

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2019 or tax year beginning , and ending

|  |   |  |
|--|---|--|
| Name of foundation<br><b>THE HELP INC FUND</b>   |   | <b>A Employer identification number</b><br><b>45-2987624</b>   |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>1317 DEVILS GULCH ROAD</b>   | Room/suite  | <b>B Telephone number</b><br><b>9705771832</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>ESTES PARK, CO 80517</b>  |   | <b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>  |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |   | <b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |   | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>\$ <b>221,705.</b>  | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>  |
| (Part I, column (d), must be on cash basis.)   |   |  |

| <b>Part I Analysis of Revenue and Expenses</b><br><small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received .....                                | 33,419.                            |                           | N/A                     |   |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments .....                          | 5,264.                             | 5,264.                    |                         |   |
|   | <b>4</b> Dividends and interest from securities .....                                      |                                    |                           |                         |   |
|   | <b>5a</b> Gross rents .....  |                                    |                           |                         |   |
|   | <b>b</b> Net rental income or (loss) .....   |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....                      | 5,116.                             |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a <b>194,288.</b>                       |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2) .....                              |                                    | 5,116.                    |                         |   |
|   | <b>8</b> Net short-term capital gain .....   |                                    |                           |                         |   |
|   | <b>9</b> Income modifications .....  |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances .....                                   |                                    |                           |                         |   |
| <b>b</b> Less: Cost of goods sold .....   |  |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) .....   |  |                                    |                           |                         |   |
| <b>11</b> Other income .....  | 391.   | 0.                                 |                           | <b>STATEMENT 1</b>      |   |
| <b>12 Total.</b> Add lines 1 through 11 .....   | 44,190.  | 10,380.                            |                           |                         |   |
| <b>Operating and Administrative Expenses</b>  | <b>13</b> Compensation of officers, directors, trustees, etc. ....                         | 0.                                 | 0.                        |                         | 0.  |
|   | <b>14</b> Other employee salaries and wages .....  |                                    |                           |                         |   |
|   | <b>15</b> Pension plans, employee benefits .....   |                                    |                           |                         |   |
|   | <b>16a</b> Legal fees .....  |                                    |                           |                         |   |
|   | <b>b</b> Accounting fees <b>STMT 2</b> .....   | 1,268.                             | 0.                        |                         | 1,268.  |
|   | <b>c</b> Other professional fees <b>STMT 3</b> .....                                       | 5,599.                             | 5,599.                    |                         | 0.  |
|   | <b>17</b> Interest .....   |                                    |                           |                         |   |
|   | <b>18</b> Taxes <b>STMT 4</b> .....  | 214.                               | 0.                        |                         | 0.  |
|   | <b>19</b> Depreciation and depletion .....   |                                    |                           |                         |   |
|   | <b>20</b> Occupancy .....  |                                    |                           |                         |   |
|   | <b>21</b> Travel, conferences, and meetings .....  |                                    |                           |                         |   |
|   | <b>22</b> Printing and publications .....  |                                    |                           |                         |   |
|   | <b>23</b> Other expenses <b>STMT 5</b> .....   | 891.                               | 0.                        |                         | 902.  |
|   | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....       | 7,972.                             | 5,599.                    |                         | 2,170.  |
|   | <b>25</b> Contributions, gifts, grants paid .....  | 21,469.                            |                           |                         | 21,469.   |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....   | 29,441.  | 5,599.                             |                           | 23,639.                 |   |
| <b>27</b> Subtract line 26 from line 12:  |  |                                    |                           |                         |   |
| <b>a</b> Excess of revenue over expenses and disbursements .....  | 14,749.  |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-) .....   |  | 4,781.                             |                           |                         |   |
| <b>c Adjusted net income</b> (if negative, enter -0-) .....   |  |                                    | N/A                       |                         |   |

| Part II Balance Sheets  |   | Attached schedules and amounts in the description column should be for end-of-year amounts only. |                |                       |
|---|---|--|----------------|-----------------------|
|   |   | Beginning of year  | End of year    |                       |
|   |   | (a) Book Value   | (b) Book Value | (c) Fair Market Value |
| Assets  | 1 Cash - non-interest-bearing .....   | 1,279.   | 1,479.         | 1,479.                |
|   | 2 Savings and temporary cash investments .....  | 177,883.   | 220,226.       | 220,226.              |
|   | 3 Accounts receivable ▶ .....   |  |                |                       |
|   | Less: allowance for doubtful accounts ▶ .....   |  |                |                       |
|   | 4 Pledges receivable ▶ .....  |  |                |                       |
|   | Less: allowance for doubtful accounts ▶ .....   |  |                |                       |
|   | 5 Grants receivable .....   |  |                |                       |
|   | 6 Receivables due from officers, directors, trustees, and other disqualified persons .....  |  |                |                       |
|   | 7 Other notes and loans receivable ▶ .....  |  |                |                       |
|   | Less: allowance for doubtful accounts ▶ .....   |  |                |                       |
|   | 8 Inventories for sale or use .....   |  |                |                       |
|   | 9 Prepaid expenses and deferred charges .....   |  |                |                       |
|   | 10a Investments - U.S. and state government obligations .....   |  |                |                       |
|   | b Investments - corporate stock .....   |  |                |                       |
|   | c Investments - corporate bonds .....   |  |                |                       |
|   | 11 Investments - land, buildings, and equipment: basis ▶ .....  |  |                |                       |
| Less: accumulated depreciation ▶ .....  |   |  |                |                       |
| 12 Investments - mortgage loans .....   |   |  |                |                       |
| 13 Investments - other .....  |   |  |                |                       |
| 14 Land, buildings, and equipment: basis ▶ .....  |   |  |                |                       |
| Less: accumulated depreciation ▶ .....  |   |  |                |                       |
| 15 Other assets (describe ▶ .....   |   |  |                |                       |
| 16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) ..... | 179,162.  | 221,705.   | 221,705.       |                       |
| Liabilities   | 17 Accounts payable and accrued expenses .....  |  |                |                       |
|   | 18 Grants payable .....   |  |                |                       |
|   | 19 Deferred revenue .....   |  |                |                       |
|   | 20 Loans from officers, directors, trustees, and other disqualified persons .....   |  |                |                       |
|   | 21 Mortgages and other notes payable .....  |  |                |                       |
|   | 22 Other liabilities (describe ▶ .....  |  |                |                       |
| 23 <b>Total liabilities</b> (add lines 17 through 22) .....   | 0.  | 0.   |                |                       |
| Net Assets or Fund Balances   | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b> |  |                |                       |
|   | 24 Net assets without donor restrictions .....  | 179,162.   | 221,705.       |                       |
|   | 25 Net assets with donor restrictions .....   |  |                |                       |
|   | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>          |  |                |                       |
|   | 26 Capital stock, trust principal, or current funds .....   |  |                |                       |
|   | 27 Paid-in or capital surplus, or land, bldg., and equipment fund .....   |  |                |                       |
|   | 28 Retained earnings, accumulated income, endowment, or other funds .....   |  |                |                       |
|   | 29 <b>Total net assets or fund balances</b> .....   | 179,162.   | 221,705.       |                       |
| 30 <b>Total liabilities and net assets/fund balances</b> .....  | 179,162.  | 221,705.   |                |                       |

Part III Analysis of Changes in Net Assets or Fund Balances

|  |   |          |
|--|---|----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) ..... | 1 | 179,162. |
| 2 Enter amount from Part I, line 27a .....   | 2 | 14,749.  |
| 3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAINS</b> .....   | 3 | 27,794.  |
| 4 Add lines 1, 2, and 3 .....  | 4 | 221,705. |
| 5 Decreases not included in line 2 (itemize) ▶ .....   | 5 | 0.       |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....  | 6 | 221,705. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| 1a MONEY MARKET AND SOCIALLY RESPONSIBLE  |  |                                      |                                  |
| b INVESTMENT POOL CFBC-HF   | P  |                                      |                                  |
| c MONEY MARKET AND SOCIALLY RESPONSIBLE   |  |                                      |                                  |
| d INVESTMENT POOL CFBC-HF   | P  |                                      |                                  |
| e   |  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |
|-----------------------|--|---|--|
| a                     |  |   |  |
| b 77,967.             |  | 75,661.   | 2,306.   |
| c                     |  |   |  |
| d 116,321.            |  | 113,511.  | 2,810.   |
| e                     |  |   |  |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. |                                      |   | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|--|--------------------------------------|---|---|
| (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |   |
| a  |                                      |   |   |
| b  |                                      |   | 2,306.  |
| c  |                                      |   |   |
| d  |                                      |   | 2,810.  |
| e  |                                      |   |   |

|   |   |        |
|---|---|--------|
| 2 Capital gain net income or (net capital loss)<br>{ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 .....  | 2 | 5,116. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 ..... | 3 | N/A    |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years<br>Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|---|---------------------------------------|---|--|
| 2018  | 31,163.                               | 175,215.                                  | .177856  |
| 2017  | 27,060.                               | 191,164.                                  | .141554  |
| 2016  | 0.                                    |   |  |
| 2015  | 0.                                    |   |  |
| 2014  | 0.                                    |   |  |

|   |   |          |
|---|---|----------|
| 2 Total of line 1, column (d) .....   | 2 | .319410  |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years<br>the foundation has been in existence if less than 5 years ..... | 3 | .063882  |
| 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 .....  | 4 | 216,873. |
| 5 Multiply line 4 by line 3 .....   | 5 | 13,854.  |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) .....  | 6 | 48.      |
| 7 Add lines 5 and 6 .....   | 7 | 13,902.  |
| 8 Enter qualifying distributions from Part XII, line 4 .....  | 8 | 23,639.  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
 See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|  |    |      |     |
|--|----|------|-----|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |      |     |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b   |    | 1    | 48. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)   |    |      |     |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |    | 2    | 0.  |
| 3 Add lines 1 and 2  |    | 3    | 48. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |    | 4    | 0.  |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-   |    | 5    | 48. |
| 6 Credits/Payments:  |    |      |     |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019  | 6a | 269. |     |
| b Exempt foreign organizations - tax withheld at source  | 6b | 0.   |     |
| c Tax paid with application for extension of time to file (Form 8868)  | 6c | 0.   |     |
| d Backup withholding erroneously withheld  | 6d | 0.   |     |
| 7 Total credits and payments. Add lines 6a through 6d  | 7  | 269. |     |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached   | 8  | 0.   |     |
| 9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>  | 9  |      |     |
| 10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>   | 10 | 221. |     |
| 11 Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 221.   <b>Refunded</b>   | 11 | 0.   |     |

**Part VII-A Statements Regarding Activities**

|   | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?   |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. |     | X  |
| c Did the foundation file <b>Form 1120-POL</b> for this year?   |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.   |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.   |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A   |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i> .   |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?            | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV   | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>TN, CO</u>   |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation   | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV   |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <u>STMT 6</u>   | X   |    |

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: At any time during the year, did the foundation, directly or indirectly, own a controlled entity... Row 12: Did the foundation make a distribution to a donor advised fund... Row 13: Did the foundation comply with the public inspection requirements... Row 14: The books are in care of... Row 15: Section 4947(a)(1) nonexempt charitable trusts... Row 16: At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 1a: During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Row b: If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. Row c: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? Row 2: Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Row 3a: Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) Row 4a: Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

|  |           | Yes | No       |
|--|-----------|-----|----------|
| <b>5a</b> During the year, did the foundation pay or incur any amount to:  |           |     |          |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |     |          |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |     |          |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |           |     |          |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |           |     |          |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |           |     |          |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> | <b>5b</b> |     | <b>X</b> |
| Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>   |           |     |          |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <b>SEE STATEMENT 8</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |     |          |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).   |           |     |          |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |     |          |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <b>6b</b> |     | <b>X</b> |
| If "Yes" to 6b, file Form 8870.  |           |     |          |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |           |     |          |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <b>N/A</b>  | <b>7b</b> |     |          |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |           |     |          |

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

| (a) Name and address   | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|------------------------|---|---|---|---------------------------------------|
| <b>SEE STATEMENT 7</b> |   | 0.  | 0.  | 0.                                    |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |
|                        |   |   |   |                                       |

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| <b>NONE</b>   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total** number of other employees paid over \$50,000 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

**Total** number of others receiving over \$50,000 for professional services ..... **0**

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1<br>SEE STATEMENT 9   | 7,667.   |
| 2<br>SEE STATEMENT 10  | 6,030.   |
| 3<br>SEE STATEMENT 11  | 4,938.   |
| 4<br>SEE STATEMENT 12  | 2,948.   |

**Part IX-B Summary of Program-Related Investments**

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A   |        |
| 2   |        |
| 3 All other program-related investments. See instructions.  |        |

**Total.** Add lines 1 through 3 ..... **0.**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |   |    |          |
|---|---|----|----------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |   |    |          |
| a   | Average monthly fair market value of securities .....   | 1a | 0.       |
| b   | Average of monthly cash balances .....  | 1b |          |
| c   | Fair market value of all other assets .....   | 1c | 220,176. |
| d   | <b>Total</b> (add lines 1a, b, and c) .....   | 1d | 220,176. |
| e   | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | 1e | 0.       |
| 2   | Acquisition indebtedness applicable to line 1 assets .....  | 2  | 0.       |
| 3   | Subtract line 2 from line 1d .....  | 3  | 220,176. |
| 4   | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | 4  | 3,303.   |
| 5   | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 216,873. |
| 6   | <b>Minimum investment return.</b> Enter 5% of line 5 .....  | 6  | 10,844.  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

|    |   |    |         |
|----|---|----|---------|
| 1  | Minimum investment return from Part X, line 6 .....   | 1  | 10,844. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 .....  | 2a | 48.     |
| b  | Income tax for 2019. (This does not include the tax from Part VI.) .....  | 2b |         |
| c  | Add lines 2a and 2b .....   | 2c | 48.     |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | 3  | 10,796. |
| 4  | Recoveries of amounts treated as qualifying distributions .....   | 4  | 0.      |
| 5  | Add lines 3 and 4 .....   | 5  | 10,796. |
| 6  | Deduction from distributable amount (see instructions) .....  | 6  | 0.      |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | 7  | 10,796. |

**Part XII Qualifying Distributions** (see instructions)

|  |   |    |         |
|--|---|----|---------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: |   |    |         |
| a  | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....   | 1a | 23,639. |
| b  | Program-related investments - total from Part IX-B .....  | 1b | 0.      |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....                         | 2  |         |
| 3  | Amounts set aside for specific charitable projects that satisfy the:  |    |         |
| a  | Suitability test (prior IRS approval required) .....  | 3a |         |
| b  | Cash distribution test (attach the required schedule) .....   | 3b |         |
| 4  | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | 4  | 23,639. |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ..... | 5  | 48.     |
| 6  | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....   | 6  | 23,591. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7 .....   |               |                            |             | 10,796.     |
| <b>2</b> Undistributed income, if any, as of the end of 2019:   |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only .....   |               |                            | 0.          |             |
| <b>b</b> Total for prior years:   |               | 0.                         |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:   |               |                            |             |             |
| <b>a</b> From 2014 .....  |               |                            |             |             |
| <b>b</b> From 2015 .....  |               |                            |             |             |
| <b>c</b> From 2016 .....  |               |                            |             |             |
| <b>d</b> From 2017 .....  |               | 17,654.                    |             |             |
| <b>e</b> From 2018 .....  |               | 22,568.                    |             |             |
| <b>f</b> Total of lines 3a through e .....  | 40,222.       |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 23,639.  |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a ...   |               |                            | 0.          |             |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...  |               | 0.                         |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....  | 0.            |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount .....   |               |                            |             | 10,796.     |
| <b>e</b> Remaining amount distributed out of corpus   | 12,843.       |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).) .....  | 0.            |                            |             | 0.          |
| <b>6</b> Enter the net total of each column as indicated below:   | 53,065.       |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....  |               |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....   |               | 0.                         |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed ..... |               | 0.                         |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....   |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr. ...  |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 .....  |               |                            |             | 0.          |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....       | 0.            |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 .....   | 0.            |                            |             |             |
| <b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a .....  | 53,065.       |                            |             |             |
| <b>10</b> Analysis of line 9:   |               |                            |             |             |
| <b>a</b> Excess from 2015 ...   |               |                            |             |             |
| <b>b</b> Excess from 2016 ...   |               |                            |             |             |
| <b>c</b> Excess from 2017 ...   |               | 17,654.                    |             |             |
| <b>d</b> Excess from 2018 ...   |               | 22,568.                    |             |             |
| <b>e</b> Excess from 2019 ...   |               | 12,843.                    |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|  | Tax year |          |          |          | (e) Total |
|--|----------|----------|----------|----------|-----------|
|  | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |           |
| <b>b</b> 85% of line 2a  |          |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed  |          |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities   |          |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter:  |          |          |          |          |           |
| <b>(1)</b> Value of all assets   |          |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed                             |          |          |          |          |           |
| <b>c</b> "Support" alternative test - enter:   |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |          |          |          |           |
| <b>(4)</b> Gross investment income   |          |          |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**MICHAEL LOUIE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 13**

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

| <b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b> |   |                                |   |                |
|---|---|--------------------------------|---|----------------|
| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution<br>**  | Amount         |
| Name and address (home or business)   |   |                                |   |                |
| <b>a Paid during the year</b>   |   |                                |   |                |
| HEALTH INC<br>PO BOX 33<br>LEH, LADAKH, INDIA 194101                                  |   |                                | TO SUPPORT 4 PROJECTS IN LADAKH UT AND THE STATE OF HIMACHAL PRADESH THAT CARE FOR MARGINALISED AND   | 6,030.         |
| HEALTH INC<br>PO BOX 33<br>LEH, LADAKH, INDIA 194101                                  |   |                                | GLOBAL CLASSROOM INITIATIVE TO DEVELOP SUMMER CAMPS OR WINTER CAMPS SUPPORTING DEVELOPMENTS WEB-BASED | 2,376.         |
| HEALTH INC<br>PO BOX 33<br>LEH, LADAKH, INDIA 194101                                  |   |                                | TRAINING IN REMOTE VILLAGES OF 1-DAY WORKSHOPS OR 10-LEADERSHIP CAMPS, WHICH COMBINES TEAM            | 2,555.         |
| HEALTH INC<br>PO BOX 33<br>LEH, LADAKH, INDIA 194101                                  |   |                                | JOINT PROJECT WITH PAGIR, SABU ROAD, BEHIND JNV SCHOOL, LEH, LADAKH UT, 194101 INDIA WWW.PAGIR.ORG.   | 2,948.         |
| PAGIR<br>SABU ROAD BEHIND JNV SCHOOL<br>LEH, LADAKH, INDIA 194101                     |   |                                | HEALTH CARE, TEAM SPORTS, SPECIAL EDUCATION, LIFE- AND JOB- SKILLS TRAINING FOR 48                    | 2,383.         |
| <b>Total</b>  | <b>SEE CONTINUATION SHEET(S)</b>  |                                |   | <b>21,469.</b> |
| <b>b Approved for future payment</b>  |   |                                |   |                |
| NONE  |   |                                |   |                |
| <b>Total</b>  |   |                                |   | <b>0.</b>      |







**Part XV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - HEALTH INC

TO SUPPORT 4 PROJECTS IN LADAKH UT AND THE STATE OF HIMACHAL PRADESH THAT CARE FOR MARGINALISED AND DISABLED CHILDREN AND YOUTH IN SPECIFIC PROGRAMS :

1. OPEN THE AASH CHILD DEVELOPMENT CENTRE IN KULLU, HP PROVIDING PHYSICAL AND OCCUPATIONAL THERAPY AND SPECIAL EDUCATION TO 11 CHILDREN
2. EXTEND MENTAL HEALTH SERVICES TO STREET YOUTH WITH SERIOUS CHRONIC MENTAL HEALTH ISSUES BASED OUT OF LEH AND PROVIDE FREE ACCESS TO PSYCHOTROPIC MEDICINES
3. DEVELOPING A COMMUNITY BASED REHABILITATION PROGRAM FOR DISABLED CHILDREN AND THEIR CAREGIVERS
4. WORKING WITH THE DEPARTMENT OF HEALTH IN LEH DISTRICT TO PROVIDE ACCESS TO VIRAL LOAD TESTING, MEDICATION, AND COUNSELLING FOR HIV AND HEP POSITIVE

NAME OF RECIPIENT - HEALTH INC

GLOBAL CLASSROOM INITIATIVE TO DEVELOP SUMMER CAMPS OR WINTER CAMPS SUPPORTING DEVELOPMENTS WEB-BASED AND MOBILE APPS FOR DIFFERENT-LEARNERS AND DISABLED

NAME OF RECIPIENT - HEALTH INC

TRAINING IN REMOTE VILLAGES OF 1-DAY WORKSHOPS OR 10-LEADERSHIP CAMPS, WHICH COMBINES TEAM SPORTS, INQUIRY-BASED LEARNING, TRADITIONAL AND IT SKILLS DEVELOPMENT IN A SAFE AND HEALTHY ENVIRONMENT.

NAME OF RECIPIENT - HEALTH INC

JOINT PROJECT WITH PAGIR, SABU ROAD, BEHIND JNV SCHOOL, LEH, LADAKH UT, 194101 INDIA WWW.PAGIR.ORG.

**Part XV** | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

JOB SKILLS TRAINING AND DISCUSSION GROUPS THAT WILL DEVELOP THE JOB SKILLS OF WOMEN AND DIFFERENTLY-ABLED TO BETTER SUPPORT THEIR LIVELIHOOD GOALS.

NAME OF RECIPIENT - PAGIR

HEALTH CARE, TEAM SPORTS, SPECIAL EDUCATION, LIFE- AND JOB- SKILLS TRAINING FOR 48 DIFFERENTLY-ABLED CHILDREN AND YOUTH (AND THEIR CAREGIVERS) FROM 12 VILLAGES AND LEH CITY AREA ACROSS LADAKH IN A 14-DAY RESIDENTIAL CAMP. 2019 CAMP INCLUDED DEVELOPMENT OF THE FIRST INCLUSION ICE RINK IN LADAKH AND A JOB SKILLS TRAINING CENTRE FOR DIFFERENTLY-ABLED, WHICH WILL FOCUS ON SHORT-TERM TRAINING ALLOWING YOUTH TO RETURN TO THEIR VILLAGES AND EARN A LIVELIHOOD

NAME OF RECIPIENT - HELP FUND

GLOBAL CLASSROOM INITIATIVE; A JOINT OPERATION WITH HEALTH INC AND SCHOOLS IN ALBERTA OF THE CANADIAN ROCKIES SCHOOL DISTRICT, FOOTHILLS SCHOOL DISTRICT, AND CALGARY SCHOOLS DISTRICT AND THE LLOYDMINSTER SCHOOL DIVISION TO DEVELOP INQUIRY BASED LEARNING UNITS THAT SUPPORT STUDENTS BY ADDRESSING PRESSING ISSUES OF COMMUNITY, CLIMATE CHANGE, AND FOOD SECURITY.



|  |   |
|--|---|
| Name of organization<br><br><b>THE HELP INC FUND</b> | Employer identification number<br><br><b>45-2987624</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

| FORM 990-PF                           | OTHER INCOME                |                                   | STATEMENT 1                   |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| DESCRIPTION                           | (A)<br>REVENUE<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |
| OTHER REVENUE                         | 391.                        | 0.                                |                               |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 391.                        | 0.                                |                               |

| FORM 990-PF                  | ACCOUNTING FEES              |                                   |                               | STATEMENT 2                   |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|                              | 1,268.                       | 0.                                |                               | 1,268.                        |
| TO FORM 990-PF, PG 1, LN 16B | 1,268.                       | 0.                                |                               | 1,268.                        |

| FORM 990-PF                  | OTHER PROFESSIONAL FEES      |                                   |                               | STATEMENT 3                   |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|                              | 5,599.                       | 5,599.                            |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16C | 5,599.                       | 5,599.                            |                               | 0.                            |

| FORM 990-PF                 | TAXES                        |                                   |                               | STATEMENT 4                   |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
| PAYROLL TAXES               | 214.                         | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 214.                         | 0.                                |                               | 0.                            |

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 5

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ADMIN MANAGEMENT            | 696.                         | 0.                                |                               | 696.                          |
| BANK FEES                   | 55.                          | 0.                                |                               | 55.                           |
| PROJECT RELATED EQUIPMENT   | 140.                         | 0.                                |                               | 151.                          |
| TO FORM 990-PF, PG 1, LN 23 | 891.                         | 0.                                |                               | 902.                          |

## FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

## STATEMENT 6

## NAME OF CONTRIBUTOR

## ADDRESS

EVEREST '96 MEMORIAL FUND,  
COMMUNITY FOUNDATION OF BOULDER  
COUNTY

1123 SPRUCE STREET  
  
BOULDER, CO 80302

MICHAEL LOUIE

PO BOX 22345  
SAN FRANCISCO, CA 94122

THOMAS AND KATHRYN HORNBEIN FUND

1317 DEVILS GULCH ROAD  
ESTES PARK, CO 80517

JAMES C HUNT

504 SHANNONDALE WAY  
MARYVILLE, TN 37803

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| MICHAEL LOUIE<br>PO BOX 22345<br>SAN FRANCISCO, CA 94122                       | CHAIR<br>2.00            | 0.                | 0.                              | 0.                 |
| SALLY WADE<br>369 BOND STREET<br>COBOURG, ON, CANADA K9A3K7                    | TREASURER<br>2.00        | 0.                | 0.                              | 0.                 |
| CYNTHIA HUNT<br>1317 DEVILS GULCH ROAD<br>ESTES PARK, CO 80517                 | SECRETARY<br>30.00       | 0.                | 0.                              | 0.                 |
| THOMAS HORNBEIN<br>1317 DEVILS GULCH ROAD<br>ESTES PARK, CO 80517              | DIRECTOR<br>1.00         | 0.                | 0.                              | 0.                 |
| KATHRYN HORNBEIN<br>1317 DEVILS GULCH ROAD<br>ESTES PARK, CO 80517             | DIRECTOR<br>1.00         | 0.                | 0.                              | 0.                 |
| TAMARA BLESCH<br>34 EASTERN AVENUE<br>AUGUSTA, ME 04330                        | DIRECTOR<br>2.00         | 0.                | 0.                              | 0.                 |
| GARY KOFINAS<br>PO BOX 1210<br>WILSON, WY 80314                                | DIRECTOR<br>2.00         | 0.                | 0.                              | 0.                 |
| TSERING STANBA<br>NIRPA HOUSE, SABOO VILLAGE<br>LADAKH, INDIA 194101           | DIRECTOR<br>2.00         | 0.                | 0.                              | 0.                 |
| RIGZIN PALGON<br>KANJI YOKMAPA HOUSE, CHOGLAMSAR<br>LEH DISTRICT, INDIA 194101 | DIRECTOR<br>1.00         | 0.                | 0.                              | 0.                 |
| DIANA FEDINEC<br>5503 PARK AVENUE<br>MEMPHIS, TN 38119                         | DIRECTOR<br>2.00         | 0.                | 0.                              | 0.                 |

THE HELP INC FUND

45-2987624

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

|                  |                  |                  |
|------------------|------------------|------------------|
| <u>0.</u>        | <u>0.</u>        | <u>0.</u>        |
| <u><u>0.</u></u> | <u><u>0.</u></u> | <u><u>0.</u></u> |

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 8

GRANTEE'S NAME

HEALTH INC

GRANTEE'S ADDRESSPO BOX 33  
LEH, LADAKH, INDIA, 194101

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 6,833.              | 04/08/19             |                        |

PURPOSE OF GRANT

TO SUPPORT 4 PROJECTS IN LADAKH UT AND THE STATE OF HIMACHAL PRADESH THAT CARE FOR MARGINALISED AND DISABLED CHILDREN IN SPECIFIC PROGRAMS:

1. OPEN THE AASH CHILD DEVELOPMENT CENTRE IN KULLU, PROVIDING PHYSICAL AND OCCUPATIONAL THERAPY AND SPECIAL EDUCATION TO 11 CHILDREN (\$1,022.05 CONTRACT DATE 8 APRIL 2019)
2. EXTEND MENTAL HEALTH SERVICES TO STREET YOUTH WITH SERIOUS CHRONIC MENTAL HEALTH ISSUES AND PROVIDE FREE ACCESS TO PSYCHOTROPIC MEDICINES TO 27 YOUTH FROM 13 VILLAGES (\$4,453.12 CONTRACT SIGNED 15 MAY 2019)
3. DEVELOPING A COMMUNITY BASED REHABILITATION PROGRAM FOR DISABLED CHILDREN AND THEIR CAREGIVERS BY TRAINING 4 HEALTH INC AND DEPARTMENT OF HEALTH IN KULLU, WORKING WITH IT EXPERTS TO CREATE ACTIVITIES OF DAILY LIVING APPS IN LADAKHI, TESTING THESE HOMES SERVING 9 CHILDREN AND YOUTH. (\$2,877.35 CONTRACT SIGNED 26 APRIL 2019)
4. WORKING WITH LEH DISTRICT DEPT. OF HEALTH TO PROVIDE ACCES TO LOAD TESTING AND SUBSIDISED MEDICINES (1,676.98 CONTRACT SIGNED 1 JUNE 2019)

GRANTEE'S NAME

HEALTH INC

GRANTEE'S ADDRESS

PO BOX 33  
LEH, LADAKH, INDIA, 194101

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 2,948.              | 04/18/19             |                        |

PURPOSE OF GRANT

JOINT PROJECT WITH PAGIR, SABU ROAD, LEH, LADAKH UT, 194101 INDIA.  
TO SUPPORT 2 PROJECTS THAT WILL DEVELOP THE JOB SKILLS OF WOMEN AND  
DIFFERENTLY-ABLED TO BETTER SUPPORT THEIR LIVELIHOOD GOALS:  
1. JOB SKILLS TRAINING FOR 10 DIFFERENT LEARNERS AND DISABLED WOMEN THROUGH  
AN 8-WEEK COURSE FOCUSING ON OFFICE, DECISION MAKING, COMMUNICATION AND  
SELF CONFIDENCE (\$1,144.88 CONTRACT SIGNED 30 SEPTEMBER 2019)  
2. OPERATING A 6-MONTH SERIES OF 17 GIRL'S AND WOMEN'S DISCUSSION GROUPS  
FOR 300 WOMEN AND GIRLS FRON 6 REMOVTE VILLAGES IN THE LEH AREA, FOCUSING  
ON ISSUES OF PHYSICAL AND MENTAL HEALTH, SAFETY AND CAREER CHOICES FOR  
MAGINALIZED WOMEN AND GIRLS. (\$1,803.13 CONTRACT SIGNED 18 APRIL 2019)

GRANTEE'S NAME

HEALTH INC

GRANTEE'S ADDRESS

PO BOX 33  
LEH, LADAKH, INDIA, 194101

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 2,376.              | 02/01/19             |                        |

PURPOSE OF GRANT

WORKING WITH THE HELP FUND'S GLOBAL CLASSROOM SERVING NORTH AMERICA, IN 11 VILLAGES ACROSS LADAKH TO BUILD GLOBAL CITIZENS AND COMMUNITY ACTIVISTS IN STUDENTS AGED K-12 AND YOUTH GROUPS IN LADAKH, INDIA, IN PARTICULAR BY WORKING IN A 5-DAY SUMMER SAMP OR A VARIETY OF 15-45 DAY WINTER CAMPS SUPPORTING DEVELOPMENTS IN LADAKHIPEDIA AND MOBILE APPS FOR DIFFERENT-LEARNERS AND DISABLED AND BY CREATING AND SHARING STORIES ABOUT IMPACTS OF CLIMATE CHANGE AND MENTAL HEALTH.



GRANTEE'S NAME

HEALTH INC

GRANTEE'S ADDRESS

PO BOX 33  
LEH, LADAKH, INDIA, 194101

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 2,555.              | 01/25/19             |                        |

PURPOSE OF GRANT

TRAINING OF 14 YOUNG WOMEN FROM 7 REMOTE VILLAGES IN A SERIES OF 1-DAY WORKSHOPS, IN A 10-DAY LEADERSHIP CAMP, AND THROUGH WORKING TOGETHER TO DEVELOP A "WINTER CAMP TOOL KIT" FOR USE IN THEIR HOME VILLAGES. LEADERS WENT ON TO ORGANIZE AND OPERATE THEIR OWN WINTER CAMPS, SERVING OVER 700 CHILDREN FOR 30-45 DAYS, COMBINING TEAM SPORTS, INQUIRY-BASED LEARNING, TRADITIONAL AND IT SKILLS DEVELOPMENT IN A SAFE AND HEALTHY ENVIRONMENT. TEAM IS ALSO DEVELOPING A WIKIPEDIA-LIKE TOOL FOR USE IN ALL WINTER CAMPS ACROSS LADAKH. KITS WERE TESTED IN A 5-DAY SUMMER CAMP WITH 42 K-10 CHILDREN, WITH PRODUCTS UPLOADED TO THE INTERNET FOR SCALING AND 1 TEST KIT PUT TOGETHER FOR CAMP USE.

GRANTEE'S NAME

PAGIR - PEOPLES' ACTION GROUP FOR INCLUSION AND RIGHTS

GRANTEE'S ADDRESS

SABU ROAD, BEHIND JNV SCHOOL  
LEH, LADAKH, INDIA, 194101

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 2,383.              | 01/06/19             |                        |

PURPOSE OF GRANT

: HEALTH CARE, TEAM SPORTS, SPECIAL EDUCATION, LIFE- AND JOB- SKILLS TRAINING FOR 68 DIFFERENTLY-ABLED CHILDREN AND YOUTH (AND THEIR CAREGIVERS) FROM 12 VILLAGES ACROSS LADAKH IN A 14-DAY RESIDENTIAL CAMP. 2019 CAMP INCLUDED DEVELOPMENT OF THE FIRST INCLUSION ICE RINK IN LADAKH AND A JOB SKILLS TRAINING CENTER FOR DIFFERENTLY-ABLED, WHICH WILL FOCUS ON SHORT-TERM TRAINING ALLOWING YOUTH TO RETURN TO THEIR VILLAGES AND EARN A LIVELIHOOD.

GRANTEE'S NAME

THE HELP FUND

GRANTEE'S ADDRESS

1317 DEVILS GULCH ROAD  
ESTES PARK, CO 80517

| <u>GRANT AMOUNT</u> | <u>DATE OF GRANT</u> | <u>AMOUNT EXPENDED</u> |
|---------------------|----------------------|------------------------|
| 5,177.              | 01/01/19             |                        |

PURPOSE OF GRANT

PROJECT OPERATED JOINTLY BY THE HELP FUND, WITH HEALTH INC (INDIA) AND SCHOOLS IN ALBERTA OF THE CANADIAN ROCKIES SCHOOL DISTRICT, FOOTHILLS SCHOOL DISTRICT AND CALGARY SCHOOLS DISTRICT (ALBERTA) AND THE LLOYDMINSTER SCHOOL DIVISION (AB/SAS)  
WORKING WITH HEALTH INC'S GLOBAL CLASSROOM INITIATIVE, CYNTHIA HUNT, SECRETARY WORKED WITH K-12 CLASSROOMS IN THREE SCHOOL DISTRICTS OF ALBERTA AND 1 OF SASKATCHEWAN TO DEVELOP INQUIRY BASED LEARNING UNITS THAT SUPPORT STUDENTS TO ADDRESS PRESSING ISSUES OF COMMUNITY, CLIMATE CHANGE AND FOOD SECURITY.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 9

ACTIVITY ONE

GLOBAL CLASSROOM INITIATIVE IN INDIA, USA, AND CANADA, LET BY FOUNDATION ITSELF TO CONDUCT EXEMPT ACTIVITIES TO BUILD GLOBAL CITIZEN AND COMMUNITY ACTIVIST SKILLS IN STUDENTS OF 6 NORTH AMERICAN SCHOOLS AND CHILDREN AND YOUTH IN 11 LADAKHI VILLAGES DURING 90 DAYS OF FOUNDATION-STAFF AND TEACHER-DESIGNED INQUIRY-BASED LEARNING UNITS FOCUSING ON ISSUES OF CLIMATE CHANGE, FOOD SECURITY, MENTAL HEALTH, LEARNING DIFFERENCES AND CULTURAL DISLOCATION, INCLUDING BUILDING ON A FOUNDATION-CREATED, WIKAPEDIA-LIKE PLATFORM FOR STUDENTS TO SHARE THEIR WORK WITH EACH OTHER AND THE WORLD.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

7,667.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 10

ACTIVITY TWO

SUPPORTING THE CREATION AND IMPLEMENTATION OF FOUR PROJECTS THAT PROVIDE HEALTH AND SKILLS SERVICES FOR MARGINALISED PERSONS IN HIMACHAL PRADESH AND LADAKH UNION TERRITORY INDIA INCLUDING (1) OPENING A CHILD DEVELOPMENT CENTRE FOR 11 CHILDREN IN KULLU, HP; (2) EXTENDING MENTAL HEALTH SERVICES TO STREET YOUTH IN LEH, LADAKH UT AND PROVIDING ACCESS TO PSYCHOTROPIC MEDICINES AND COUNSELLING FOR 27 LADAKHI YOUTH; (3) SENDING 4 HEALTH INC AND DEPARTMENT OF HEALTH STAFF TO COMMUNITY BASED REHABILITATION TRAINING IN HIMACHAL PRADESH AND BASED ON THAT TRAINING STARTING A CBR PROGRAM IN LADAKH IN ONE TEST SITE VILLAGE SERVING 9 CHILDREN AND YOUTH AND DEVELOPING ACTIVITIES OF DAILY LIVING APPS IN LADAKHI; AND (4) PROVIDING VIRAL LOAD TESTINGS, SUBSIDIZED MEDICINES AND ACCESS TO COUNSELLING FOR 18 HIV AND HEP B POSITIVE WOMEN AND CHILDREN INCLUDING SENDING THEM TO JAMMU, J&K UNION TERRITORY FOR TESTING WHEN NEEDED.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

6,030.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 11

ACTIVITY THREE

COMMUNITY DEVELOPMENT IN LADAKH (J&K STATE, INDIA) WITH TECHNICAL ASSISTANCE PROVIDED BY CYNTHIA HUNT, SECRETARY, AND BOARD MEMBERS TSERING STANBA AND RIGZEN PALGON, TRAINING OF 14 YOUNG WOMEN LEADERS FROM 7 REMOTE VILLAGES ACROSS LADAKH IN A SERIES OF WORKSHOPS AND A LEADERSHIP CAMP, AND PROVIDING A 14-DAY RESIDENTIAL CAMP FOR 48 DIFFERENTLY-ABLED CHILDREN AND YOUTH FROM 12 VILLAGES AND LEH CITY AREA COMBINING TEAM SPORTS, INQUIRY BASED LEARNING, TRADITIONAL AND IT SKILLS DEVELOPMENT IN A SAFE AND HEALTHY ENVIRONMENT. LEADERSHIP CAMPS FOCUS ON DEVELOPING WINTER CAMP TOOL KITS THAT WOULD SUPPORT THE SCALING OF HEALTHY VILLAGE ALTERNATIVE LEARNING ACROSS LADAKH AND THE ABILITY CAMP FOCUSED ON DEVELOPING LIFE AND JOB SKILLS FOR DIFFERENTLY-ABLED IN LADAKH.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

4,938.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 12

ACTIVITY FOUR

SUPPORTING TWO JOB SKILLS PROGRAMS FOCUSING ON MARGINALIZED AND DIFFERENTLY-ABLED GIRLS WITH TECHNICAL ASSISTANCE PROVIDED BY CYNTHIA HUNT, SECRETARY AND TSERING STANBA, BOARD MEMBER, WITH AN 8-WEEK TRAINING COURSE FOR 10 DIFFERENTLY-ABLED YOUNG WOMEN BUILDING THEIR OFFICE, COMMUNICATION, DECISION MAKING AND SELF-CONFIDENCE SKILLS AND DESIGNING A SERIES OF 17 ONE-DAY WORKSHOPS FOR GIRLS AND YOUNG WOMEN WITH DISCUSSIONS OF ISSUES OF IMPORTANT IN TODAY'S WORLD MENTAL AND PHYSICAL HEALTH, SAFETY AND CAREER CHOICES FOR OVER 300 GIRLS AND WOMEN.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

2,948.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CYNTHIA HUNT  
1317 DEVILS GULCH ROAD  
ESTES PARK, CO 80517

TELEPHONE NUMBER

970-577-1832

EMAIL ADDRESS

CYNTHIA@THEHELP-INC.FUND.ORG

FORM AND CONTENT OF APPLICATIONS

LETTER OF INQUIRY OR REQUEST FOR HUMAN RESOURCE AND EQUIPMENT SUPPORT -  
FORMS AS PROVIDED ON [HTTP://WWW.THEHELP-INC.FUND.ORG/APPLY-FOR-A-GRANT.HTML](http://www.thehelp-incfund.org/apply-for-a-grant.html)

ANY SUBMISSION DEADLINES

MARCH 1, 2020 (CONCERNING HEALTH)  
SEPTEMBER 2020 (CONCERNING BUILDING YOUNG LEADERS)

RESTRICTIONS AND LIMITATIONS ON AWARDS

SUBMISSIONS MUST MATCH THE PURPOSES OF THE HELP FUND AND ACHIEVING ITS CHARITABLE PURPOSES. IN 2020 AREAS OF INVESTMENT INCLUDE 1) HEALTH, ENVIRONMENTAL AND LITERACY PROJECTS FOR MARGINALIZED POPULATIONS, 2) BUILDING YOUNG LEADERS THROUGH SOCIAL ENTERPRISE INVESTMENT OR NEW IDEAS IN INFORMAL EDUCATION, AND 3) GLOBAL CLASSROOM INITIATIVES. GRANTS ARE USUALLY SMALL, NEVER MORE THAN 10% OF TOTAL FUND ASSETS IN ANY GIVEN YEAR, AND ARE NOT GEOGRAPHICALLY LIMITED ALTHOUGH OUR AREA OF INTERESTS ARE NORTH AMERICA AND ASIA.