
Sales	\$222,600	\$222,600
Costs/Goods Sold	\$39,600	\$39,600
GROSS REVENUE	\$183,000	\$183,000
OPERATING EXPENSES		
Salary	\$83,200	\$83,200
Teammate Wages	\$16,835	\$16,835
Payroll taxes	\$9,653	\$9,653
Repairs & Maintenance	\$5,000	\$5,000
Advertising	\$0	\$0
Accounting & Legal	\$6,300	\$6,300
Rent	\$0	\$0
Telephone	\$0	\$0
Utilities-Electric	\$3,000	\$3,000
Utilities-Water	\$1,800	\$1,800
Utilities-Propane	\$2,000	\$2,000
Insurance	\$1,500	\$1,500
Taxes (Real Estate, etc.)	<exempt></exempt>	<exempt></exempt>
TOTAL EXPENSES	\$129,288	\$129,288
RETAINED EARNINGS for REINVESTMENT	\$53,712	\$53,712

6.3 Financial Addendum

Assumptions

<u>Sales</u> are based on \$18/flat and \$20/hanging basket. We can produce 1,200 flats/greenhouse plus 1,500 flats/shade area. 200 hanging baskets will be available. We will have 3 growing seasons.

Cost of Goods Sold is \$4/flat for the greenhouse flats; \$2/flat for the shade flats and \$3/hanging basket.

<u>Salary</u> includes Bill Crump and one other mainstream employee. Bill will be full-time at \$30/hour and the secondary employee will be part-time at 20 hours/week at \$20/hour.

<u>Teammate Wages</u> are paid at minimum wage of \$7.25/hour. This is seasonal with 12 teammates for 2 weeks during the three planting seasons, each working 20 hours/week. We will employ 3 of the 12 on an on-going basis, for 6-8 hours each week.

<u>Payroll Taxes</u> are calculated at 9.65%. (Social Security tax rate is 6.2%, Medicare tax rate is 1.45% and expected Texas unemployment tax rate is 2.0%).

Repairs and Maintenance for general upkeep is \$5,000/year. Every three years, the greenhouse polycarbonate roof will need to be replaced at a cost of \$1,000 per greenhouse.

Accounting and Legal fees are \$150/month.

Point of Sale (POS) System will be \$115/month.

<u>Utilities, Water and Propane</u> will be seasonal and weather-dependent. Electric is \$250/month; water at \$150/month and propane at 1000 gal/year @ \$2.00/gallon.

<u>Insurance</u> for Hugs Greenhouse includes general liability, workers compensation and equipment will be \$1,500/year.

<u>Taxes</u> are not foreseeable. Although a non-profit, Hugs will assume any increase in the property valuation of the property owner, unless an exemption from the taxing authority can be received.

Hugs Cafe Inc

Balance Sheet As of March 30, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cafe Checking (2817)	9,874.78
Capital Campaign Checking (7590)	386,730.00
Donations Checking (0103)	513,371.98
Greenhouse Checking (0111)	12,605.20
Payroll Checking (0095)	480.38
Petty Cash	3,251.81
Training Academy Checking (9888)	49,484.97
Total Bank Accounts	\$975,799.12
Accounts Receivable	
Accounts Receivable (A/R)	-9,120.00
Total Accounts Receivable	\$ -9,120.00
Other Current Assets	
Deposits in Transit	1,236.39
Investments - LPL	253,362.90
Prepaid Expenses	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$254,599.29
Total Current Assets	\$1,221,278.41
Fixed Assets	
Accumulated Depreciation - Equipment	-5,902.80
Accumulated Depreciation - Furn & Fixtures	-3,095.00
Accumulated Depreciation - Greenhouse Eq	-15,458.61
Accumulated Depreciation - Land Imp	-4,691.54
Accumulated Depreciation - LH Imp	-21,012.87
Donated Improvements	3,949.00
Furniture & Fixtures	7,200.00
Greenhouse Equipment	60,721.29
Land Improvements	28,393.45
Leasehold Improvements	41,140.61
Machinery & Equipment	26,263.06
Total Fixed Assets	\$117,506.59
Other Assets	
Accumulated Amortization- GH Startup	0.00
Greenhouse Start Up Cost	0.00
Security Deposits	3,500.00
Total Other Assets	\$3,500.00
TOTAL ASSETS	\$1,342,285.00

Hugs Cafe Inc

Balance Sheet As of March 30, 2022

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Georgiann card (1408)	94.31
Lauren card (8289)	138.24
Maria card (9005)	1,119.37
Ruth card (1787)	1,749.75
Total Credit Cards	\$3,101.67
Other Current Liabilities	
Credit Card Payable Wells Fargo	1,116.07
Gift Certificates Outstanding	2,194.68
Hugs Training Academy Scholarships	5,950.00
Prepaid Gala Sales	0.00
Prepaid Greenhouse Sales	8,010.50
Sales Tax Payable	-415.08
Total Other Current Liabilities	\$16,856.17
Total Current Liabilities	\$19,957.84
Total Liabilities	\$19,957.84
Equity	
Opening Balance Equity	193,365.00
Owner's Pay & Personal Expenses	0.00
Retained Earnings	658,433.22
Unrestricted Net Assets	309,899.43
Net Income	160,629.51
Total Equity	\$1,322,327.16
TOTAL LIABILITIES AND EQUITY	\$1,342,285.00

Hugs Cafe Inc

Profit and Loss by Class January 1 - March 30, 2022

	ADMINISTRATIVE	CAFE	CAPITAL CAMPAIGN	DONATIONS	GALA	GREENHOUSE	TRAINING	NOT SPECIFIED	TOTAL
Income	\$0.00	\$45,447.60	\$93,365.00	\$51,633.59	\$127,890.00	\$10,767.57	\$19,377.70	\$0.00	\$348,481.46
Cost of Goods Sold	\$0.00	\$23,900.39	\$0.00	\$0.00	\$0.00	\$9,475.26	\$0.00	\$0.00	\$33,375.65
GROSS PROFIT	\$0.00	\$21,547.21	\$93,365.00	\$51,633.59	\$127,890.00	\$1,292.31	\$19,377.70	\$0.00	\$315,105.81
Expenses									
Advertising & Marketing	171.92	874.13			825.00	17.28	24.00		\$1,912.33
Bank Charges & Fees	20.50	93.05					10.00		\$123.55
Car & Truck						389.80			\$389.80
Contractors					1,145.00				\$1,145.00
Credit Card Fees		1,137.31		4,160.29					\$5,297.60
Dues & subscriptions	515.00	192.68				32.46			\$740.14
Education - Training		15.99					135.00		\$150.99
Equipment		2,879.38							\$2,879.38
Fundraising Event	177.54				249.80				\$427.34
Entertainment					1,800.00				\$1,800.00
Promotional Meals					5,600.00				\$5,600.00
Total Fundraising Event	177.54				7,649.80				\$7,827.34
Insurance	8,271.00								\$8,271.00
Legal & Professional Services									\$0.00
Accounting	1,569.00								\$1,569.00
Total Legal & Professional Services	1,569.00								\$1,569.00
Meals & Entertainment	404.96								\$404.96
Office Supplies & Software	306.28	200.52				112.90			\$619.70
Payroll Expenses									\$0.00
Payroll Fees		1,191.37							\$1,191.37
Payroll Taxes	1,057.97	8,611.00				1,416.76	1,355.56		\$12,441.29
Wages	12,163.27	32,711.99				16,132.96	15,176.25		\$76,184.47
Total Payroll Expenses	13,221.24	42,514.36				17,549.72	16,531.81		\$89,817.13
Postage	58.00	66.95							\$124.95
QuickBooks Payments Fees								4.46	\$4.46
Rent & Lease	2,000.00	9,000.00							\$11,000.00
Repairs & Maintenance	_,000.00	1,346.57				980.03			\$2,326.60
Shipping, Freight & Delivery	57.60	75.76				000.00			\$133.36
Square Fees	07.100	61.43							\$61.43
Storage		126.29							\$126.29
Supplies & Materials	381.38	2,695.10				3,979.17	1,412.38		\$8,468.03
Telephone - Internet	129.03	195.78				210.00	1,112.00		\$534.81
Uncategorized Expense	120.00					2.0.00	303.09		\$303.09
Utilities		2,857.01				4,857.41	000.00		\$7,714.42
Waste Removal		616.56				225.00			\$841.56
Website Fee	1,689.58	0.0.00				220.00			\$1,689.58
Total Expenses	\$28,973.03	\$64,948.87	\$0.00	\$4,160.29	\$9,619.80	\$28,353.77	\$18,416.28	\$4.46	\$154,476.50
NET OPERATING INCOME		\$ -43,401.66	\$93,365.00		\$118,270.20	\$ -27,061.46			\$160,629.31
Other Income									
Interest Earned		0.20							\$0.20
Total Other Income	\$0.00	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.20
NET OTHER INCOME	\$0.00	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.20
NET INCOME	\$ -28,973.03	\$ -43,401.46	\$93,365.00	\$47,473.30	\$118,270.20	\$ -27,061.46	\$961.42	\$ -4.46	\$160,629.51

HUGS CAFE, INC.

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2020 AND 2019

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Hugs Cafe, Inc.

We have audited the accompanying financial statements of Hugs Cafe, Inc., which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free of from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risk of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hugs Cafe, Inc. as of December 31, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of Hugs Cafe, Inc. as of December 31, 2019, were audited by other auditors whose report dated August 19, 2020, expressed an unmodified opinion on those statements.

Hodsson, Nash + Guynn CPA:

McKinney, Texas October 13, 2021

HUGS CAFE, INC. STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2020 AND 2019

	2020		2019
ASSETS			
Current Assets			
Cash and cash equivalents	\$ 516,770	\$	180,556
Accounts receivable, net	1,738		562
Contributions receivable - current portion	22,884		23,250
Prepaid expenses	1,146		394
Total Current Assets	542,538		204,762
Property and Equipment, net	96,056		90,462
Other Assets			
Security deposits	3,500		3,000
Contributions receivable - long-term portion	 5,631		28,515
Total Other Assets	 9,131		31,515
Total Assets	\$ 647,725	\$	326,739
LIABILITIES AND NET ASSETS			
Current Liabilities			
Accounts payable	\$ 3,048	\$	2,829
Accrued expenses	26,541		9,428
Total Current Liabilities	29,589		12,257
Net Assets			
Net assets without donor restrictions	589,252		262,348
Net assets with donor restrictions	28,884		52,134
Total Net Assets	 618,136		314,482
Total Liabilities and Net Assets	\$ 647,725	\$	326,739

HUGS CAFE, INC. STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2020

	Vithout Donor Restrictions With Donor Restrictions		Total		
Revenue, Support, and Gains					
Contributions	\$ 587,427	\$	-	\$	587,427
In-kind contributions	16,199		27,000		43,199
Sales	277,876		-		277,876
Other	846		-		846
Net assets released from restrictions					
Expiration of time restrictions	 50,250		(50,250)		
Total revenue, support, and gains	932,598		(23,250)		909,348
Expenses					
Program services expense					
Cafe	340,856		-		340,856
Greenhouse	160,501		-		160,501
Prep school	6,200		-		6,200
Total program services expenses	 507,557		-		507,557
Supporting services expense					
Management and general	54,268		-		54,268
Fundraising	43,869		-		43,869
Total supporting services expenses	 98,137		-		98,137
Total expenses	 605,694				605,694
Change in Net Assets	326,904		(23,250)		303,654
Net Assets at Beginning of Year	262,348		52,134		314,482
Net Assets at End of Year	\$ 589,252	\$	28,884	\$	618,136

HUGS CAFE, INC. STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2019

	hout Donor estrictions	ith Donor strictions	 Total
Revenue, Support, and Gains			
Contributions	\$ 352,730	\$ -	\$ 352,730
In-kind contributions	16,199	70,134	86,333
Sales	255,997	-	255,997
Other	952	-	952
Net assets released from restrictions			
Expiration of time restrictions	 23,631	 (23,631)	
Total revenue, support, and gains	649,509	46,503	696,012
Expenses			
Program services expense			
Cafe	365,374	-	365,374
Greenhouse	151,449	-	151,449
Prep school	724	-	724
Total program services expenses	517,547	-	517,547
Supporting services expense			
Management and general	37,433	-	37,433
Fundraising	 40,071	 _	40,071
Total supporting services expenses	77,504	-	77,504
Total expenses	 595,051		595,051
Change in Net Assets	54,458	46,503	100,961
Net Assets at Beginning of Year	 207,890	 5,631	 213,521
Net Assets at End of Year	\$ 262,348	\$ 52,134	\$ 314,482

HUGS CAFE, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2020

		Progr	am Services			 Supporting	g Servic	es	
	Cafe	Gr	eenhouse	Prep	School	nagement General	Fur	ndraising	 Total
Salaries, payroll taxes, and benefits	\$ 151,115	\$	63,486	\$	_	\$ 28,404	\$	30,000	\$ 273,005
Food and drink	63,274		-		600	-		-	63,874
Tools and equipment	15,247		49,936		-	-		-	65,183
Communication, printing, and postage	6,407		-		-	1,222		1,369	8,998
Rent, repairs, and utilities	71,321		24,769		5,600	1,500		-	103,190
Promotion	1,233		297		-	5,111		9,284	15,925
Computer support	4,957		297		-	3,631		-	8,885
Professional fees	13,512		8,750		-	10,284		2,609	35,155
Depreciation and amortization	3,426		9,945		-	-		-	13,371
Office supplies and other	 10,364		3,021			4,116		607	 18,108
Total Functional Expenses	\$ 340,856	\$	160,501	\$	6,200	\$ 54,268	\$	43,869	\$ 605,694

HUGS CAFE, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2019

		Progr	am Services				Supporting	g Servic	es	
						Mai	nagement			
	Cafe	Gr	eenhouse	Prep	School	and	General	Fur	ndraising	 Total
Salaries, payroll taxes, and benefits	\$ 175,455	\$	58,062	\$	386	\$	32,250	\$	-	\$ 266,153
Food and drink	65,574		-		230		-		-	65,804
Tools and equipment	13,820		44,417		-		-		-	58,237
Communication, printing, and postage	3,017		-		-		-		2,629	5,646
Rent, repairs, and utilities	80,621		22,103		-		-		1,600	104,324
Promotion	1,803		2,715		66		-		29,781	34,365
Computer support	1,628		1,825		-		-		-	3,453
Professional fees	11,359		8,636		-		2,064		4,512	26,571
Depreciation and amortization	2,292		11,172		-		-		-	13,464
Office supplies and other	9,805		2,519		42		3,119		1,549	17,034
Total Functional Expenses	\$ 365,374	\$	151,449	\$	724	\$	37,433	\$	40,071	\$ 595,051

HUGS CAFE, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

		2020		2019
Cash Flows from Operating Activities	¢	202 (54	¢.	100.061
Change in net assets	\$	303,654	\$	100,961
Adjustments to reconcile changes in net assets to				
net cash provided by operating activities:				
Depreciation and amortization		13,371		13,464
Donated rent		23,250		(46,134)
Change in operating assets and liabilities:				
Accounts receivable		(1,176)		(321)
Prepaid expenses		(752)		(394)
Security deposits		(500)		· -
Accounts payable		219		179
Accrued expenses		17,113		340
Net cash provided by operating activities		355,179		68,095
Cash Flows from Investing Activities				
Purchase of property and equipment		(18,965)		(27,562)
Net Change in Cash and Cash Equivalents		336,214		40,533
Cash and Cash Equivalents, Beginning of Year		180,556		140,023
Cash and Cash Equivalents, End of Year	\$	516,770	\$	180,556

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

Hugs Cafe, Inc. (the "Organization") is a Section 501(c)(3) nonprofit corporation founded in 2013. The mission of Hugs Cafe, Inc. is to enhance the lives of adults with special needs through training and employment.

The Organization operates a cafe, which is operated primarily by adults with special needs. The cafe is open for lunch 5 days each week. The Organization also operates a greenhouse, staffed primarily by adults with special needs. The greenhouse focuses on growing and selling fresh plant varieties such as perennials, annuals, and herbs. Hugs Prep is a culinary and hospitality class offered at Hugs Cafe to provide training and job placement assistance to adults with special needs.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The most significant estimates pertain to the valuation of donated rent, operating accruals, and estimated useful lives of long-lived assets.

Basis of Presentation

The Organization presents its financial statements in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 958, "Not-for Profit Entities." Under FASB ASC 958, the Organization is required to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions — Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

Net assets with donor restrictions – Includes net assets subject to donor-imposed stipulations that expire with the passage of time.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities. During 2020 and 2019, net assets released from restrictions by time were used primarily for the cafe.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recently Adopted Accounting Pronouncements

In May 2014, the FASB issued Accounting Standards Update ("ASU") 2014-09, "Revenue from Contracts with Customers (Topic 606)." ASU 2014-09 outlines a new, single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. This new revenue recognition model provides a five-step analysis in determining when and how revenue is recognized. The new model will require revenue recognition to depict the transfer of promised goods or services to customers in an amount that reflects the consideration an organization expects to receive in exchange for those goods or services. The new standard is effective for fiscal years beginning after December 31, 2019. The adoption of ASC 606 resulted in an immaterial impact to the individual financial statement line items of the Organization's statement of activities during the year ended December 31, 2020.

In June 2018, the FASB issued ASU 2018-08, "Not-for-Profit Entities (Topic 958) Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made," to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. The adoption of ASU 2018-08 resulted in an immaterial impact to the financial statements during the year ended December 31, 2020.

Recently Issued Accounting Standards

In February 2016, the FASB issued ASU 2016-02, "Leases (Topic 842)," intended to improve financial reporting about leasing transactions. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of net assets for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for fiscal years beginning after December 15, 2021. The Organization is currently evaluating the impact of the adoption of the new standard on the financial statements, if any.

Cash and Cash Equivalents

Cash and cash equivalents consist of highly liquid investments with insignificant interest rate risk and original maturities of three months or less. At times, cash and cash equivalents held at a financial institution may be in excess of the Federal Deposit Insurance Corporation ("FDIC") coverage limit. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts Receivable

Accounts receivable are primarily comprised of credit card charges, which are generally converted to cash in two to five days after a purchase is made. The Organization does not anticipate any material collection loss on the balance in accounts receivable; accordingly, no allowance for doubtful accounts has been established.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions Receivable

Contributions receivable expected to be collected within one year are recorded at estimated net realizable value. Contributions receivable expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the statements of activities. Management determines the allowance for uncollectable contributions receivable based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Contributions receivable are written off when deemed uncollectable. No allowance for contributions receivable was recorded as of December 31, 2020 and 2019.

Revenue Recognition

Contributions and pledges - Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Contributions to be received over periods longer than a single year are discounted at an interest rate commensurate with the risk involved.

Sales – Sales of food and beverage are recorded at the point-of-sale upon receipt of cash, check, or credit card charge, net of discounts and promotional allowances. Sales taxes collected from customers and remitted to governmental authorities are presented on a net basis in the accompanying statement of activities.

Donated Services and In-Kind Contributions

Volunteers contribute significant amounts of time to the Organization's program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by generally accepted accounting principles. Contributed goods are recorded at fair value at the date of donation. The Organization records donated professional services at the respective fair values of the services received.

Property and Equipment

Property and equipment are stated at their costs at the dates of acquisition or at their fair values at the dates of donation. Depreciation is provided using the straight-line method, applied over the assets' estimated useful lives, ranging from 2 to 10 years. Expenditures for leasehold improvements are capitalized and amortized using the straight-line method over the shorter of the estimated useful life of the specific asset or the term of the applicable lease.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

<u>Functional Allocation of Expenses</u>

The cost of providing the Organization's various programs and supporting services has been summarized on a functional basis in the accompanying statement of activities. The majority of expenses can be directly identified with the program or supporting service to which they relate and are charged accordingly. Other expenses including depreciation and amortization, occupancy, information technology, and administration services have been allocated among program and supporting service classifications using headcount.

Accordingly, certain costs have been allocated among the programs and supporting services in reasonable ratios determined by management.

Income Taxes

The Organization is a nonprofit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and comparable state level as a charitable organization, whereby only unrelated business income, as defined by Section 509(a)(1) of the code is subject to federal income tax.

The Organization has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS. The Organization is required to file an annual return of Organization Exempt from Income Tax (Form 990) with the IRS.

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties were incurred.

NOTE 3 – AVAILABILITY AND LIQUIDITY

The following represents the Organization's financial assets as of December 31, 2020:

Financial assets at year end:		
Cash and cash equivalents	\$	516,770
Accounts receivable		1,738
Contributions receivable		28,515
Total financial assets		547,023
Less amounts not available to be used within one year:		5 (21
Restricted by donor with time restrictions		5,631
Total financial assets available to management for general	*	541.000
expenditures within one year	\$	541,392

NOTE 3 – AVAILABILITY AND LIQUIDITY (CONTINUED)

The Organization's goal is generally to maintain financial assets to meet at least six to nine months of normal operating expenses. Management considers donor restricted contributions that will be used within one year as part of its ordinary operations, as being available for general expenditures.

NOTE 4 – CONTRIBUTIONS RECEIVABLE

Unconditional promises to give are estimated to be collected as follows as of December 31, 2020 and 2019:

	 2020	2019
Gross amounts due in:		
One year	\$ 24,000	\$ 24,000
One to five years	 6,000	 30,000
	30,000	54,000
Discount to present value (1.60%)	 (1,485)	(2,235)
Total contributions receivable, net	\$ 28,515	\$ 51,765

Contributions receivable relate solely to the in-kind donations of rent provided over the total lease term. See Note 6.

NOTE 5 – PROPERTY AND EQUIPMENT

Property and equipment consist of the following as of December 31, 2020 and 2019:

	 2020	2019		
Leasehold improvements	\$ 109,573	\$	95,606	
Furniture and equipment	19,775		14,777	
	129,348		110,383	
Less accumulated depreciation and amortization	(33,292)		(19,921)	
Total property and equipment, net	\$ 96,056	\$	90,462	

Depreciation and amortization expense for the years ended December 31, 2020 and 2019 was \$13,371 and \$13,464, respectively.

NOTE 6 – COMMITMENTS

In August 2015, the Organization entered into an agreement with a landlord to lease restaurant space commencing August 1, 2015, with an initial expiration date of March 31, 2016. The lease contained a renewal option for an additional three years, which the Organization renewed during 2016. The monthly rent for the lease term is \$3,000 payable in cash with a \$2,000 in-kind donation.

In March 2019, the Organization entered into an amendment to the lease for an additional 36-month extension for the use of the property and the same terms. Effective April 1, 2019, the lease was renewed for a three-year period ending March 31, 2022. Under the agreement, the Organization will pay \$3,000 in cash per month with a \$2,000 in-kind donation per month.

During 2017, the Organization entered into an agreement with a landlord to lease approximately five acres of land for the greenhouse program. The lease commenced on January 1, 2018 for one year and automatically renews annually on January 1 until either termination by the landlord or the Organization. Rent is payable \$1 in cash annually and the Organization determined the fair value of the rent to be \$16,200 per year. The value of the donated rent of \$16,199 was recorded as an in-kind donation on the accompanying statement of activities as of December 31, 2020 and 2019.

Future minimum lease payments are approximately as follows:

For the years ending December 31,

2021	\$ 36,000
2022	 9,000
	\$ 45,000

NOTE 7 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through October 13, 2021, the date the financial statements were available to be issued.

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

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/Form990 for instructions and the latest information.

Open to Public

A	For the	2020 calend	dar year, or tax year beginning	, 2020,	, and end	ing		, 20	
В	Check if	applicable:	C Name of organization Hugs Cafe,	Inc.			D Emp	oloyer identification number	
	Address	change	Doing business as				46-2	2332714	
$\overline{\Box}$	Name ch	Ĭ.	Number and street (or P.O. box if mail is	not delivered to street address	3)	Room/suite	E Tele	phone number	
$\overline{\Box}$	Initial retu	•	224 E. Virginia		, l		(469	9)301-6900	
П		rn/terminated	City or town, state or province, country, a	and ZIP or foreign postal code			,	·	
\Box	Amended		McKinney, TX 75069	, , , , , , , , , , , , , , , , , , ,			G Gros	ss receipts \$ 909,348.	
		on pending	F Name and address of principal officer:			H(a) Is	this a group return	for subordinates? Yes X No	
_			Ruth Thompson, 12 Trailr	idge Rd, Melissa,	TX 75	*			
ı	Tax-exen	npt status:		(insert no.) 4947(a)(1)				list. See instructions	
J	Website:	:▶ www.h	ugscafe.org		•	H(c) G	roup exemption	on number ►	
			Corporation Trust Association	Other ► L	Year of for	mation: 2	014 M Stat	te of legal domicile: TX	
	art I	Summa							
			cribe the organization's mission or	most significant activitie	es: The	mission	of Hugs	Cafe is to create	
ĕ	-		ting place of training						
& Governance			hile providing dignity,						
ern	1		box ► ☐ if the organization disco					of its net assets.	
Š			voting members of the governing	•	-			10	
8	1		independent voting members of the					10	
es			per of individuals employed in caler				5	43	
Activities			per of volunteers (estimate if neces				6	11	
Λcti			ated business revenue from Part V	- 1			7a		
1			ed business taxable income from l	1 1			7a 7a 7b	+	
	, D	- INEL UITIEIAI	ed business taxable income nom	roini 990-1, Fait i, iiile	11	Drie	or Year	Current Year	
		Contributio	and grants (Part VIII line 1h)						
Revenue	1		ons and grants (Part VIII, line 1h) .	352,730.					
	1								
æ							30.		
			nue (Part VIII, column (A), lines 5, 6				93.		
		•	ue-add lines 8 through 11 (must e		, line 12)		609,773.	909,348.	
	1		I similar amounts paid (Part IX, colu						
	1		aid to or for members (Part IX, colu						
es	1		her compensation, employee benefit				261,043.	. 269,833.	
ens	1		al fundraising fees (Part IX, column						
Expenses	1		aising expenses (Part IX, column (I		2,287.				
ш	17	Other expe	enses (Part IX, column (A), lines 11a	a–11d, 11f–24e)			316,379.	. 335,861.	
	18	Total expe	nses. Add lines 13-17 (must equal	Part IX, column (A), line	25) .		577,422.	605,694.	
		Revenue le	ess expenses. Subtract line 18 from	n line 12			32,351.	303,654.	
or						Beginning of	of Current Yea	r End of Year	
sets	20	Total asset	s (Part X, line 16)				284,270.	647,725.	
t As	21	Total liabili	ties (Part X, line 26)				4,711.	. 29,587.	
Net Assets o Fund Balance	22	Net assets	or fund balances. Subtract line 21	from line 20			279,559.	618,138.	
P	art II	Signatu	re Block						
			I declare that I have examined this return, in					f my knowledge and belief, it is	
tru	e, correct	, and complete	e. Declaration of preparer (other than officer)	is based on all information of v	which prepa	arer has any k	nowledge.		
							10/09/	2021	
Si	gn	Signati	ure of officer				Date		
He	ere	Rutl	n Thompson, President						
			r print name and title						
D-	: al	Print/Type	preparer's name Prepa	rer's signature		Date	Check	X if PTIN	
	id	Wendy	Dugall, CPA Wend	dy Dugall, CPA		10/13/2		nployed P00433510	
	epare	r			l s Inc		021	75-2638297	
US	e Onl	v	ress ► 5010 Timber Circle			2		972)762-5015	
Ma	v the IR		this return with the preparer shown					X Yes No	

REV 09/08/21 PRO

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Hugs Cafe is to create
	an inviting place of training and employment for adults with special
	needs while providing dignity, self-worth, and developing respect
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 358,583. including grants of \$ 0.) (Revenue \$0.)
	Hugs Cafe, Inc. is a non-profit organization dedicated to providing
	a sustainable source of training and employment for qualified special
	needs adults in the Cafe and the food service/restaurant industry.
4b	(Code:) (Expenses \$150 , 556 . including grants of \$ 0 .) (Revenue \$ 0 .)
	Hugs Greenhouse is an initiative within Hugs Cafe's mission to
	employ and train dozens of special needs adults who have the skills
	to work, but may not be the fit to work in the Hugs Cafe restaurant.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 509,139.

Checklist of Required Schedules Part IV Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," × 1 2 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 × Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 × Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 × Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 × If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more × d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e × Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f × Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b × Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 × 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 × Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions × Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 × 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 × 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		169	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 43 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a × If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a 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)? 4a X If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? × 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a × If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с × d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g × If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h × Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? × Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a × Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b × 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a × If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O.

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	the year by the following:			
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O See Statement		×	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		NI-
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		<u>×</u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	×	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Georgiann Leonard, 224 E Virginia, McKinney, TX 75069 (469)301-6900	cords	>	

Form 990 (2020) Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than d i is both		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any				_			from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dua	tior	۳	mp	st c	P.		,	related organizations
	organizations below	7 7	<u>ਕ</u> t		oye	9	1			
	dotted line)	stee	rust	\ \	Ф	bens				
			ee			Highest compensated employee				
(1) Ruth Thompson	30.00									
President				×				0.	0.	0.
(2) Alex Beard	1.00									
Vice President				×				0.	0.	0.
(3) Marc Robertson	1.00									
Treasurer				×				0.	0.	0.
(4) Wendi Osborn	2.00									
Secretary				×				0.	0.	0.
(5) Mark Potter	1.00									
Director	VA	×						0.	0.	0.
(6) Janice Morriss	0.00									
Director		×						0.	0.	0.
(7) Shannon Patterson	0.00									
Director		×						0.	0.	0.
(8) Chris Thompson	3.00									
Director		×						0.	0.	0.
(9) Timmy Newsom	0.00									
Director		×						0.	0.	0.
(10) Amy Lowe	0.00									
Director		×						0.	0.	0.
(11)										
(10)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated En	nplo	yees (continued)
						C)						
	(A)	(B)	(do n	ot ch		ition	e than c	nne	(D)	(E)		(F)
	Name and title	Average	box,	unles	ss pe	erson	is both	an	Reportable	Reportabl		Estimated amount
		hours per week			_	_	or/trust	<u> </u>	compensation from the	compensat from relate		of other compensation
		(list any	Indi or di	Insti	Officer	l Sey	High	Former	organization	organizatio		from the
		hours for related	rect	tic	ğ	emp	est o] er	(W-2/1099-MISC)	(W-2/1099-N	1150)	organization and related organizations
		organizations	or tra	nal		Key employee	e					3
		below dotted line)	Individual trustee or director	Institutional trustee		8	pen					
		,	Ψ	tee			Highest compensated employee					
(15)												
1												
(16)										_		
32									4			
(17)												
(18)												
(19)												
(20)												
(04)												
(21)			-									
(22)					Н							
(22)			1		1							
(23)												
(20)												
(24)												
32												
(25))					
1b	Subtotal	(٠.				>	0.		0.	0.
С	Total from continuation sheets to Part		n A		Y.			>				
d	Total (add lines 1b and 1c)		•					<u> </u>	0.		0.	0.
2	Total number of individuals (including but		d to th	iose	e list	ted	above	e) w	ho received more	e than \$100	,000	of
	reportable compensation from the organi	zation -										1,, 1,,
_												Yes No
3	Did the organization list any former									•		
	employee on line 1a? If "Yes," complete											3 ×
4	For any individual listed on line 1a, is the organization and related organizations											
	individual									uule J 101	Sucri	4 ×
5	Did any person listed on line 1a receive of									ion or indiv	idual	
	for services rendered to the organization											5 ×
Secti	on B. Independent Contractors	<u> </u>							•			
1	Complete this table for your five high	nest compe	ensate	ed	inde	epe	ndent	СО	ntractors that r	eceived m	ore t	han \$100,000 of
	compensation from the organization. Rep	ort compen	satior	ı fo	r the	ca	lenda	r ye	ar ending with or	within the o	organ	ization's tax year.
	(A)								(B)			(C)
	Name and business add	ress							Description of serv	rices	(Compensation
	Total number of independent contracts	ro (includi:	20 b	ı+ ~	O+ 1	lim:	-0d +-	. +-	noso listed share	o) who		
2	Total number of independent contractor received more than \$100,000 of compens	•	-					, m	iose iisted adov	e) WIIO		

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	espon	ise or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ည တ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
ري ق	С	Fundraising events			1c					
fts,	d	Related organization			1d					
ia Gi	е	Government grants			1e					
ns,	f	All other contribution		-						
er (and similar amounts no			1f	630,626.				
호 된	g	Noncash contribution	ons in	cluded in						
ig ig	_	lines 1a-1f			1g	\$				
g g	h	Total. Add lines 1a-	-1f .			🕨	630,626.			
						Business Code				
<u>ice</u>	2a									
e ⊆	b									
S u	С									
gram Ser Revenue	d									
Program Service Revenue	е									
4	f	All other program se					277,876.	277,876.	0.	0.
	g	Total. Add lines 2a-					277,876.			
	3	Investment income					0.5	0.6	0	
	4	other similar amoun					96.	96.	0.	0.
	4	Income from investr								
	5	Royalties	<u> </u>	 (i) Rea		(ii) Personal				
	60	Gross rents	6a	(i) Hea		(ii) i ersoriai				
	6a b	Gross rents Less: rental expenses	6b							
	C	Rental income or (loss)								
	d	Net rental income o) 						
	_		1 (100)	(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of assets								
		other than inventory	7a							
Φ	b	Less: cost or other basis								
Revenue	_	and sales expenses .	7b							
eve	С	Gain or (loss)	7c			7.4				
	d	Net gain or (loss)				b				
Other	8a	Gross income from	m fu	ndraising						
δ		events (not including								
		of contributions rej		d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	ents 🕨				
	9a	Gross income f			_					
	_	activities. See Part I			9a					
	b	Less: direct expens			9b					
	С	Net income or (loss)			Ctivitie	es >				
	10a	Gross sales of in		•	10-					
	h	returns and allowan Less: cost of goods			10a 10b	1				
	b	Net income or (loss)				1				
-		1401 IIIOOIIIG OI (IOSS)	, 11011	i Juica Ui II	.v Giill	Business Code				
Miscellaneous Revenue	11a					233230 0000				
scellaneo Revenue	b									
ella	c									
Re	d	All other revenue					750.	750.	0.	0.
Σ		Total. Add lines 11a	a–11c	1		•	750.			
	12	Total revenue. See					909,348.	278,722.	0.	0.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
Do no	of tinclude amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	249,795.	195,913.	53,882.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,038.	15,816.	4,222.	0 .
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	15,710.	7,150.	8,560.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion	2,382.	1,530.	852.	0.
13	Office expenses	2,811.	1,411.	1,400.	0.
14	Information technology	8,885.	5,254.	3,631.	0.
15	Royalties	0,003.	3,231.	3,031.	
16	Occupancy	94,123.	92,623.	1,500.	0.
17	Travel	771/1231	32,023.	1,300.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	10 051	10 071		
22	Depreciation, depletion, and amortization .	13,371.	13,371.	0.	0.
23	Insurance	13,667.	12,506.	1,161.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Food, Beverages, Delivery Fee	81,975.	81,975.	0.	0.
b	Merchant and Bank fees	9,240.	6,461.	2,779.	0.
C	Supplies, Materials, Tools	53,286.	53,286.	0.	0.
d	Repairs & Maintenance	6,136.	6,136.	0.	0.
е	All other expenses	34,275.	15,707.	6,281.	12,287.
25	Total functional expenses. Add lines 1 through 24e	605,694.	509,139.	84,268.	12,287.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	181,119.	1	518,508.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	22,884.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $$.		6	
)ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	3,000.	9	4,646.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 129,348.		4	
	b	Less: accumulated depreciation 10b 33,292.	77,600.	10c	96,056.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22,551.	15	5,631.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	647,725.
	17	Accounts payable and accrued expenses	4,711.	17	29,587.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
≝∣		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
ia	00	controlled entity or family member of any of these persons		22	
-	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
		·		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,711.	26	29,587.
Ś		Organizations that follow FASB ASC 958, check here ▶ ☒			
ည		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	279,559.	27	618,138.
ĕ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	279,559.	32	618,138.
Z	33	Total liabilities and net assets/fund balances	284,270.	33	647,725.
		PEV 00/08/21 PPO			Form 990 (2020)

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	9	09,3	848.
2	Total expenses (must equal Part IX, column (A), line 25)	6	05,6	94.
3	Revenue less expenses. Subtract line 2 from line 1	3	03,6	554.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2	79,5	559.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		34,9	25.
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	6	18,1	.38.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			\Box
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
0-		00		×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		^
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
L		2b	×	
b	Were the organization's financial statements audited by an independent accountant?	20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both: Separate basis Separate basis Description: Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
		20		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		

REV 09/08/21 PRO Form **990** (2020)

Hugs Cafe, Inc. 46-2332714 1

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 9 (continued)

Continuation Statement

Name	Address	City	St	ZIP
Ruth Thompson	12 Trailridge	Melissa	TX	75454
Wendi Osborn	2320 Ithasca Drive	McKinney	TX	75070
Mark Potter	1404 Wade Haven Ct	McKinney	TX	75071
Chris Thompson	12 Trailridge	Melissa	TX	75454
Janice Morris	1205 N. Waddill	McKinney	TX	75069
Alex Beard	481 Oakview Circle	Fairview	TX	75069
Shannon Patterson	1370 Lakeside Dr.	Prosper	TX	75078
Marc Robertson	3791 Broadmoor Way	Frisco	TX	75033
Timmy Newsome	7005 Quartermile Lane	Dallas	TX	75248
Amy Lowe	2702 Penny Lane	McKinney	TX	75072



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

Hugs	c Caf		Inc.						46-2332714	
Par	t I	Re	ason f	or Public Ch	arity Status. (A	II organizations mus	t comple	ete this p	oart.) See instructi	ons.
The c	_			•		is: (For lines 1 through		-	•	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .									
2						(Attach Schedule E (F			• •	
3						ganization described i				···· –
4				•	•	conjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the
E		-		e, city, and sta		a allaga or university			nd by a gayaranant	al unit described in
5					mplete Part II.)	college or university	owned c	г ореган	ed by a government	ai unii described in
6 7	☐ Ar	n org	anizatio	n that normal		nmental unit described stantial part of its sup ete Part II.)				the general public
8	\square A	comi	munity t	rust described	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	or ur	univ	ersity oi sity:	a non-land-g	rant college of ag	ed in section 170(b)(1) riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	re su	ceipt uppor	s from a t from g	activities relate gross investme	ed to its exempt fuent income and ur	e than 337/3% of its suunctions, subject to centrelated business taxa 175. See section 509(a	ertain exc ble incom	eptions; a ne (less s	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11	☐ Ar	n orga	anizatio	n organized aı	nd operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12						sively for the benefit o				
						ons described in sect				
	Ci				J	escribes the type of sup		Ū	•	, ,
а		the	suppor	ted organization	on(s) the power to	d, supervised, or contr o regularly appoint or elete Part IV, Sections	elect a ma	ajority of t		
b				•	-	sed or controlled in co			supported organizati	on(s) by having
		cor	ntrol or r	nanagement o	of the supporting	organization vested in IV, Sections A and C	the same			
С						rting organization ope ons). You must comp				ally integrated with,
d		tha	t is not	functionally int	tegrated. The orga	upporting organization anization generally mu complete Part IV, Sec	st satisfy	a distribu	ution requirement an	
е						d a written determination				e II, Type III
f	Ente	er the	numbe	er of supported	d organizations .					
g	Prov	vide t	the follo	wing informat	ion about the sup	ported organization(s)				
	(i) Nan	ne of s	supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
							Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										

Scriedu	le A (I OIIII 990 OI 990-LZ) 2020						Page Z
Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						amy arraor
Secti	on A. Public Support			,,,,			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				Ó		
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		K,				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the				-		` ' ; '
<u> </u>	organization, check this box and stop he						▶ 📗
	on C. Computation of Public Suppor			4.4 1 (6)		44	
14 15	Public support percentage for 2020 (line 6 Public support percentage from 2019 Sch		-			14	<u>%</u> %
16a	33 ¹ / ₃ % support test—2020. If the organi						
	box and stop here. The organization qua						
b	331/3% support test—2019. If the organithis box and stop here. The organization	ization did not	check a box c	n line 13 or 16	3a, and line 15		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ments the organization	neets the facts facts-and-circ	s-and-circumst	ances test, ch st. The organi	neck this box a zation qualifies	and stop here	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu rcumstances te	mstances test est. The organ	, check this bo ization qualifie	x and stop he s as a publicly	ere. Explain supported
18	Private foundation. If the organization						_

Schedule A (Form 990 or 990-EZ) 2020

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.)

Secti	Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	159,118.	174,522.	275,606.	352,730.	630,626.	1,592,602.	
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	323,672.	244,375.	244,188.	256,920.	277,876.	1,347,031.	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the				1			
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	482,790.	418,897.	519,794.	609,650.	908,502.	2,939,633.	
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							
	•							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sooti	on B. Total Support						2,939,633.	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	482,790.	418,897.	519,794.	609,650.		2,939,633.	
	Gross income from interest, dividends,	402,790.	410,097.	519,794.	009,030.	900,302.	2,939,033.	
IVa	payments received on securities loans, rents,							
	royalties, and income from similar sources .	5.	4.	1.	30.	96.	136.	
b	Unrelated business taxable income (less	3.	1.	Δ.	30.	<u> </u>	130.	
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	5.	4.	1.	30.	96.	136.	
11	Net income from unrelated business		1.		30.	, , , , , , , , , , , , , , , , , , , ,	130.	
	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.)	110.	93.		93.	750.	1,046.	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	482,905.	418,994.	519,795.	609,773.	909,348.	2,940,815.	
14	First 5 years. If the Form 990 is for the	organization's	s first, second					
	organization, check this box and stop he						🕨 🗀	
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2020 (line		•			15	99.96 %	
16	Public support percentage from 2019 Sci			<u></u>		16	99.99 %	
	on D. Computation of Investment In			l' 40 l	(0)	14=1	- 0/	
17	Investment income percentage for 2020 (-		17	0 %	
18	Investment income percentage from 2019					18	0 %	
19a	33 ¹ / ₃ % support tests—2020. If the organ							
L	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							
00		_	_	•			_	
20	Private foundation. If the organization di	u not check a	box on line 14	, 19a, or 19b, (CHECK THIS DOX	and see instru	บนอกร 🕨 🔲	

Part IV **Supporting Organizations**

(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.)

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting 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 organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
C1:		1		
Secu	on D. All Type III Supporting Organizations		V	NI -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		KOK					
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 Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 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						
	on C-Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
	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						
.	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť						
•	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional		integrated Type III supporti	ng organization				

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e		1		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(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				
a	From 2015				
b	From 2016				
d	E 0010				
	F 0010				
e					
f	Total of lines 3a through 3e				
<u>g</u> h	Applied to underdistributions of prior years Applied to 2020 distributable amount				
<u>''</u>	Carryover from 2015 not applied (see instructions)				
_ <u>;</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	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:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
	Evenes from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt III Ln 12: Other Income Part III, Line 12 Description: Timely filing discounts
2016: 110. 2017: 93. 2019: 93. Description: Other Changes in Net Assets 2020:
750.
\$. (4)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Hugs Cafe, Inc.

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

46-2332714

Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Hugs Cafe, Inc.

Employer identification number
46-2332714

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Anonymous 224 E Virginia St McKinney TX 75069	\$93,460.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Anonymous 224 E Virginia St McKinney TX 75069	\$ 50,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
3	Moody Foundation 2302 Post Office Street	\$ 35,000.	Person ⊠ Payroll □ Noncash □		
	Galveston TX 77550		(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
4	Yardi Systems 8616 Freeport Pkwy Irving TX 75063	\$ 22,200.	Person Payroll Complete Part II for noncash contributions.		
	Yardi Systems 8616 Freeport Pkwy		Person X Payroll		
4 (a)	Yardi Systems 8616 Freeport Pkwy Irving TX 75063	\$22,200	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	Yardi Systems 8616 Freeport Pkwy Irving TX 75063 Name, address, and ZIP + 4 Love Life Foundation 290 Adriatic Pkwy	\$ 22,200. (c) Total contributions	Person		

Name of organization
Hugs Cafe, Inc.
4

Employer identification number 46-2332714

Part I	ontributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	Lynn Family Foundation 5337 El Campo Ave. Fort Worth TX 76107	\$7,500.	Person X Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Lee Ann Parsons 2609 Fitzgerald Ave McKinney TX 75071	\$ 6,550.	Person X Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Harvest Seed Project 670 Wendy Lane Lucas TX 75002	\$ 6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	Texas Methodist Foundation 11709 Boulder Lane Austin TX 78726	\$7,500.	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	Robert Hess 5253 Meadow Garden Lane Birmingham AL 35242	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	Ingram Micro 1800 W. Frankford Rd. #100 Carrollton TX 75007	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
Hugs Cafe, Inc.

Employer identification number
46-2332714

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Chris and Ruth Thompson 12 Trailridge Road	\$5,000.	Person X Payroll Noncash (Complete Part II for
	Melissa TX 75454	4	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Encore Wire 224 E Virginia St.	\$	Person X Payroll
	McKinney TX 75070		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Anonymous 224 E Virginia St. McKinney TX 75069	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Anonymous 224 E Virginia St. McKinney TX 75069	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	224 E Virginia St.	\$5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	224 E Virginia St. McKinney TX 75069	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	224 E Virginia St. McKinney TX 75069 Name, address, and ZIP + 4 Anonymous 224 E Virginia St.	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization

Hugs Cafe, Inc.

Employer identification number
46-2332714

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u></u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	ganization				Employer identification number	
Hugs Ca	fe, Inc.				46-2332714	
Part III	(10) that total more than \$1,000 the following line entry. For organic contributions of \$1,000 or less for Use duplicate copies of Part III if a	for the year from any zations completing Pa r the year. (Enter this ir	one contributed in the contribut	tor. Complete total of exclusi	columns (a) through (e) and vely religious, charitable, etc.,	
(a) No.						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held	
		(e) Trans	fer of gift			
	Transferee's name, address	, and ZIP + 4	Rel	ationship of tra	nsferor to transferee	
						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held	
		-				
			<u> </u>			
	(e) Transfer of gift					
	Transferee's name, address			ationship of tra	nsferor to transferee	
			J			
			<u></u>			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held	
		(a) Trans	for of aift			
	Transferee's name, address		fer of gift Rel	ationship of tra	nsferor to transferee	
		,				
		7				
(a) Na		1				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held	
		(e) Trans	fer of gift	··		
	Transferee's name, address		_	ationship of tra	nsferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Hugs Cafe, Inc. 46-2332714 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year **a** Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2020 Page **2**

Part		Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Oth	ner Similar A	ssets (conti	nued)
3		the organization's acquisition, ion items (check all that apply):	accession, and ot	her reco	ds, chec	k any of th	e follow	ing that make	significant us	e of its
а	☐ Pub	lic exhibition		d	Loan	or exchang	e progra	ım		
b	☐ Sch	olarly research		е	Other					
С	☐ Pres	servation for future generations								
4							in Part			
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \square Yes \square No									
Part		Escrow and Custodial Arra								
		Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, lin∈	e 9, or r	eported an a	mount on Fo	rm
		990, Part X, line 21.								
1a		organization an agent, trustee, ed on Form 990, Part X?								□ No
b	If "Yes,	" explain the arrangement in P	art XIII and compl	ete the fo	llowing to	able:			_	
			·		ŭ				Amount	
С	Beginn	ing balance					1c			
d	Additio	ons during the year				'	1d			
е	Distribu	utions during the year					1e			
f		balance					1f			
2a	Did the	organization include an amour	nt on Form 990, P	art X, line	21, for e	escrow or co	ustodial	account liabili	ty? 🗌 Yes	☐ No
b		" explain the arrangement in P	art XIII. Check her	e if the e	kplanatio	n has been	provide	d on Part XIII		
Par	t V	Endowment Funds.								
	(Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line				
			(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ick (e) Four yea	rs back
1a	Beginn	ing of year balance		\						
b		outions								
С		estment earnings, gains, and								
	losses									
d		or scholarships	,							
е		expenditures for facilities and								
		ms								
f		strative expenses								
g		year balance								
2		e the estimated percentage of t			e (line 1g	յ, column (a	i)) held a	s:		
a	Board	designated or quasi-endowmer	nt 🕨	%						
b		nent endowment	%							
С		ndowment ▶ %		000/						
20		rcentages on lines 2a, 2b, and			zation the	at ara bald	and adm	ainiatarad far	th a	
3a		ere endowment funds not in the zation by:	e possession of tr	ie organi	zation tha	at are neid	and adn	ninistered for		_ N_
	_								Ye	s No
									. 3a(i)	+
h		ated organizations " on line 3a(ii), are the related o							. 3a(ii) . 3b	+
b 4		oe in Part XIII the intended uses	-	-					. 30	
Part		Land, Buildings, and Equip		JII S EIIUC	willelit it	unus.				
I all		Complete if the organization		" on For	m 990 F	Part IV line	- 11a S	See Form 990) Part X line	10
		Description of property	(a) Cost or of			or other basis		ccumulated	(d) Book va	
		Description of property	(investm		1	ther)		preciation	(d) Book va	uc
	l and		_	0.						0.
b		gs		<u> </u>		99,624.		25,971.	73	653.
C		old improvements				9,949.		1,293.		656.
d		nent				13,775.		3,128.		647.
e						6,000.		2,900.		100.
		es 1a through 1e. (Column (d) n		90, Part 2	K, column		Oc.)			056.

 $\mathsf{B}\mathsf{A}\mathsf{A}$

Part VII	Investments-	Other Securities.			
	Complete if the	ne organization answered "Yes" on F	orm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
		ption of security or category uding name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives .				
(2) Closely h	eld equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)		-15000 Dart V and (D) King (0)	·		
		al Form 990, Part X, col. (B) line 12.) .	<u>* </u>		
Part VIII		-Program Related.	orm 000 Dart IV lin	o 11a Soc Form	000 Part V line 12
		ne organization answered "Yes" on F			
	(a) De	escription of investment	(b) Book value		od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (h) must sauc	al Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets				
rareix		 ne organization answered "Yes" on F	orm 990 Part IV lin	e 11d See Form	990 Part X line 15
		(a) Description			(b) Book value
(1) Greent	nouse Start				0.
	erm promise				5,631.
(3)	-				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		al Form 990, Part X, col. (B) line 15.)			5,631.
Part X	Other Liabilit				
		ne organization answered "Yes" on F	orm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.		(a) Description of liability			(b) Book value
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	mn (h) must ocus	al Form 990, Part X, col. (B) line 25.)		•	
		itions. In Part XIII, provide the text of the foc	tnote to the organization	n's financial statemer	nts that reports the
		tain tax positions under FASB ASC 740. Che			

Schedule D (Form 990) 2020 Page **4**

	Reconciliation of Revenue per Audited Financial Statement			•	Retur	n.
	Complete if the organization answered "Yes" on Form 990, F	Part I\	/, line 12a.			
1	Total revenue, gains, and other support per audited financial statements				1	909,348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	909,348.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				5	909,348.
Part					r Reti	urn.
	Complete if the organization answered "Yes" on Form 990, F	Part I\	/, line 12a.			
1	Total expenses and losses per audited financial statements				1	605,694.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1	i i			3	605,694.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b			4.5	
с 5	Add lines 4a and 4b				4c	605,694.
5	TOTAL EXPENSES. AND INTES 3 AND 40. THIS MUST EDUAL FORM 330. FAIL I. III I				. J	000,094.
Dart		0 . 0.,	· · · ·			•
Part Provid	XIII Supplemental Information.				· Part \	
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	XIII Supplemental Information.	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
Provid	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines	1b and 2b		V, line 4; Part X, line
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Part XIII Supplemental Information (continued)	hedule D (Fori	m 990) 2020	Page 🕻
	art XIII	Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Hugs Cafe, Inc.	46-2332714
Pt VI, Line 12c: Documented in meetings.	
Pt VI, Line 11b: Reviewed in meetings.	
Pt VI, Section A, Line 9:	
Name: Ruth Thompson	
Address: 12 Trailridge Melissa TX 75454	
Name: Wendi Osborn	
Address: 2320 Ithasca Drive McKinney TX 75070	
Name: Mark Potter	
Address: 1404 Wade Haven Ct McKinney TX 75071	
Name: Chris Thompson	
Address: 12 Trailridge Melissa TX 75454	
Name: Janice Morris	
Address: 1205 N. Waddill McKinney TX 75069	
Name: Alex Beard	
Address: 481 Oakview Circle Fairview TX 75069	
Name: Shannon Patterson	
Address: 1370 Lakeside Dr. Prosper TX 75078	
Name: Marc Robertson	
Address: 3791 Broadmoor Way Frisco TX 75033	
Name: Timmy Newsome	
Address: 7005 Quartermile Lane Dallas TX 75248	
Name: Amy Lowe	
Address: 2702 Penny Lane McKinney TX 75072	
-	

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning , 2020, and ending , 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879E0 for the latest information.

Department of the Treasury

OMB No. 1545-0047

nternal Revenue Service	Go to www.irs.gov/Form88/9EO for the latest information	n.
Name of exempt organization	on or person subject to tax	Taxpayer identification number
Hugs Cafe, Inc		46-2332714
Name and title of officer or	person subject to tax	
Ruth Thompson,		
	Return and Return Information (Whole Dollars Only)	
check the box on line plank, then leave line	e return for which you are using this Form 8879-EO and enter the applicable 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not e on the applicable line below. Do not complete more than one line in Part	he return being filed with this form was nter -0-). But, if you entered -0- on the
la Form 990 check 2a Form 990-EZ che 3a Form 1120-POL 4a Form 990-PF che	eck here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) check here ▶ □ b Total tax (Form 1120-POL, line 22)	2b
5a Form 8868 check		
6a Form 990-T chec	ck here ► □ b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check		
	ation and Signature Authorization of Officer or Person Subject rjury, I declare that ⊠ I am an officer of the above organization or □ I am	
rue, correct, and cor consent to allow my to receive from the IR processing the return Agent to initiate an el software for payment a payment, I must co settlement) date. I also confidential information	c return and accompanying schedules and statements, and, to the best of implete. I further declare that the amount in Part I above is the amount show intermediate service provider, transmitter, or electronic return originator (as (a) an acknowledgement of receipt or reason for rejection of the transmit or refund, and (c) the date of any refund. If applicable, I authorize the U.S. ectronic funds withdrawal (direct debit) entry to the financial institution act of the federal taxes owed on this return, and the financial institution to dentact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 so authorize the financial institutions involved in the processing of the electron necessary to answer inquiries and resolve issues related to the payment (PIN) as my signature for the electronic return and, if applicable, the constitutions	wn on the copy of the electronic return. (ERO) to send the return to the IRS and hission, (b) the reason for any delay in S. Treasury and its designated Financial count indicated in the tax preparation ebit the entry to this account. To revoke business days prior to the payment etronic payment of taxes to receive nt. I have selected a personal
PIN: check one box	only	
▼ I authorize We:	ndy Dugall, CPA - ProNet Services Inc. to enter my PIN ERO firm name	3 2 7 1 4 as my signature Enter five numbers, but do not enter all zeros
state agency(ies PIN on the retur	2020 electronically filed return. If I have indicated within this return that a cs) regulating charities as part of the IRS Fed/State program, I also authorizen's disclosure consent screen.	te the aforementioned ERO to enter my
electronically file	person subject to tax with respect to the organization, I will enter my PIN ed return. If I have indicated within this return that a copy of the return is beties as part of the IRS Fed/State program, I will enter my PIN on the return	peing filed with a state agency(ies)
Signature of officer or perso	on subject to tax ▶	Date ► 10/09/2021
Part III Certific	ation and Authentication	
	ter your six-digit electronic filing identification ed by your five-digit self-selected PIN.	7 5 8 6 7 4 5 0 1 7 9 Do not enter all zeros
	e numeric entry is my PIN, which is my signature on the 2020 electronical this return in accordance with the requirements of Pub. 4163 , Modernized or Business Returns.	
ERO's signature ▶	Date▶	10/13/2021
	·	

Hugs Cafe, Inc. 46-2332714

Additional information from your 2020 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Other amt. not included

Description	Amount
Contributions	586,423
Greenhouse contributions	17,203
Restricted Contributions-Cafe rent	27,000
To	otal 630,626

Form 990: Return of Organization Exempt from Income Tax Line 7 col (B)

Itemization Statement

Itemization Statement

	Description		Amount
COGS Other Costs			132,244.
Greenhouse			58,228.
Fulfillment			5,441.
		Total	195,913.

Form 990: Return of Organization Exempt from Income Tax Line 10 col (B)

Itemization Statement

Description			Amount
COGS Other Costs			10,756.
Greenhouse			4,607.
Fulfillment			453.
		Total	15,816.

Form 990: Return of Organization Exempt from Income Tax Line 11c col (B)

Itemization Statement

Description		Amount
COGS Other Costs		3,575.
Greenhouse		3,575.
	Total	7,150.

Form 990: Return of Organization Exempt from Income Tax Line 12 col (B)

Description	Amount
COGS Other Costs	1,233.
Greenhouse	297.
Total	1,530.

Hugs Cafe, Inc. 46-2332714 2

Form 990: Return of Organization Exempt from Income Tax Line 13 col (B)

Itemization Statement

Description	Amount
COGS Other costs	924.
Greenhouse	487.
Total	1,411.

Form 990: Return of Organization Exempt from Income Tax Line 14 col (B)

Itemization Statement

Description		4	Aı	mount
COGS Other Costs				3,926.
Greenhouse				297.
Fulfillment		r		1,031.
1	otal			5,254.

Form 990: Return of Organization Exempt from Income Tax Line 16 col (B)

Itemization Statement

	Description		Amount
Rent			59,250.
Utilities			12,266.
Property tax			847.
Greenhouse Rent			16,199.
Greenhouse property tax			1,926.
Greenhouse Utilities			2,135.
		Total	92,623.

Form 990: Return of Organization Exempt from Income Tax Line 23 col (B)

Itemization Statement

	Desc	ription	Amount
COGS Other Costs			7,331.
Greenhouse			5,175.
		Total	12,506.

Form 990: Return of Organization Exempt from Income Tax Part IX Line 24 (continued) (1)

Line 24 col (B)

Description	Amount
Purchases	81,092.
Delivery fees	56.
Fulfillment	827.
Total	81,975.

Hugs Cafe, Inc. 46-2332714 3

Form 990: Return of Organization Exempt from Income Tax Part IX Line 24 (continued) (2)

Line 24 col (B) Itemization Statement

Description	Amount
Bank fees	36.
Credit card fees	4,756.
Greenhouse credit card fees	1,589.
Greenhouse bank fees	14.
Fulfillment credit card fees	21.
Fulfillment bank fees	45.
Total	6,461.

Form 990: Return of Organization Exempt from Income Tax Part IX Line 24 (continued) (3)

Line 24 col (B)

Itemization Statement

Itemization Statement

Description				Amount
Greenhouse Supplies & Materials				49,328.
Greenhouse Small tools				608.
Fulfillment Supplies & Materials				3,350.
		T	otal	53,286.

Form 990: Return of Organization Exempt from Income Tax Part IX Line 24 (continued) (4)

Line 24 col (B)

Description	Amount
COGS Other Costs	1,627.
Greenhouse equipment repairs and maintenance	1,323.
Greenhouse repairs and maintenance	3,186.
Total	6,136.

Form 990: Return of Organization Exempt from Income Tax Part IX Line 24 (continued) (2)

Line 24 col (C)

Itemization Statement

	Description		Amount
bank fees			14.
Credit card fees			2,765.
		Total	2,779.

Form 990: Return of Organization Exempt from Income Tax

Line 1, column (A)

Description	Amount
Checking and Savings	180,557.
Credit Card/Deposit Clearing	562.
Total	181,119.

Hugs Cafe, Inc. 46-2332714 4

Form 990: Return of Organization Exempt from Income Tax Line 1, column (B)

Itemization Statement

Description	Amount
Cash	516,770.
Credit card deposit clearing	1,738.
Total	518,508.

Form 990: Return of Organization Exempt from Income Tax Line 9, column (B)

Itemization Statement

Description		Amount		
Security Deposit				3,500.
Prepaid expenses				1,146.
	Total			4,646.

Form 990: Return of Organization Exempt from Income Tax Line 17, column (A)

Itemization Statement

Description		Amount
Credit Card		2,115.
Gift Certificates O/S		650.
Sales Tax Payable		1,946.
	Total	4,711.

Form 990: Return of Organization Exempt from Income Tax Line 17, column (B)

Itemization Statement

	Description	Amount
Accounts Payable		3,048
Accrued Expenses		18,626
Credit card payables		5,457
Sales Tax Payable		2,456
		Total 29,587

Schedule D: Supplemental Financial Statements Buildings col (c)

	Description	Amount
Greenhouse		15,140.
Land Improvements		10,831.
	Total	25,971.

HUGS CAFE, INC.

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2019

TABLE OF CONTENTS

Independent Auditors' Report	1
Financial Statements:	
Statement of Financial Position	2
Statement of Activities	3
Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to Financial Statements	6



INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Hugs Cafe, Inc.

We have audited the accompanying financial statements of Hugs Cafe, Inc., which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free of from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risk of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hugs Cafe, Inc. as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Gwynn CPAs

Dallas, Texas August 19, 2020

HUGS CAFE, INC. STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2019

ASSETS

Current Assets		
Cash and cash equivalents	\$	180,556
Accounts receivable, net	Ψ	562
Contributions receivable - current portion		23,250
Prepaid expenses		394
Total Current Assets		204,762
Total Carrent Assets		204,702
Property and Equipment, net		90,462
Other Assets		
Security deposits		3,000
Contributions receivable - long-term portion		28,515
Total Other Assets		31,515
Total Assets	\$	326,739
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$	2,829
Accrued expenses		9,428
Total Current Liabilities		12,257
Net Assets		
Net assets without donor restrictions		262,348
Net assets with donor restrictions		52,134
Total Net Assets		314,482
1011111011155015		317,702
Total Liabilities and Net Assets	\$	326,739

The notes to financial statements are an integral part of these statements.

HUGS CAFE, INC. STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2019

	Witl	Without Donor		With Donor		
	Re	estrictions	Re	strictions		Total
Revenue, Support, and Gains						
Contribuitons	\$	352,730	\$	-	\$	352,730
In-kind contributions		16,199		70,134		86,333
Sales		255,997		-		255,997
Other		952		-		952
Net assets released from restrictions						
Expiration of time restrictions		23,631		(23,631)		-
Total revenue, support, and gains		649,509		46,503		696,012
Expenses						
Program services expense						
Cafe		365,374		-		365,374
Greenhouse		151,449		-		151,449
Prep school		724		-		724
Total program services expenses		517,547		-		517,547
Supporting services expense						
Management and general		37,433		-		37,433
Fundraising		40,071		_		40,071
Total supporting services expenses		77,504		-		77,504
Total expenses		595,051				595,051
Change in Net Assets		54,458		46,503		100,961
Net Assets at Beginning of Year		207,890		5,631		213,521
Net Assets at End of Year	\$	262,348	\$	52,134	\$	314,482

The notes to financial statements are an integral part of these statements.

HUGS CAFE, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2019

	Program Services				Supporting Services							
							Mar	nagement				
		Cafe	Greenhouse		Prep School		and General		Fundraising		Total	
Salaries, payroll taxes, and benefits	\$	175,455	\$	58,062	\$	386	\$	32,250	\$	-	\$	266,153
Food and drink		65,574		-		230		-		-		65,804
Tools and equipment		13,820		44,417		-		-		-		58,237
Communication, printing, and postage		3,017		-		-		-		2,629		5,646
Rent, repairs, and utilities		80,621		22,103		-		-		1,600		104,324
Promotion		1,803		2,715		66		-		29,781		34,365
Computer support		1,628		1,825		-		-		-		3,453
Professional fees		11,359		8,636		-		2,064		4,512		26,571
Depreciation and amortization		2,292		11,172		-		-		-		13,464
Office supplies and other		9,805		2,519		42		3,119		1,549		17,034
Total Functional Expenses	\$	365,374	\$	151,449	\$	724	\$	37,433	\$	40,071	\$	595,051

HUGS CAFE, INC. STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2019

Cash Flows from Operating Activities	
Change in net assets	\$ 100,961
Adjustments to reconcile changes in net assets to	
net cash provided by operating activities:	
Depreciation and amortization	13,464
Donated rent	(46,134)
Change in operating assets and liabilities:	
Accounts receivable	(321)
Prepaid expenses	(394)
Accounts payable	179
Accrued expenses	 340
Net cash provided by operating activities	68,095
Cash Flows from Investing Activities	
Purchase of property and equipment	(27,562)
Net Change in Cash and Cash Equivalents	40,533
Cash and Cash Equivalents, Beginning of Year	140,023
Cash and Cash Equivalents, End of Year	\$ 180,556

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

Hugs Cafe, Inc. (the "Organization") is a Section 501(c)(3) nonprofit corporation founded in 2013. The mission of Hugs Cafe, Inc. is to enhance the lives of adults with special needs through training and employment.

The Organization operates a cafe, which is operated primarily by adults with special needs. The cafe is open for lunch 5 days each week. The Organization also operates a greenhouse, staffed primarily by adults with special needs. The greenhouse focuses on growing and selling fresh plant varieties such as perennials, annuals, and herbs. Hugs Prep is a culinary and hospitality class offered at Hugs Cafe to provide training and job placement assistance to adults with special needs.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The most significant estimates pertain to the valuation of donated rent, operating accruals, and estimated useful lives of long-lived assets.

Basis of Presentation

The Organization presents its financial statements in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 958, "Not-for Profit Entities". Under FASB ASC 958, the Organization is required to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions — Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

Net assets with donor restrictions – Includes net assets subject to donor-imposed stipulations that expire with the passage of time.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities. During 2019, net assets released from restrictions by time were used primarily for the cafe.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents

Cash and cash equivalents consist of highly liquid investments with insignificant interest rate risk and original maturities of three months or less. At times, cash and cash equivalents held at a financial institution may be in excess of the Federal Deposit Insurance Corporation ("FDIC") coverage limit. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts Receivable

Accounts receivable are primarily comprised of credit card charges, which are generally converted to cash in two to five days after a purchase is made. The Organization does not anticipate any material collection loss on the balance in accounts receivable; accordingly, no allowance for doubtful accounts has been established.

Contributions Receivable

Contributions receivable expected to be collected within one year are recorded at estimated net realizable value. Contributions receivable expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the statements of activities. Management determines the allowance for uncollectable contributions receivable based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Contributions receivable are written off when deemed uncollectable. No allowance for contributions receivable was recorded as of December 31, 2019.

Revenue Recognition

Contributions and pledges - Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Contributions to be received over periods longer than a single year are discounted at an interest rate commensurate with the risk involved.

Sales – Sales of food and beverage are recorded at the point-of-sale upon receipt of cash, check, or credit card charge, net of discounts and promotional allowances. Sales taxes collected from customers and remitted to governmental authorities are presented on a net basis in the accompanying statement of activities.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Donated Services and In-Kind Contributions

Volunteers contribute significant amounts of time to the Organization's program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by generally accepted accounting principles. Contributed goods are recorded at fair value at the date of donation. The Organization records donated professional services at the respective fair values of the services received.

Property and Equipment

Property and equipment are stated at their costs at the dates of acquisition or at their fair values at the dates of donation. Depreciation is provided using the straight-line method, applied over the assets' estimated useful lives, ranging from 2 to 10 years. Expenditures for leasehold improvements are capitalized and amortized using the straight-line method over the shorter of the estimated useful life of the specific asset or the term of the applicable lease.

Functional Allocation of Expenses

The cost of providing the Organization's various programs and supporting services has been summarized on a functional basis in the accompanying statement of activities. The majority of expenses can be directly identified with the program or supporting service to which they relate and are charged accordingly. Other expenses including depreciation and amortization, occupancy, information technology, and administration services have been allocated among program and supporting service classifications using headcount.

Accordingly, certain costs have been allocated among the programs and supporting services in reasonable ratios determined by management.

Income Taxes

The Organization is a nonprofit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and comparable state level as a charitable organization, whereby only unrelated business income, as defined by Section 509(a)(1) of the code is subject to federal income tax.

The Organization has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS. The Organization is required to file an annual return of Organization Exempt from Income Tax (Form 990) with the IRS.

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties were incurred.

NOTE 3 – AVAILABILITY AND LIQUIDITY

The following represents the Organization's financial assets as of December 31, 2019:

Financial assets at year end:	
Cash and cash equivalents	\$ 180,556
Accounts receivable	562
Contributions receivable	 51,765
Total financial assets	232,883
Less amounts not available to be used within one year: Restricted by donor with time restrictions	28,515
Restricted by donor with time restrictions	 20,313
Total financial assets available to management for general	
expenditures within one year	\$ 204,368

The Organization's goal is generally to maintain financial assets to meet at least six to nine months of normal operating expenses. Management considers donor restricted contributions that will be used within one year as part of its ordinary operations, as being available for general expenditures.

NOTE 4 – CONTRIBUTIONS RECEIVABLE

Unconditional promises to give are estimated to be collected as follows as of December 31, 2019:

Gross amounts due in:	
One year	\$ 24,000
One to five years	 30,000
	54,000
Discount to present value (1.60%)	 (2,235)
Total contributions receivable, net	\$ 51,765

Contributions receivable relate solely to the in-kind donations of rent provided over the total lease term. See Note 6.

NOTE 5 – PROPERTY AND EQUIPMENT

Property and equipment consist of the following as of December 31, 2019:

Leasehold improvements	\$	95,606
Furniture and equipment		14,777
		110,383
Less accumulated depreciation and amortization		(19,921)
Total property and equipment, net	\$	90,462

Depreciation and amortization expense for the year ended December 31, 2019 was \$13,464.

NOTE 6 – COMMITMENTS

In August 2015, the Organization entered into an agreement with a landlord to lease restaurant space commencing August 1, 2015, with an initial expiration date of March 31, 2016. The lease contained a renewal option for an additional three years, which the Organization renewed during 2016. The monthly rent for the lease term is \$3,000 payable in cash with a \$2,000 in-kind donation.

In March 2019, the Organization entered into an amendment to the lease for an additional 36-month extension for the use of the property and the same terms. Effective April 1, 2019, the lease was renewed for a three-year period ending March 31, 2022. Under the agreement, the Organization will pay \$3,000 in cash per month with a \$2,000 in-kind donation per month.

During 2017, the Organization entered into an agreement with a landlord to lease approximately five acres of land for the greenhouse program. The lease commenced on January 1, 2018 for one year and automatically renews annually on January 1 until either termination by the landlord or the Organization. Rent is payable \$1 in cash annually and the Organization determined the fair value of the rent to be \$16,200 per year. The value of the donated rent of \$16,199 was recorded as an in-kind donation on the accompanying statement of activities as of December 31, 2019.

Future minimum lease payments are approximately as follows:

For the years ending December 31,

2020 2021	\$ 36,000 36,000
2022	\$ 9,000

NOTE 7 – SUBSEQUENT EVENTS

Subsequent events were evaluated through August 19, 2020, which is the date the financial statements were available to be issued. No events have occurred subsequent to the year ended December 31, 2019 that would require adjustment to, or disclosure in, the financial statements.

The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings of businesses. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of the closings. Therefore, the Organization expects this matter to negatively impact its operations. However, the related financial impact and duration cannot be reasonably estimated at this time.

(Rev. January 2020)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

				, , , , , , , , , , , , , , , , , , ,		7	<u> </u>
В	Check if a	· · · · · · · · · · · · · · · · · · ·					oyer identification number
	Address c	hange				46-23	332714
	Name cha	nge	Number and street (or P.O. box if	et (or P.O. box if mail is not delivered to street address) Room/suite			none number
	Initial retur	rn	224 E. Virginia				301-6900
	Final return	n/terminated	rminated City or town, state or province, country, and ZIP or foreign postal code				
	Amended	return	McKinney, TX 7506		G Gross	receipts \$ 609,773.	
	Application	ation pending F Name and address of principal officer: H(a) is thi				group return fo	or subordinates? Yes X No
			Georgiann Leonard, 2637 F	airway Ridge Drive, McKinney, TX 7	'5070 H(b) Are all	subordinat	es included? Yes No
ı	Tax-exem	pt status:	▼ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			st. (see instructions)
J	Website:	<u>·</u> N/A			H(c) Group	exemption	number ►
			Corporation Trust Associa	tion Other ▶ L Year of for		_	of legal domicile: TX
	art I	Summa		12 100. 01.10.	201	1 00	or regar definioner 111
	_		-	ion or most significant activities: The	mission of	Luca (Cafo is to smooth
Ф	1			ing and employment for add			
ũ							
Governance				ity, self-worth, and deve			ito not goodto
ove.			_	discontinued its operations or dispose	ed of more mai		
G			_	rning body (Part VI, line 1a)		3	11
Š			,	rs of the governing body (Part VI, line	(D)	4	11
jŧ.			• •	n calendar year 2019 (Part V, line 2a)		5	37
Activities &			per of volunteers (estimate if	- 7		6	12
⋖			ated business revenue from			7a	0.
	b N	Net unrelat	ted business taxable income	from Form 990-T, line 39	<u> </u>	7b	0.
					Prior Ye	ar	Current Year
ē	8 (Contributio	tions and grants (Part VIII, line 1h)		275	5,517.	352,730.
en	9 F	Program se	ervice revenue (Part VIII, line	2g)	244	188.	256,920.
Revenue	10 li	nvestment	: income (Part VIII, column (A), lines 3, 4, and 7d)		1.	30.
-	11 (Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)		89.	93.
	12 T	Total reven	ue-add lines 8 through 11 (r	nust equal Part VIII, column (A), line 12)	519	795.	609,773.
	13 (Grants and	l similar amounts paid (Part I	X, column (A), lines 1-3)			
	14 E	Benefits pa	id to or for members (Part اک	(, column (A), line 4)			
S	15 8	Salaries, ot	her compensation, employee	210	,568.	261,043.	
Expenses	16a F	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)			
ф	b T	Total fundr	aising expenses (Part IX, col	umn (D), line 25) ► 38,447.			
ш	17 (Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)	232	2,033.	316,379.
	18 T	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A), line 25)	442	2,601.	577,422.
	19 F	Revenue le	ess expenses. Subtract line 1	8 from line 12		7,194.	32,351.
o se					Beginning of Cu		End of Year
ets	20 T	Total asset	ts (Part X, line 16)		252	2,250.	284,270.
Net Assets or Fund Balances	21 T		ties (Part X, line 26)			,042.	4,711.
E E	22 N		or fund balances. Subtract I	ine 21 from line 20		7,208.	279,559.
						, =	
P	art II	Signatu	I E DIUCK				
	art II nder penalti	Signatu es of periury.		return, including accompanying schedules and st	atements, and to t	ne best of n	nv knowledge and belief, it is
Un	nder penalti	es of perjury,	, I declare that I have examined this	return, including accompanying schedules and st officer) is based on all information of which prep			ny knowledge and belief, it is
Un	nder penalti	es of perjury,	, I declare that I have examined this		arer has any knowl	edge.	
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Się He Pa	gn ere	es of perjury, and complete Signatu Geod Type o Print/Type Wendy Firm's name	I declare that I have examined this re. Declaration of preparer (other than ure of officer regiann Leonard, Treat rprint name and title preparer's name Dugall, CPA me Wendy Dugall, C	officer) is based on all information of which preparer as urer Preparer's signature PPA - ProNet Services Inc.	Date 04/22/202	edge. 4 / 2 0 / 2 te Check [self-emp	020 X if PTIN P00433510 75-2638297
Się He Pa Pr Us	gn ere nid eparer se Only	es of perjury, and complete Signate Geo. Type o Print/Type Wendy Firm's nan Firm's add	I declare that I have examined this re. Declaration of preparer (other than ure of officer regiann Leonard, Treat rprint name and title repreparer's name Dugall, CPA ne	officer) is based on all information of which prepasurer Preparer's signature	Date 04/22/202	edge. 4 / 2 0 / 2 te Check [self-emp	020 X if PTIN P10yed P00433510

____ Page **2**

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Hugs Cafe is to create
	an inviting place of training and employment for adults with special
	needs while providing dignity, self-worth, and developing respect
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
·	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 350,027. including grants of \$ 0.) (Revenue \$ 525,112.)
	Hugs Cafe, Inc. is a non-profit organization dedicated to providing
	a sustainable source of training and employment for qualified special
	needs adults in our Cafe and the food service/restaurant industry.
4b	(Code:) (Expenses \$ 145,493. including grants of \$ 0.) (Revenue \$ 83,644.)
	Hugs Greenhouse is an initiative within Hugs Cafe's mission to
	employ and train dozens of special needs adults who have the skills
	to work, but may not be the fit to work in the Hugs Cafe restaurant.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 495,520.

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b 15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		•
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
24	conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_	Entantha number vanastad in Day 0 of Farm 1000 Entant 0 Marstans II 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a × If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a 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)? 4a X If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? × 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a × If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с × If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g × If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h × Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? × Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a × Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b × 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? . . . 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a × If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O.

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: × 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O See Statement × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a × 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☐ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Georgiann Leonard, 2637 Fairway Ridge Dr, McKinney, TX 75070 (972)529-5817

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2019) Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

×		u 0.g	<u> </u>		C)	<u> </u>			, , , , , , , ,	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	neck ss pe	erson lirect	e than is both or/trus	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				related organizations
(1) Ruth Thompson	30.00									
President			10	×				0.	0.	0.
(2) Alex Beard	1.00									
Vice President				×	М			0.	0.	0.
(3) Georgiann Leonard Treasurer	20.00			×				0.	0.	0.
(4) Wendi Osborn	2.00									
Secretary				×				0.	0.	0.
(5) Jared Thompson	1.00									
Board Member		×						0.	0.	0.
(6) Janice Morriss Board Member	1.00	×						0.	0.	0.
(7) Kari Shelton	1.00									
Board Member		×						0.	0.	0.
(8) Mark Potter	1.00									
Board Member		×						0.	0.	0.
(9) Shannon Patterson	1.00									
Board Member		×						0.	0.	0.
(10) Marc Robertson	1.00									
Board Member		×						0.	0.	0.
(11)Rick Lewis	1.00									
Board Member		×						0.	0.	0.
(12)										
(13)										
(14)										

Compensation Comp	Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ploy	ees (continued)
Control check more than one processor and other compensation from the organization sheets to Part VIII, Section A Proportion of the organization sheets to Part VIII, Section A Proporti							•						
Substitute Sub		(A)	(B)	(do n	ot ch				ne	(D)	(E)		(F)
Part		Name and title	_	box,	unles	ss pe	erson	is both	n an		•		
Total (add lines to any other continuation sheets to Part VII, Section A						_	_		<u> </u>		•		
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal				Indiv	Insti) offi	l Sey	High	Forr				from the
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal				rect	l tic	ğ	emp	est o	ner	(W-2/1099-MISC)	(00-2/1099-00)	SC)	•
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal			organizations	al tru	nal		oloy	e					J
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal				ıste	trus		8	pen					
(20) (21) (22) (23) (24) (25) 1b Subtotal			,	U	ee			sated					
(15) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (26) (27) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)												
(17) (18) (20) (21) (23) (24) (25) 1b Subtotal	1			-									
(17) (18) (20) (21) (23) (24) (25) 1b Subtotal	(16)										_		
(24) (25) 1b Subtotal	32									4			
(29) (21) (22) (23) (24) (25) 1b Subtotal	(17)												
(29) (21) (22) (23) (24) (25) 1b Subtotal													
(21) (22) (23) (24) (25) 1b Subtotal	(18)												
(21) (22) (23) (24) (25) 1b Subtotal													
(21) (22) (23) (24) (25) (25) (25) (25) (26) (25) (27)	(19)												
(21) (22) (23) (24) (25) (25) (25) (25) (26) (25) (27)	(00)												
(22) (23) (24) (25) 1b Subtotal	(20)												
(22) (23) (24) (25) 1b Subtotal	(21)												
(23) (24) (25) (25) (26) (27) (25) (27) (27) (27) (28) (28) (29)	<u>\/</u>												
(23) (24) (25) (25) (26) (27) (25) (27) (27) (27) (28) (28) (29)	(22)												
25 1b Subtotal	32					'			Ι,				
25	(23)												
25													
1b Subtotal	(24)												
1b Subtotal													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	(25)												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)													
Total (add lines 1b and 1c)					7		•			0.		0.	0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Yes No	_			ΠA	•	•	•			0			
reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				to th		· lict	ted	ahove	2) W		e than \$100		
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_			i to ti	1030	, 1101	ica	above) VV	mo received mor	c triair φ100,	000	O1
employee on line 1a? If "Yes," complete Schedule J for such individual													Yes No
employee on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any former	officer, dire	ector.	tru	ıste	e, k	cev e	mpl	lovee, or highes	st compensa	ated	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									•		•		3 ×
individual	4												
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			greater th	an \$1	150,	,000)? /	f "Ye	s,"	complete Sched	dule J for s	uch	
for services rendered to the organization? If "Yes," complete Schedule J for such person													4 ×
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5												_
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	Coati		? If "Yes," c	compi	ete	Scr	nedi	ule J t	or s	such person .		•	5 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		·	ant name	onoot	~d	inda	200	ndont		entractors that r	annivad ma	ro +	han \$100,000 of
(A) Name and business address (B) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	ı												
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		· · · · · · · · · · · · · · · · · · ·	ort compen	Sation	1 10	1 1110	o Ga	icriaa	J		Within the O	gan	
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	2	•	•	_					th	nose listed abov	e) who		

Part VIII Statement of Revenue Check if Schedule O contain

r are	*****	Check if Schedule O contains a response or note to	any line in this Pa	urt VIII		🗆
		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
, G Inc	С	Fundraising events 1c				
iifts ar A	d	Related organizations 1d				
s, G mile	е	Government grants (contributions) 1e				
on: Sil	f	All other contributions, gifts, grants,				
outi		and similar amounts not included above 1f 352,730	0.			
trik	g	Noncash contributions included in				
Son	L	lines 1a–1f	250 720			
	n	Total. Add lines 1a–1f				
Q)	20	Business Code				
Program Service Revenue	2a b					
gram Ser Revenue	C					
m Vel	d					
gra Re	e					
ro	f	All other program service revenue	256,920.	256,920.	0.	0.
_	g	Total. Add lines 2a–2f		233/7231	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	3	Investment income (including dividends, interest, an				
		other similar amounts)		30.	0.	0.
	4	Income from investment of tax-exempt bond proceeds ▶	-			
	5	Royalties	•			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other	_			
		sales of assets				
4		other than inventory 7a	<u> </u>			
evenue	b	Less: cost or other basis and sales expenses . 7b				
vei	С	Gain or (loss) 7c				
æ	d	Net gain or (loss)	•			
Other		Gross income from fundraising				
₹	Oa	events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	С	Net income or (loss) from fundraising events	•			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities	•			
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
snc	110	Business Code				
Miscellaneous Revenue	11a b					
əlla	C					
SCE	d	All other revenue	93.	93.	0.	0.
Ξ	e	Total. Add lines 11a–11d		, , , , , , , , , , , , , , , , , , , ,	J.	3.
	12	Total revenue. See instructions	► 609,773.	257,043.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (**D**) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses Program service expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 241,355. 211,047. 30,308. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 19,688 17,988 1,700. 0. 11 Fees for services (nonemployees): Management Legal 8,215. 7,765 450. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0. 21,564. 21,564. 0. 12 Advertising and promotion 4,584. 4,584. 0. 0. 13 Office expenses 4,983. 4,864. 119. 0. Information technology 14 3,847. 3,847. 0. 0. 15 Royalties 52,559. Occupancy 52,559. 0. 16 0. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization . 14,834. 8,821. 6,013. 22 0. 0. 23 12,298. 11,194. 1,104. Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0. Food, Beverages, Delivery Fee 67,333. 67,333. 0. Merchant and Bank fees 2,726. 9,037. 6,311. 0. 0. Greenhouse Supplies, Materials, Tools 44,417. 44,417. 0. Repairs & Maintenance 8,134. 8,134. 0. 0. All other expenses 64,574. 25,092. 1,035. 38,447. Total functional expenses. Add lines 1 through 24e 25 577,422. 495,520. 43,455. 38,447. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tx		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	140,265.	1	181,119.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		3	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	3,000.	9	3,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 88,818.			
	b	Less: accumulated depreciation 10b 11,218.	80,421.	10c	77,600.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	28,564.	15	22,551.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	252,250.	16	284,270.
	17	Accounts payable and accrued expenses	5,042.	17	4,711.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,042.	26	4,711.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions	247,208.	27	279,559.
d E	28	Net assets with donor restrictions		28	
r Fun		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
0 9	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	0
let	32	Total net assets or fund balances	247,208.	32	279,559.
_	33	Total liabilities and net assets/fund balances	252,250.	33	284,270.

Form 990 (2019) Page **12**

Part	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	60	09,7	73.
2	Total expenses (must equal Part IX, column (A), line 25)	5	77,4	22.
3	Revenue less expenses. Subtract line 2 from line 1		32,3	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	24	47,2	08.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	2	79,5	59.
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			Ц
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	200	

REV 03/04/20 PRO Form **990** (2019)

Hugs Cafe, Inc. 46-2332714 1

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 9 (continued)

Continuation Statement

Name	Address	City	St	ZIP
Ruth Thompson	1706 Cross Point	McKinney	TX	75070
Wendi Osborn	2320 Ithasca Drive	McKinney	TX	75070
Georgiann Leonard	2637 Fairway Ridge	McKinney	TX	75070
Mark Potter	1404 Wade Haven Ct	McKinney	TX	75071
Jared Thompson	624 Thompson Drive	Coppell	TX	75019
Janice Morris	1205 N. Waddill	McKinney	TX	75069
Alex Beard	481 Oakview Circle	Fairview	TX	75069
Kari Shelton	3016 County Rd 205	McKinney	TX	75071
Shannon Patterson	1370 Lakeside Dr.	Prosper	TX	75078
Marc Robertson	3791 Broadmoor Way	Frisco	TX	75033
Rick Lewis	3212 Valley Forge	McKinney	TX	75070



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

		e, Inc.					46-2332714		
Par	tΙ	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The c	organiz	zation is not a private founda	ation because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)		
1	□ A €	church, convention of churc	hes, or associati	on of churches descri	ibed in s e	ection 17	0(b)(1)(A)(i).		
2	☐ A s	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)		
3	□ A I	hospital or a cooperative ho	spital service org	ganization described i	n sectio r	170(b)(1	I)(A)(iii).		
4		medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
		spital's name, city, and stat							
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
6	☐ A 1	federal, state, or local gover	nment or govern	mental unit described	l in secti e	on 170(b)	(1)(A)(v).		
7		n organization that normally escribed in section 170(b)(1)			port from	n a gover	nmental unit or fron	the general public	
8	□ A (community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	□An	n agricultural research organ	ization described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a I	and-grant college	
	or un	university or a non-land-gra liversity:	ınt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	⊠ An	organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	outions, membershi	p fees, and gross	
	red Su	ceipts from activities related pport from gross investmen	าเอาเร exempt าน t income and un	nctions—subject to c related business taxal	ertain ext ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 33 1/3% of its businesses	
	ac	quired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	nplete Pa	art III.)		
11	☐An	n organization organized and	l operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).		
12		n organization organized and							
		one or more publicly support	•				` '` '	` ' ' '	
	Ch	neck the box in lines 12a thro	-			-	•		
а		Type I. A supporting organ	•		•		• • • • • • • • • • • • • • • • • • • •	,, , , , ,	
		the supported organization					he directors or trust	ees of the	
		supporting organization. Y	=						
b		Type II. A supporting orga							
		control or management of				persons	that control or man	age the supported	
	_	organization(s). You must	=						
С		Type III functionally integits supported organization						ally integrated with,	
d		Type III non-functionally	integrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s)	
		that is not functionally inte	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	d an attentiveness	
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.		
е		Check this box if the organ	nization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Type III	
		functionally integrated, or	Type III non-fund	tionally integrated sur	oporting	organizat	ion.		
f		er the number of supported							
g	Prov	vide the following informatio	n about the supp	orted organization(s).					
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				assis (ess men asneme))				ined delicine,	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support			•	•	,	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				Ó		
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon	d, third, fourth	 n, or fifth tax y	12 ear as a section	n 501(c)(3)
Scot:	organization, check this box and stop he	d Porcenter					🚩 📙
	on C. Computation of Public Suppor			1 0011122 (4)		14	0/
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sch					15	<u>%</u>
16a	33 ¹ / ₃ % support test—2019. If the organ box and stop here. The organization qua	ization did not	check the box	k on line 13, a	nd line 14 is 30		check this
b	33 ¹ / ₃ % support test—2018. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	eets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the "fac	e "facts-and-d	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see

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

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.)

Secti	on A. Public Support			, ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	190,520.	159,118.	174,522.	275,606.	352,730.	1,152,496.
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	65,966.	323,672.	244,375.	244,188.	256,920.	1,135,121.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	256,486.	482,790.	418,897.	519,794.	609,650.	2,287,617.
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.)						2,287,617.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	256,486.	482,790.	418,897.	519,794.	609,650.	2,287,617.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		5.	4.	1.	30.	40.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		5.	4.	1.	30.	40.
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.)		110.	93.		93.	296.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	256,486.					2,287,953.
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			•		` ' ' ' '
Sacti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13 column (f)		15	99.99 %
16	Public support percentage from 2018 Sch					16	
	on D. Computation of Investment In			· · · · ·		1.0	70
17	Investment income percentage for 2019 (by line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2018			-		18	%
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗵
b	331/3% support tests - 2018. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14.	, 19a, or 19b, o	check this box	and see instru	ctions ▶ □

Part IV **Supporting Organizations**

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.			
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	4c		
b	was accomplished (such as by amendment to the organizing document). 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?	5a		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a				
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.	9a 9b		
С	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.	9b		
10a		10a		

10b

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.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
		2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Cooti	on D. All Type III Supporting Organizations	1		
Secu	bir b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	Ol-		
9	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the examplication have the power to regularly appoint or elect a majority of the efficiency directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
L		Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (explair	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ns A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount	10	(A) Prior Year	(B) Current Year
			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	۲		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8 	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount		711	440
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
<u>c</u>	From 2016			
d	From 2017			
e	From 2018			
f_	Total of lines 3a through e			
<u>g</u> h	Applied to underdistributions of prior years Applied to 2019 distributable amount			
<u>''</u>	Carryover from 2014 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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.)
Pt III Ln 12: Other Income Part III, Line 12 Description: Timely filing discounts
2016: 110. 2017: 93. 2019: 93.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Hugs Cafe, Inc.

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

46-2332714

Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Cat. No. 30613X

Name of organization
Hugs Cafe, Inc.

Employer identification number
46-2332714

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anthony and Stacy Lynn 1122 Kenilworth Drive Ste 50 Towson MD 21204	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Lee Ann Parsons 3075 Willow Grove Blvd McKinney TX 75072	\$ 11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Community Foundation-N TX Giving Day 5500 Caruth Haven Lane Dallas TX 75251	\$18,298.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Gary and Susan Reichling 2050 Travis Ranch Drive Lucas TX 75002	\$10,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
1-1			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 Yadri Systems 430 S. Fairview Avenue Santa Barbara CA 93117	(c) Total contributions \$ 10,200.	
No.	Name, address, and ZIP + 4 Yadri Systems 430 S. Fairview Avenue	Total contributions	Person Payroll Noncash (Complete Part II for

Name of organization
Hugs Cafe, Inc.

Employer identification number
46-2332714

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

()	/1 \	()	/ N
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Harvest Seed Project Foundation 670 Wendy Lane Lucas TX 75002	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Ingram Micro Inc. 3351 Michelson Dr. Suite 100 Irvine CA 92612	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Seaside Wealth Mgt PO Box 2309 Ponte Vedra Beach FL 32082	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$ 5,000.	
No.	Name, address, and ZIP + 4 Anonymous 224 E Virginia St	Total contributions	Person X Payroll
No.	Name, address, and ZIP + 4 Anonymous 224 E Virginia St McKinney TX 75069 (b)	\$ 5,000.	Person X Payroll
10 (a) No.	Anonymous 224 E Virginia St McKinney TX 75069 Name, address, and ZIP + 4 Anonymous 224 E Virginia St	\$ 5,000. (c) Total contributions	Type of contribution Person

Name of organization
Hugs Cafe, Inc.

Employer identification number
46-2332714

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	ganization			Employer identification number		
lugs Ca	fe, Inc.			46-2332714		
Part III	(10) that total more than \$1,000 f	or the year from any ozations completing Par	one contrib t III, enter th	ons described in section 501(c)(7), (8), or utor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., nce. See instructions.) ▶ \$		
	Use duplicate copies of Part III if a	dditional space is need	led.			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
		(e) Transfe	er of aift			
	Transferee's name address		_	eletionahin of transferor to transfero		
	Transferee's name, address,	and ZIP + 4		elationship of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
Tarti						
				<u> </u>		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
						
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
Part I	(b) I dipose of gift	(0) 036 0	, giit	(a) Description of now girt is field		
		(e) Transfe	er of gift			
	Transferee's name, address,			alationship of transforms to transform		
-	rransieree's name, address,	anu ZIF + 4	H	elationship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Hugs Cafe, Inc. 46-2332714 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X

Schedule D (Form 990) 2019 Page **2**

Part	Organizations Maintaining Colle	ections of Art, His	torical Treasures	s, or Other Similar Ass	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other reco	rds, check any of th	ne following that make si	gnificant use of its
а	☐ Public exhibition	d	Loan or exchang	ge program	
b	☐ Scholarly research	е	Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expl	ain how they further	the organization's exem	pt purpose in Part
5	During the year, did the organization solici assets to be sold to raise funds rather than	to be maintained as			
Part					
	Complete if the organization answ 990, Part X, line 21.	vered "Yes" on For	m 990, Part IV, lin	e 9, or reported an am	ount on Form
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?				t 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing table:	Ar	nount
С	Beginning balance			1c	<u></u>
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on I				
	If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanation has beer	provided on Part XIII .	<u> L</u>
Par	t V Endowment Funds.	1.004 11 5	000 D 1 W 1	10	
	Complete if the organization answ				1,,,
	_ · · ·	Current year (b) Pr	or year (c) Two yea	ars back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
С .	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu		ce (line 1g, column (a	a)) held as:	
a	Board designated or quasi-endowment	%			
b	Permanent endowment ►%				
С	Term endowment ▶ %	1.1000/			
_	The percentages on lines 2a, 2b, and 2c sh	•			
3a	Are there endowment funds not in the post	session of the organi	zation that are held	and administered for the	Yes No
	organization by:				
	(i) Unrelated organizations				3a(i)
h	(ii) Related organizations				3a(ii) 3b
b 4	Describe in Part XIII the intended uses of th	•			SD
Pari			JWITIETT TUTIUS.		
I al	Complete if the organization answ		m 990 Part IV lin	e 11a See Form 990	Part X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land	0.	0.		0.
b	Buildings		68,042.	7,993.	60,049.
С	Leasehold improvements		6,000.	67.	5,933.
d	Equipment		8,776.	1,358.	7,418.
е	Other		6,000.	1,800.	4,200.
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (R) line 1	0c) ►	77.600

 $\mathsf{B}\mathsf{A}\mathsf{A}$

Part VII	Investments-	Other Securities.			
	Complete if the	ne organization answered "Yes" on F	orm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
		ption of security or category uding name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives .				
		sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	mn (b) must equa	al Form 990, Part X, col. (B) line 12.) . ▶	·		
Part VIII		-Program Related.			
		ne organization answered "Yes" on F	orm 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
		escription of investment	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		al Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX	Other Assets		orm 000 Dort IV lin	a 11d Coo Form	000 Dort V line 15
	Complete ii ti	ne organization answered "Yes" on F (a) Description	omi 990, Part IV, III	le 11d. See Form	(b) Book value
(1) Case on h	nouse Start				22,551.
(2)	iouse start	up costs			22,331.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		al Form 990, Part X, col. (B) line 15.)	<u> </u>	▶	22,551.
Part X	Other Liabilit		000 D+ IV II	- 44 445 0	F 000 D+ V
		ne organization answered "Yes" on F	orm 990, Part IV, IIn	ie 11e or 11f. See	Form 990, Part X,
1.	line 25.	(a) Description of lightlifts			(In) De alessales
(1) Federal in	aomo tovos	(a) Description of liability			(b) Book value
	icome taxes				
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equa	al Form 990, Part X, col. (B) line 25.)			
		itions. In Part XIII, provide the text of the foo			
organization's	s liability for uncer	tain tax positions under FASB ASC 740. Che	eck here if the text of the	e tootnote has been p	provided in Part XIII . 🔲

Schedule D (Form 990) 2019 Page **4**

Part	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	
С	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	40
с 5	Add lines 4a and 4b		4c 5
	XIII Supplemental Information.	e 10.) 	5
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 1: Part IV lines 1h and 2	h: Part V line 4: Part V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
_, . a	tra, into 24 and 15, and 1 arran, into 24 and 1517 to 55 inplote the part	to provide any additionari	om

Part XIII Supplemental Information (continued)	Page \$

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Internal Revenue Service	To to www.ii-s.gov/i o/iii-soo for the latest linoriiiation.	Inspection
Name of the organization		Employer identification number
Hugs Cafe, Inc.		46-2332714
Pt VI, Line 12c	: Documented in meetings.	
Pt VI. Line 11h	: Reviewed in meetings.	
Pt VI, Section	A, Line 9:	······
Name: Ruth Th	nompson	
Address: 1706	Cross Point McKinney TX 75070	
Name: Wendi C	osborn	
Address: 2320	Ithasca Drive McKinney TX 75070	
Name: Georgia		
Address: 263/	Fairway Ridge McKinney TX 75070	
Name: Mark Po	tter	
Address: 1404	Wade Haven Ct McKinney TX 75071	
Name: Jared T	hompson	
Address: 624	Thompson Drive Coppell TX 75019	
Name: Janice	Morris	
Address: 1205	N. Waddill McKinney TX 75069	
Name: Alex Be	aru	
Address: 481	Oakview Circle Fairview TX 75069	
Name: Kari Sh	elton	
Address: 3016	County Rd 205 McKinney TX 75071	
Name: Shannon	Patterson	
	Lakeside Dr. Prosper TX 75078	
Name: Marc Ro	bertson	
Address: 3791	Broadmoor Way Frisco TX 75033	
Name: Rick Le	wis	
Address: 3212	Valley Forge McKinney TX 75070	

Name of the organization	Employer identification number
Hugs Cafe, Inc.	46-2332714
Pt IX, Line 24e:	
Description: Permits & Inspections	
Total: \$1,940	
Program services: \$1,940	
Management and general: \$0	
Fundraising: \$0	
1 01101 01101 7 0	
Description: Restuarant Supplies	
Total: \$13,821	
10001. \$13,021	
Program services: \$13,821	
Management and named 1, 40	
Management and general: \$0	
Fundraising: \$0	
Description: Dues and Subscriptions	
Total: \$916	
Program services: \$511	
Management and general: \$405	
nanagemene and general vivs	
Fundraising: \$0	
Description: Donations and Contributions	
Description: Donations and Contributions	
Total: \$100	
Duraman armi arm (100	
Program services: \$100	
Management and general: \$0	
Fundraising: \$0	
Description: Fundraising Expenses	
Total: \$38,447	
Program services: \$0	
1103144 80141008 40	
Management and general: \$0	
Fundraiging: \$38,447	
Fundraising: \$38,447	
Description: Training	

Name of the organization	Employer identification number
Hugs Cafe, Inc.	46-2332714
Total: \$399	
Program services: \$294	
Management and general: \$105	
Fundraising: \$0	
Description: POS Equipment Lease	
Total: \$1,116	
Program services: \$1,116	
Management and general: \$0	
Fundraising: \$0	
Description: Payroll Processing	
Total: \$4,440	
Program services: \$4,282	
Management and general: \$158	
Fundraising: \$0	
Description: Equipment Rental	
Total: \$2,165	
Program services: \$2,165	
Management and general: \$0	
Fundraising: \$0	
Description: Meals & Entertainment	
Total: \$676	
Program services: \$309	
Management and general: \$367	
Fundraising: \$0	
Description: Greenhouse Auto Related	
Total: \$554	
Program services: \$554	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Hugs Cafe, Inc.	46-2332714
Management and general: \$0	
Fundraising: \$0	
	_

Form **8879-F**0

IRS e-file Signature Authorization for an Exempt Organization

		1		
For calendar year 2019, o	r fiscal year beginnir	ng .	, 2019, and ending	, 20

OMB No. 1545-1878

▶ 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 Name of exempt organization Employer identification number 46-2332714 Hugs Cafe, Inc. Name and title of officer Georgiann Leonard, Treasurer 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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 ► 🗵 **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) 2b **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here ► 3b 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 ▶ ☐ **b Balance Due** (Form 8868, line 3c) 5_b **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only ▼ I authorize Wendy Dugall, CPA - ProNet Services Inc. to enter my PIN 4 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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. Officer's signature ▶ Date ► 04/20/2020 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 5 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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's signature ▶ 04/22/2020 **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Name Employer Identification No. Hugs Cafe, Inc. 46-2332714

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Permits & Inspections	1,940.	1,940.	0.	0.
Restuarant Supplies	13,821.	13,821.	0.	0.
Dues and Subscriptions	916.	511.	405.	0.
Donations and Contributions	100.	100.	0.	0.
Fundraising Expenses	38,447.	0.	0.	38,447.
Training Expenses Training	399.	294.	105.	0.
POS Equipment Lease	1,116.	1,116.	0.	0.
Payroll Processing	4,440.	4,282.	158.	0.
			0.	0.
Equipment Rental Meals & Entertainment	<u>2,165.</u> 676.	2,165.		0.
		309.	367.	
Greenhouse Auto Related	554.	554.	0.	0.
				-
				-
		-		-
	-			-
Total to Form 990, Part IX, line 24e	64,574.	25,092.	1,035.	38,447.

Hugs Cafe, Inc. 46-2332714 1

Additional information from your 2019 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Line 4a Expenses

Description	Amount
Total Expense	495,520.
Less: Greenhouse expense	-145,493.
Total	350.027.

Form 990: Return of Organization Exempt from Income Tax Line 4a Revenue

Itemization Statement

Itemization Statement

Description		Amount
Total Revenue		608,756.
Less: Greenhouse revenue		-83,644.
	Total	525,112.

Form 990: Return of Organization Exempt from Income Tax Line 4b Revenue

Itemization Statement

	Description		Amount
Greenhouse income			39,269.
Greenhouse donations			44,375.
		Total	83,644.

Form 990: Return of Organization Exempt from Income Tax Line 16 col (B)

Itemization Statement

	Description	Amount
Rent		36,050
Telephone		807
Utilities		15,005
Property tax		697
		Total 52,559

Form 990: Return of Organization Exempt from Income Tax Line 1, column (B)

Itemization Statement

Description	Amount
Checking and Savings	180,557.
Credit Card/Deposit Clearing	562.
Total	181,119.

Form 990: Return of Organization Exempt from Income Tax

Line 17, column (A) Itemization Statement

Description	Amount
Credit Cards	2,834.

Hugs Cafe, Inc. 46-2332714 2

Form 990: Return of Organization Exempt from Income Tax Line 17, column (A)

Itemization Statement

Description	Amount
Gift Certificates O/S	650.
Sales Tax Payable	1,558.
Total	5,042.

Form 990: Return of Organization Exempt from Income Tax Line 17, column (B)

Itemization Statement

Description		Α	mount
Credit Card	4		2,115.
Gift Certificates O/S			650.
Sales Tax Payable			1,946.
	Total		4,711.

Schedule D: Supplemental Financial Statements Buildings col (b)

Itemization Statement

Description			Amount
Greenhouse			35,700.
Donated Improvements-Greenhouse			3,949.
Land Improvements			28,393.
		Total	68,042.

Schedule D: Supplemental Financial Statements Buildings col (c)

Itemization Statement

	Description		Amount
Greenhouse Depreciation			6,378.
Land Improvements			1,615.
		Total	7,993.

Schedule D: Supplemental Financial Statements Equipment col (b)

Itemization Statement

	Description	Amount
Equipment		8,776.
	Total	8,776.

Schedule D: Supplemental Financial Statements

Other col (b) Itemization Statement

Description	Amount
Furniture and Fixtures	6,000.
Total	6,000.

Hugs Greenhouse Upgrade Project

are aware and approve the upgrades to greenhouse #2. I give Hugs permission to proceed with the project.

Property Owner

David Shelton

State of It Day #-32049309449-

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

JUL 13 2014

HUGS CAFE INC 1706 CROSS POINT RD MCKINNEY, TX 75070 DEPARTMENT OF THE TREASURY

Employer Identification Number:

46-2332714

DLN:

17053058340004

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

October 22, 2012

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Director, Exempt Organizations

Enclosure: Publication 4221-PC