

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT HELPING		D Employer identification number 45-2442366
	Number and street (or P. O. box, if mail is not delivered to street address) 4262 S Laredo Way	Room/suite	E Telephone number (303) 551-0624
	Aurora, CO80013 City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number. <input type="checkbox"/>

G Accounting Method: Cash Accrual Other (specify)

I Website: projecthelping.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 75,898**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	50,289
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	25,609
c Less: direct expenses from gaming and fundraising events	6c	6,060	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,549	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,838	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	35,059
	13 Professional fees and other payments to independent contractors	13	20,060
	14 Occupancy, rent, utilities, and maintenance	14	145
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe in Schedule O)	16	16,308
	17 Total expenses. Add lines 10 through 16	17	71,572
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,734
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,337
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,603

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	3,337	22 0
23 Land and buildings.	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets.	3,337	25 0
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,337	27 0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To use the joy of purpose created by volunteering to improve mental wellness and end stigma.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Phoenix Program - In the Phoenix Program, we organize and lead engaging, social and easy to join volunteer projects to leverage the mental wellness benefits of volunteering. We lead 83 volunteer projects in 2015, with 1083 participants who say immediate and direct improvement of their mental wellness. On average, our participants reported a 25% increase in their mental wellness after one volunteer project. Our participants also benefited the community with 3408 hours of service given to the community, creating over \$125,000 in monetary impact for our partner organizations.

(Grants \$ 0) If this amount includes foreign grants, check here

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a 29,878

29 MerageHelp Program - The MerageHelp programs focuses on taking our members to volunteer events created to impact under served childcare centers. Our participants receive the same mental wellness benefits of volunteering while also creating an impact on child care centers that need volunteer help to improve capacity, safety and functionality.

(Grants \$ 0) If this amount includes foreign grants, check here

29a 16,118

30 enCourage Program - The enCourage Program just started it's development in 2015. In this program, we take groups of teens out to volunteer. During the service project we deliver a curriculum consisting of mental health awareness, signs and symptoms of mental wellness issues and action steps if these signs are recognized. This curriculum is delivered during a volunteer project and volunteer is positioned as a vital part of a mental wellness plan. During 2015, the expensed were to develop the curriculum and enCourage impact and events will being in spring of 2016.

(Grants \$ 0) If this amount includes foreign grants, check here

30a 5,000

31
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a) **32** 50,996

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Justin Kruger Founder	60	6,000	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2015) Part V Other Information table with questions 33-45a and Yes/No columns.

Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (see instructions)

45b

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		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Justin Kruger CEO	2016-03-26 Date
	Type or print name and title	

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

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

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Additional Data

Software ID:
Software Version:
EIN: 45-2442366
Name: PROJECT HELPING

Form 990-EZ, Special Condition Description:

Special Condition Description
