

**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 2020 or tax year beginning , and ending

Name of foundation <b>THE HELP INC FUND</b>		<b>A Employer identification number</b> <b>45-2987624</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1317 DEVILS GULCH ROAD</b>	Room/suite	<b>B Telephone number</b> <b>9705771832</b>
City or town, state or province, country, and ZIP or foreign postal code <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 <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <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 <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) ▶ \$ <b>241,781.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <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> <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 .....	57,348.		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 .....	4,525.	4,525.		
	<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 .....	5,075.			
	<b>b</b> Gross sales price for all assets on line 6a <b>178,337.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		5,075.		
	<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 .....					
<b>12 Total.</b> Add lines 1 through 11 .....	66,948.	9,600.			
<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 1</b> .....	1,188.	0.		1,188.
	<b>c</b> Other professional fees <b>STMT 2</b> .....	41,089.	41,089.		0.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....				
	<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 3</b> .....	778.	0.		778.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	43,055.	41,089.		1,966.
	<b>25</b> Contributions, gifts, grants paid .....	22,040.			22,040.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	65,095.	41,089.		24,006.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	1,853.				
<b>b Net investment income</b> (if negative, enter -0-) .....		0.			
<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 .....	1,479.	1,496.	1,496.
	2 Savings and temporary cash investments .....	220,226.	240,285.	240,285.
	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) .....	221,705.	241,781.	241,781.	
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 .....	221,705.	241,781.	
	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> .....	221,705.	241,781.	
30 <b>Total liabilities and net assets/fund balances</b> .....	221,705.	241,781.		

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	221,705.
2 Enter amount from Part I, line 27a .....	2	1,853.
3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAINS</b> .....	3	18,223.
4 Add lines 1, 2, and 3 .....	4	241,781.
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	241,781.



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	0.
c All other domestic foundations enter 1.39% 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	0.
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	0.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		83.
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	83.
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	83.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 83.   <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 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: (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? 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? 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: • By language in the governing instrument, or • 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 2020 or the tax year beginning in 2020? 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 4</u>	X	

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ► WWW.THEHELP-INC.FUND.ORG		
14 The books are in care of ► CYNTHIA HUNT, SECRETARY Telephone no. ► 970-577-1832		
Located at ► 1317 DEVILS GULCH ROAD, ESTES PARK, CO ZIP+4 ► 80517-9505		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2020, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the 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.

	Yes	No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		N/A
Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
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 2020?		X
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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years		
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.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2020 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 2020.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2020?		X

**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		<b>5b</b>	<b>X</b>
Organizations relying on a current notice regarding disaster assistance, check here <span style="float:right;">▶ <input type="checkbox"/></span>			
<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? <span style="float:right;"><b>SEE STATEMENT 6</b></span>	<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? If "Yes" to 6b, file Form 8870.		<b>6b</b>	<b>X</b>
<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?	N/A	<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
SEE STATEMENT 5		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
NONE				

**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 <u>SEE STATEMENT 7</u>	6,851.
2 <u>SEE STATEMENT 8</u>	6,336.
3 <u>SEE STATEMENT 9</u>	5,223.
4 <u>SEE STATEMENT 10</u>	2,814.

**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	240,285.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	240,285.
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	240,285.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	3,604.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	236,681.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	11,834.

**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	11,834.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	11,834.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	11,834.
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	11,834.

**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	24,006.
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	24,006.
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	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	24,006.

**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) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				11,834.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017		17,654.		
<b>d</b> From 2018		22,568.		
<b>e</b> From 2019		12,843.		
<b>f</b> Total of lines 3a through e	53,065.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	24,006.			
<b>a</b> Applied to 2019, 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 2020 distributable amount				11,834.
<b>e</b> Remaining amount distributed out of corpus	12,172.			
<b>5</b> Excess distributions carryover applied to 2020 (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:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	65,237.			
<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 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				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 2015 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	65,237.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017		17,654.		
<b>c</b> Excess from 2018		22,568.		
<b>d</b> Excess from 2019		12,843.		
<b>e</b> Excess from 2020		12,172.		

**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) 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).)

**SEE STATEMENT 12**

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 11**

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 **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HELP FUND 1317 DEVILS GULCH ROAD ESTES PARK, CO 80517			TO SUPPORT THE GLOBAL CLASSROOM INITIATIVE IN NORTH AMERICA AND INDIA TO DEVELOP OFFLINE LEARNING AND	6,851.
HELP FUND 1317 DEVILS GULCH ROAD ESTES PARK, CO 80517			TO SUPPORT ESTABLISHING A YOUTH CONSERVATION CORPS, TRAINING AND ENGAGING UNEMPLOYED YOUTH IN	6,336.
HEALTH INC PO BOX 33 LEH, LADAKH, INDIA 194101			TO SUPPORT 3 PROJECTS, ABILITY CAMP, CARING DURING COVID-19, AND HIV AND MENTAL HEALTH OUTREACH, IN LADAKH	8,077.
PAGIR SABU ROAD BEHIND JNV SCHOOL LEH, LADAKH, INDIA 194101			TO SUPPORT HANDIMACHAL JOB TRAINING FOR 2 DIFFERENLY-ABLED STAFF AT THE GANDHI ASHRAM IN AHMADABAD, INDIA,	776.
<b>Total</b> .....				<b>3a</b> 22,040.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....				<b>3b</b> 0.





**Part XV** Supplementary Information

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

NAME OF RECIPIENT - HELP FUND

TO SUPPORT THE GLOBAL CLASSROOM INITIATIVE IN NORTH AMERICA AND INDIA TO DEVELOP OFFLINE LEARNING AND CULTURALLY RELEVANT WIKIPEDIAS IN EACH AREA (GCI, NORTH AMERICA AND GCI INDIA COMBINED)

NAME OF RECIPIENT - HELP FUND

TO SUPPORT ESTABLISHING A YOUTH CONSERVATION CORPS, TRAINING AND ENGAGING UNEMPLOYED YOUTH IN VILLAGE DEVELOPMENT AND CONSERVATION WORK.

NAME OF RECIPIENT - HEALTH INC

TO SUPPORT 3 PROJECTS, ABILITY CAMP, CARING DURING COVID-19, AND HIV AND MENTAL HEALTH OUTREACH, IN LADAKH UT, INDIA FOR MARGINALISED MOTHERS AND CHILDREN IN AREAS OF DISABILITY, HIV-HEP B AND MENTAL HEALTH ALONG WITH ACTIVITY-BASED EDUCATION AND INFORMATION DURING COVID-19 LOCKDOWNS.

NAME OF RECIPIENT - PAGIR

TO SUPPORT HANDIMACHAL JOB TRAINING FOR 2 DIFFERENTLY-ABLED STAFF AT THE GANDHI ASHRAM IN AHMADABAD, INDIA, IN ORDER TO IMPROVE SERVICES AND JOBS FOR DIFFERENTLY-ABLED IN LADAKH.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

THE HELP INC FUND

Employer identification number

45-2987624

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (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 33 1/3% 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 totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**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  <b>THE HELP INC FUND</b>	Employer identification number  <b>45-2987624</b>
--	---

**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	EVEREST 96 MEMORIAL FUND OF THE COMMUNITY FOUNDATION OF BOUL  1123 SPRUCE STREET  BOULDER, CO 80302	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KATHRYN AND THOMAS HORNBEIN FUND  1317 DEVILS GULCH ROAD  ESTES PARK, CO 80517	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MICHAEL LOUIE  PO BOX 22345  SAN FRANCISCO, CA 94122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>THE HELP INC FUND</b>	Employer identification number  <b>45-2987624</b>
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**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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

## ACCOUNTING FEES

## STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	1,188.	0.		1,188.
TO FORM 990-PF, PG 1, LN 16B	1,188.	0.		1,188.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	41,089.	41,089.		0.
TO FORM 990-PF, PG 1, LN 16C	41,089.	41,089.		0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMIN MANAGEMENT	406.	0.		406.
BANK FEES	165.	0.		165.
PROJECT RELATED EQUIPMENT	207.	0.		207.
TO FORM 990-PF, PG 1, LN 23	778.	0.		778.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 4

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

1123 SPRUCE STREET  
BOULDER, CO 80302-4001

FORM 990-PF

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

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL LOUIE 948 ARUBA LANE FOSTER CITY, CA 94404	CHAIR 2.00	0.	0.	0.
SALLY WADE 369 BOND STREET COBOURG, ON, CANADA K9A3K7	TREASURER 2.00	0.	0.	0.
CYNTHIA HUNT 1317 DEVILS GULCH ROAD ESTES PARK, CO 80517	SECRETARY 30.00	0.	0.	0.
THOMAS HORNBEIN 1317 DEVILS GULCH ROAD ESTES PARK, CO 80517	DIRECTOR 1.00	0.	0.	0.
KATHRYN HORNBEIN 1317 DEVILS GULCH ROAD ESTES PARK, CO 80517	DIRECTOR 2.00	0.	0.	0.
TAMARA BLESCH 5 HICKORY LANE AUGUSTA, ME 04330	DIRECTOR 2.00	0.	0.	0.
GARY KOFINAS PO BOX 1210 WILSON, WY 80314	DIRECTOR 2.00	0.	0.	0.
DIANA FEDINEC 5503 PARK AVENUE MEMPHIS, TN 38119	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 6

GRANTEE'S NAME

PAGIR - PEOPLES' ACTION GROUP FOR INCLUSION AND RIGHTS

GRANTEE'S ADDRESSSABU ROAD, BEHIND JNV SCHOOL  
LEH, LADAKH, INDIA, 194101

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
776.	02/07/20	

PURPOSE OF GRANT

: ORGANISATIONAL MANAGEMENT AND MARKETING TRAINING FOR 2 DIFFERENTLY-ABLED MEMBERS OF PAGIR, FOR 14 DAYS, AT THE GANDHI ASHRAM IN AHMADABAD, INDIA, WORKING WITH THE MANAV SADHNA REGISTERED CHARITY TO INTRODUCE PAGIR TO NEW IDEAS, AND IMPROVE MANAGEMENT IN THE CHARITY, SERVICES FOR JOB SKILLS PROGRAMS TO DIFFERENTLY-ABLED CURRENTLY EMPLOYED AT PAGIR, LADAKH, AND TO HELP CREATE HOME-BASED INCOMES FOR OTHER DIFFERENTLY-ABLED YOUTH SERVED BY THE ORGANISATION.

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>
6,851.	01/01/20	

PURPOSE OF GRANT

PROJECT OPERATED BY THE HELP FUND, WITH DEPT. OF EDUCATION - UT LADAKH SCHOOLS IN INDIA, WITH THE CANADIAN ROCKIES SCHOOL DISTRICT, ALBERTA, CANADA AND THE STUDENT HUB OF THE INDIAN EMBASSY, WASHINGTON, DC: WORKING WITH A GROUP OF LADAKHI VOLUNTEERS, CYNTHIA HUNT, SECRETARY, WORKED WITH (A) K-8 CLASSROOMS IN 1 SCHOOL DISTRICT OF ALBERTA AND LADAKHI K-10 STUDENTS TO DEVELOP OFFLINE LEARNING AND A CULTUARALLY RELEVANT WIKIPEDIA IN EACH AREA, AND (B) WITH INDIAN STUDENTS STUDYING IN 11 USA UNIVERSITIES ACROSS THE COUNTRY THROUGH THE STUDENT HUB OF THE INDIAN EMBASSY, WASHINGTON DC TO DEVELOP A MESHNET OFFLINE LEARNING SYSTEM CAPABLE OF SUPPORTING LEARNING THROUGHOUT COVID-19 SCHOOL CLOSURES IN LADAKH. THESE LEARNING SYSTEMS PROVIDED ACCESS TO OFFLINE LEARNING TO OVER 185 STUDENTS IN REMOTE LADAKH VILLAGES DURING THE TEST PHASE, AND CREATED EXCHANGES BETWEEN STUDENTS (CANADA-INDIA) AND CODERS AND DESIGNERS (USA-INDIA). FINAL PRODUCT WAS THEN USED FOR THE YOUTH CONSERVATION CORPS IN INDIA.

GRANTEE'S NAME

HEALTH INC AND ITS PARTNERS

GRANTEE'S ADDRESS

P.O. BOX 33  
LEH, LADAKH UNION TERRITORY, INDIA, 194101

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
5,223.	01/02/20	

PURPOSE OF GRANT

ABILITY CAMP: 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 IN JANUARY; AND AFTER COVID-19 LOCKDOWN IN INDIA, A TRADITIONAL SKILLS, SPECIAL EDUCATION, LIFE-AND JOB-SKILLS TRAINING FOR 13 DIFFERENTLY-ABLED YOUTH FROM 1 EXTREMELY REMOTE VILLAGE IN A 14-DAY "BUBBLE" CAMP IN JULY, AND HEALTH CARE, TEAM SPORTS, SPECIAL EDUCATION AND LIFE- AND JOB-SKILLS TRAINING FOR 64 DIFFERENTLY-ABLED AND MARGINALISED CHILDREN AND YOUTH FROM 1 EXTREMELY-REMOTE VILLAGE IN A 30-DAY RESIDENTIAL CAMP IN DECEMBER.



GRANTEE'S NAME

HEALTH INC AND ITS PARTNERS

GRANTEE'S ADDRESS

P.O. BOX 33  
LEH, LADAKH UNION TERRITORY, INDIA, 194101

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
2,814.	02/07/20	

PURPOSE OF GRANT

HIV-MENTAL HEALTH OUTREACH: WORKING WITH THE DEPARTMENT OF HEALTH - LEH DISTRICT, TO PROVIDE ACCESS TO VIRAL LOAD TESTING AND SUBSIDISED MEDICINES AND ONGOING COUNSELLING FOR 18 WOMEN AND CHILDREN HIV AND HEP B POSITIVE IN LADAKH UNION TERRITORY, EXTEND MENTAL HEALTH SERVICES TO STREET YOUTH WITH SERIOUS CHRONIC MENTAL HEALTH ISSUES BASED OUT OF LEH, AND PROVIDE FREE ACCESS TO PSYCHOTROPIC MEDICINES TO 27 YOUTH FROM 13 VILLAGES IN LADAKH.

GRANTEE'S NAME

HEALTH INC AND ITS PARTNERS

GRANTEE'S ADDRESS

P.O. BOX 33  
LEH, LADAKH UNION TERRITORY, INDIA, 194101

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
40.	03/11/20	

PURPOSE OF GRANT

CARING DURING CORONA: EDUCATIONAL AND LIFE-SKILLS SUPPORT FOR CHILDREN ACROSS LADAKH UNION TERRITORY AFTER THE COMMENCEMENT OF 9 WEEKS OF LOCKDOWN AND THE CLOSURE OF SCHOOLS DUE TO THE COVID-19 PANDEMIC DURING MARCH, APRIL AND MAY BY CREATING ONLINE EDUCATIONAL AND ACTIVITY RESOURCES VIA FACEBOOK, WHAT'SAPP, AND WEBSITE LINKS, RUN WITH ALMOST NO COST BY A GROUP OF 20 HELP FUND VOLUNTEERS.

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>
6,336.	01/01/20	

PURPOSE OF GRANT

OPERATED BY THE HELP FUND IN COLLABORATION WITH THE NATIONAL INFORMATICS CENTRE AND THE LEH DISTRICT ADMINISTRATION, C/O NIC, SECRETARIAT OF THE UNION TERRITORY OF LADAKH, LEH, LADAKH 194 101, INDIA, WITH ALL PROJECT WORK OVERSEEN BY CYNTHIA HUNT, SECRETARY: UNDER THE MANAGEMENT AND FISCAL RESPONSIBILITY OF CYNTHIA HUNT, THE PROJECT ENGAGED A TEAM OF 11 UNEMPLOYED YOUTH FROM AROUND LEH-CITY TO WORK WITH REMOTE VILLAGE YOUTH FROM THE CHANGTHANG REGION IN LADAKH UT DURING THE SEVERE ECONOMIC DOWNTURN RESULTING FROM COVID-19. THE PROJECT DEVELOPED LEADERSHIP AND JOB SKILLS WHILE UNDERTAKING "CCC-STYLE", VILLAGE-BASED ENVIRONMENTAL PROJECTS WITH 35 UNEMPLOYED YOUTH AND DEVELOPING AND TESTING CONTENT FOR THE OFFLINE MESHNET EDUCATION SYSTEM WITH A TEAM OF 9 YOUTH FOR 70% OF STUDENTS LACKING ACCESS TO IN-PERSON LEARNING (COVID-19). BOTH TEAMS THEN WORKED WITH THE HEALTH INC WINTER ABILITY CAMP TO CONDUCT A THOROUGH TEST OF THE MESHNET EDUCATION SYSTEM.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 7

ACTIVITY ONE

GLOBAL CLASSROOM INITIATIVE IN INDIA, USA AND CANADA, LED BY THE FOUNDATION ITSELF, TO CONDUCT ACTIVITIES TO (1) BUILD GLOBAL CITIZEN SKILLS IN ONE SCHOOL DISTRICT OF ALBERTA AND LADAKHI STUDENTS TO DEVELOP OFFLINE LEARNING AND CULTURALLY RELEVANT WIKIPEDIA IN EACH AREA; (2) INDIAN STUDENTS STUDYING IN 11 USA-UNIVERSITIES ACROSS THE COUNTRY THROUGH THE STUDENT HUB OF THE INDIAN EMBASSY, WASHINGTON DC TO DEVELOP A MESHNET OFFLINE LEARNING SYSTEM CAPABLE OF SUPPORTING LEARNING DURING CLOSURES IN LADAKH. THESE LEARNING SYSTEMS PROVIDED ACCESS TO OFFLINE LEARNING FOR OVER 185 STUDENTS IN REMOTE VILLAGES OF LADAKH AND CREATED EXCHANGES BETWEEN STUDENTS (CANADA-INDIA) AND CODERS/DESIGNERS (USA-INDIA). NORTH AMERICAN GLOBAL CLASSROOM PROJECTS WERE DEPLOYED IN 7 REMOTE SCHOOLS IN LADAKH. THE FINAL PRODUCTS WERE THEN USED IN THE HELP FUND PROJECT, THE YOUTH CONSERVATION CORPS IN INDIA.

EXPENSES

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

6,851.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 8

ACTIVITY TWO

YOUTH CONSERVATION CORPS IS A COLLABORATION WITH THE NATIONAL INFORMATICS CENTRE AND THE LEH DISTRICT ADMINISTRATION OF LADAKH, INDIA, LED BY THE FOUNDATION ITSELF, ENGAGED A TEAM OF 11 UNEMPLOYED YOUTH FROM AROUND LEH-CITY TO WORK WITH REMOTE VILLAGE YOUTH FROM THE CHANGTHANG REGION IN LADAKH UT DURING THE SEVERE ECONOMIC DOWNTURN CAUSED BY COVID-19. THE PROJECT DEVELOPED LEADERSHIP AND JOB SKILLS WHILE UNDERTAKING "CCC-STYLE" VILLAGE-BASED ENVIRONMENTAL PROJECTS WITH 35 UNEMPLOYED YOUTH AND DEVELOPED AND TESTED CONTENT FOR THE OFFLINE MESHNET EDUCATION SYSTEM WITH A TEAM OF 9 YOUTH FOR THE 70% OF STUDENTS LACKING ACCESS TO IN-PERSON LEARNING. BOTH TEAMS WORKED WITH THE HEALTH INC WINTER ABILITY CAMP TO CONDUCT A THOROUGH TEST OF THE MESHNET EDUCATION SYSTEM.

EXPENSES

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

6,336.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 9

ACTIVITY THREE

ABILITY CAMP OPERATED JOINTLY WITH HEALTH INC AND PAGIR OVER THE PERIOD OF 12 MONTHS, OPERATING 3 CAMPS FOR MARGINALISED CHILDREN: HEALTH CARE, TEAM SPORTS, SPECIAL EDUCATION, LIFE AND JOB SKILLS TRAINING FOR 48 DIFFERENTLY-ABLED CHILDREN, YOUTH, AND THEIR CAREGIVERS FROM 12 VILLAGES AND LEH CITY AREA ACROSS LADAKH IN A 14 DAY RESIDENTIAL CAMP IN JANUARY; AND AFTER COVID-19 LOCKDOWN IN INDIA, A TRADITIONAL SKILLS, SPECIAL EDUCATION, LIFE AND JOB SKILLS TRAINING FOR 13 DIFFERENTLY-ABLED YOUTH FROM ONE EXTREMELY REMOTE VILLAGE IN A 14-DAY "BUBBLE" CAMP IN JULY, AND HEALTH CARE, TEAM SPORTS, SPECIAL EDUCATION AND LIFE AND JOB SKILLS TRAINING FOR 64 DIFFERENTLY-ABLED AND MARGINALISED CHILDREN AND YOUTH FROM ONE EXTREMELY REMOTE VILLAGE IN A 30-DAY RESIDENTIAL CAMP IN DECEMBER.

EXPENSES

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

5,223.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 10

ACTIVITY FOUR

WORKING WITH THE DEPARTMENT OF HEALTH-LEH DISTRICT, PROVIDED ACCESS TO VIRAL LOAD TESTING AND SUBSIDISED MEDICINES AND ONGOING COUNSELLING FOR 18 WOMEN AND CHILDREN HIV AND HEP B POSITIVE IN LADAKH UNION TERRITORY AND TO EXTEND MENTAL HEALTH SERVICES TO STREET YOUTH WITH SERIOUS CHRONIC MENTAL HEALTH ISSUES BASED OUT OF LEH AND PROVIDE FREE ACCESS TO PSYCHOTROPIC MEDICINES TO 27 YOUTH FROM 13 VILLAGES IN LADAKH.

EXPENSES

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

2,814.

FORM 990-PF

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

STATEMENT 11

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 2021X2 (COVID-19 SUPPORT & CONCERNING HEALTH)  
SEPT 2021X2 (CONCERNING LEADERSHIP & EDUCATION)

RESTRICTIONS AND LIMITATIONS ON AWARDS

SUBMISSIONS MUST MATCH THE PURPOSES OF THE HELP FUND AND ACHIEVING ITS CHARITABLE PURPOSES. IN 2021 AREAS OF INVESTMENT INCLUDE 1) COVID-19 SUPPORT PROJECTS 2) HEALTH, ENVIRONMENTAL AND LITERACY PROJECTS FOR MARGINALIZED POPULATIONS, 3) BUILDING YOUNG LEADERS THROUGH SOCIAL ENTERPRISE INVESTMENT OR NEW IDEAS IN INFORMAL EDUCATION, AND 4) 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.

NAME OF MANAGER

MICHAEL LOUIE  
THOMAS HORNBEIN