# Form **990-PF**Department of the Treasury Internal Revenue Service

# **Return of Private Foundation**

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

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Do not enter social security numbers on this form as it may be made public
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OMB No. 1545-0047

2021

Open to Public Inspection

For calendar year 2021 or tax year beginning and ending Name of foundation A Employer identification number THE HELP INC FUND 45-2987624 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 1317 DEVILS GULCH ROAD 9705771832 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ESTES PARK, CO 80517 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change **H** Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method; | Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ...▶ 246,753. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and expenses per books (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) income income 46,972. Contributions, gifts, grants, etc., received ...... N/A2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3,695. 3,695. 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 17,473. **6a** Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a ..... 100,371. 17,473. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications .... 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 68,140. 21,168. 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages ..... 15 Pension plans, employee benefits 16a Legal fees Administrative Expenses b Accounting fees STMT 1 1,200. 1,200 c Other professional fees STMT 2 14.015. 14.015. 17 Interest Taxes Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings ..... 22 Printing and publications ..... 23 Other expenses STMT 3 851. 851. 0. 24 Total operating and administrative <u>2,</u>051. <u>16,06</u>6. 14,015. expenses. Add lines 13 through 23 47,144. 47,144. 25 Contributions, gifts, grants paid ..... 26 Total expenses and disbursements. 49,195. 63,210. 14,015. Add lines 24 and 25 27 Subtract line 26 from line 12: 4,930. **a** Excess of revenue over expenses and disbursements 7,153. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
	ai t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,496.	1,416.	1,416.
	2	Savings and temporary cash investments	240,285.	245,337.	245,337.
		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			
	ľ	• • • •			
	7	disqualified persons  Other notes and loans receivable			
	l '	Less: allowance for doubtful accounts			
	۰				
Assets	8	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
_		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		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	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	241,781.	246,753.	246,753.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here X			
es		and complete lines 24, 25, 29, and 30.			
JC	24	Net assets without donor restrictions	241,781.	246,753.	
or Fund Balanc	25	Net assets with donor restrictions			
B		Foundations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 26 through 30.			
卢	26	Capital stock, trust principal, or current funds			
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
SSe	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	29	Total net assets or fund balances	241,781.	246,753.	
ž					
	30	Total liabilities and net assets/fund balances	241,781.	246,753.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		_
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	20	<u> </u>	
'					241,781.
2		et agree with end-of-year figure reported on prior year's return)			4,930.
		r increases not included in line 2 (itemize)   UNREALIZED	GATNS	3	42.
					246,753.
		ines 1, 2, and 3 eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, or	olumn (b), line 29		246,753.

Part IV   Capital Gains a	and Losses for Tax on Inv	vestment Income				
	he kind(s) of property sold (for exar rehouse; or common stock, 200 shs		( <b>b)</b> F P - D	low acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MONEY MARKET AN				P		
b MONEY MARKET AN	ID SOCIALLY			P		
<u>c</u>						
d			_			
e	(0.5	430				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (loss ((e) plus (f) minus	(g))
a 21,504. b 78,867.		17,9 64,9	60.			3,544. 13,929.
ь 78,867.		64,9	38.			13,929.
C						
<u>d</u>						
Complete only for accets chowing	g gain in column (h) and owned by t	he foundation on 12/21/60	-		I) Oning (Onl. (b) main	
Complete only for assets showing	(j) Adjusted basis	(k) Excess of col. (i)			I) Gains (Col. (h) gain I. (k), but not less tha	
(i) FMV as of 12/31/69	as of 12/31/69	over col. (j), if any			Losses (from col. (	
a						3.544.
b						3,544. 13,929.
С						•
d						
e						
	∫ If gain, also enter	in Part I, line 7	λl			4 = 4 = 4
2 Capital gain net income or (net cap	oital loss)	in Part I, line 7	J¦	2		17,473.
3 Net short-term capital gain or (los			٦			
	column (c). See instructions. If (loss	s), enter -0- in			N/A	
Part V Excise Tax Base	ed on Investment Incom	e (Section 4940(a). 4	) 1940(b	3   1), or 4948 -		
	escribed in section 4940(d)(2), chec					<b>,</b>
Date of ruling or determination I	, , , , ,	ach copy of letter if necessar			1	99.
· ·	enter 1.39% (0.0139) of line 27b. Ex	• • •	,	,		
	2, col. (b)					
2 Tax under section 511 (domesti	c section 4947(a)(1) trusts and taxa	ble foundations only; others, (	enter -0-	)	2	0.
3 Add lines 1 and 2						99.
	ic section 4947(a)(1) trusts and tax					0.
	ne. Subtract line 4 from line 3. If ze	ro or less, enter -0-			. 5	99.
6 Credits/Payments:		1 1		0.0		
	nd 2020 overpayment credited to 20			83	_	
	ax withheld at source				) <u>.</u>	
	ension of time to file (Form 8868)				<del> </del>	
	withheld					83.
7 Total credits and payments. Add	ment of estimated tax. Check here	if Form 2220 is attached			1 - 1	0.
	nem of estimated tax. Offeck here and 8 is more than 7, enter amount of			<b>.</b>	8 9	16.
	than the total of lines 5 and 8, enter				10	
	e: Credited to 2022 estimated tax			Refunded	_ <del>                                    </del>	
Enter the amount of fine 10 to b	o, o. canou to mone outilitated tax	<del>-</del>		i i i i i i i i i i i i i i i i i i i		orm <b>QQN_DF</b> (2021)

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	D	A -	. L L	_

Forn	1 990-PF (2021) THE HELP INC FUND 45-2	987624		Page 4
Pa	rt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	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	1b		X
	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.			
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0 .			l
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	_		37
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a tax return on Form 990-T for this year?			<del>  v</del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by <i>General Instruction T</i> .			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>			
		6	Х	
7	remain in the governing instrument?  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 XIV	0	X	$\vdash$
′	Did the foundation have at least φ0,000 in assets at any time during the year? If tes, complete rait in, coi. (c), and rait λιν		25	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	TN, CO	_		
h	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	8b	Х	
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT.		Х	
11				
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	Website address ► WWW.THEHELP-INCFUND.ORG			
14	The books are in care of ▶ CYNTHIA HUNT, SECRETARY  Telephone no.▶970			
	Located at ▶ 1317 DEVILS GULCH ROAD, ESTES PARK, CO ZIP+4	▶80517	-95	05
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here		🕨	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country >			
		Form <b>99</b> (	0-PF	(2021)

	-298762	4	Page 5
Part VI-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):		103	110
	10/1	\	Х
<ul><li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person?</li><li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)</li></ul>	1a(1		122
	1a(2	1	Х
a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3	1	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			X
(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"	1a(5	6)	х
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.)	1a(6	6)	Х
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 1b		
c Organizations relying on a current notice regarding disaster assistance, check here	<b>-</b>		
d 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 2021?	1d		Х
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 2021, did the foundation have any undistributed income (Part XII, lines	00		x
6d and 6e) for tax year(s) beginning before 2021?	2a		<b>├</b> ^
If "Yes," list the years ▶,,,,,,,,			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach			
_	N/A 2b		
statement - see instructions.)  c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20		
• If the provisions of section 4-9-2(a)(2) are being applied to <b>any</b> of the years nated in 2a, list the years note.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a		Х
<b>b</b> If "Yes," did it have excess business holdings in 2021 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 2021.)	N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
<b>b</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 2021?	4b		(2021)

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Form 990-PF (2021) THE HELP INC FUND  Part VI-B   Statements Regarding Activities for Which F	orm 4720 May Be R		45-2987	624	F	Page 6
5a During the year, did the foundation pay or incur any amount to:	orm 4720 way be n	equired (contin	uea)		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	10/15(0)\2			5a(1)	1.55	X
(2) Influence the outcome of any specific public election (see section 4955); or				04(1)		
any voter registration drive?				5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes	}			5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization			•••••			
4945(d)(4)(A)? See instructions				5a(4)	х	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or				
the prevention of cruelty to children or animals?				5a(5)		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	ler the exceptions described	in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instru	ctions			5b		X
c Organizations relying on a current notice regarding disaster assistance, check h	ere		▶□			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined				
expenditure responsibility for the grant?	EE STATEMENT (	5		5d	X	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					
a personal benefit contract?				6a		X
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b		X
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 s				7a		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 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?				8		X
Part VII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Mai	nagers, Highly				
List all officers, directors, trustees, and foundation managers and the second se	eir compensation.					
	-	(c) Compensation	(d) Contributions t	0	(e) Exp	ense
(a) Name and address	<b>(b)</b> Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plate and deferred compensation	<sup>ns</sup> a	(e) Exp ccount, allowar	other
	το ροσιτιοπ	enter -o-)	compensation		anowai	1003
SEE STATEMENT 5		0.	0			0.
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit pla		(e) Exp ccount,	ense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	a a	allowar	
NONE						
				$\perp$		
				$\perp$		0
Total number of other employees paid over \$50,000			_	1		( )

Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five high	nest-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 ser	/ice	(c) Compensation
	NONE		
	, the state of the		▶ 0
Part VIII-	r of others receiving over \$50,000 for professional services  A   Summary of Direct Charitable Activities		<u>▶</u>   0
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
	ganizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1			
~== -			0.604
	TATEMENT 7		9,694.
2			
SEE S	TATEMENT 8		21,377.
3			•
	TATEMENT 9		4,495.
4			
SEE S	TATEMENT 10		4,163.
	B Summary of Program-Related Investments		
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A		
2			
All other pro	gram-related investments. See instructions.		
3			
		——	
Total, Add li	nes 1 through 3	<b>•</b>	0.

P	art IX Minimum Investment Return (All domestic foundation	ons must complete this part	. Foreign four	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out cha	aritable, etc., purposes:			
а	Average monthly fair market value of securities			1a	0.
	Average of monthly cash balances			1b	
C	Fair market value of all other assets (see instructions)			1c	245,337.
	Total (add lines 1a, b, and c)			1d	245,337.
е	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	245,337.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for great	4	3,680.		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	241,657.
6				6	12,083.
P	art X Distributable Amount (see instructions) (Section 4942(j		foundations an	d certain	
_	foreign organizations, check here 🕨 🔲 and do not complete this				10.000
1	Minimum investment return from Part IX, line 6			1	12,083.
2a	Tax on investment income for 2021 from Part V, line 5	2a	99.		
	Income tax for 2021. (This does not include the tax from Part V.)				
C	Add lines 2a and 2b			2c	99.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	11,984.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	11,984.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and or	n Part XII, line 1		7	11,984.
P	art XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc				
	a Expenses, contributions, gifts, etc total from Part I, column (d), line 26				49,195.
b	<b>b</b> Program-related investments - total from Part VIII-B				0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out ch		2		
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, li			4	49,195.

Form **990-PF** (2021)

# Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	( <b>d</b> ) 2021
1 Distributable amount for 2021 from Part X,		. така рима на дада		
line 7				11,984.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
<b>b</b> From 2017 17,654.				
c From 2018 22,568.				
d From 2019 12,843.				
e From 2020 12,172.	CE 227			
f Total of lines 3a through e	65,237.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ►\$ 49,195.			0.	
<b>a</b> Applied to 2020, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2021 distributable amount	<b>J</b> .			11,984.
e Remaining amount distributed out of corpus	37,211.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).)  6 Enter the net total of each column as	0.			0.
indicated below:	100 440			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	102,448.			
<b>b</b> Prior years' undistributed income. Subtract		0.		
line 4b from line 2b		0.		
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.		
e Undistributed income for 2020. Subtract line			_	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2022				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.				
Subtract lines 7 and 8 from line 6a	102,448.			
10 Analysis of line 9:	. , == 3 \			
<b>a</b> Excess from 2017 17,654.				
<b>b</b> Excess from 2018 22,568.				
c Excess from 2019 12,843.				
d Excess from 2020 12,172.				
e Excess from 2021 37,211.				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, enter the date of the ruling	
b Check box to indicate whether the foundation is a private operating foundation described in section	
2 a Enter the lesser of the adjusted net  Tax year  Prior 3 years	· <del>-</del> · ·
	) Total
investment return from Part IX for	
each year listed	
<b>b</b> 85% (0.85) of line 2a	
c Qualifying distributions from Part XI,	
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 IX, 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 XIV   Supplementary Information (Complete this part only if the foundation had \$5,000 or more in ass	sets
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>b</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 o other entity) of which the foundation has a 10% or greater interest.	r
•	
NONE	-
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here \( \bigcup \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for fun	ds. 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>b</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:	

Form **990-PF** (2021) 123601 12-10-21

Supplementary Information (continued) Part XIV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year HEALTH INC TO SUPPORT PROVISION PO BOX 33 OF HIV TESTING AND LEH, LADAKH, INDIA 194101 TREATMENT FOR WOMEN AND CHILDREN FROM IMPOVERISHED FAMILIES 4,495. TO SUPPORT THE GLOBAL HELP FUND 1317 DEVILS GULCH ROAD CLASSROOM INITIATIVE ESTES PARK, CO 80517 IN NORTH AMERICA AND INDIA ORGANIZING GROUPS OF STUDENT 9,694. HELP FUND TO SUPPORT BUILDING AND INSTALLING OFFLINE 1317 DEVILS GULCH ROAD ESTES PARK, CO 80517 LEARNING SYSTEMS IN REMOTE VILLAGES OF LADAKH IN THE WESTERN 28,792. HEALTH INC TO SUPPORT DEVELOPMENT PO BOX 33 OF A JOB SKILLS LEH, LADAKH, INDIA 194101 TRAINING PROGRAMME THROUGH THE YOUTH CONSERVATION CORPS FOR 4,163. ➤ 3a 47,144. Total **b** Approved for future payment NONE Total

Excluded by section 512, 513, or 514

#### Part XV-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)		
•	( <b>a</b> ) Business code	<b>(b)</b> Amount	Exclusion code	( <b>d)</b> Amount	Related or exempt function income		
1 Program service revenue:	Coue		Couc				
a							
b							
C							
d							
e							
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments					3,695.		
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
, , , , ,							
property  7. Other investment income							
7 Other investment income							
8 Gain or (loss) from sales of assets other					17,473.		
than inventory					17,475.		
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a							
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)				0.			
13 Total. Add line 12, columns (b), (d), and (e)				13	21,168.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XV-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes			
Treatment of Activities to							
<b>Line No.</b> Explain below how each activity for which incom			contrib	uted importantly to the accom	plishment of		
the foundation's exempt purposes (other than by							
MONIES EARNED THROUGH IN GAIN ON SALES WERE USED			O F	UND GRANTS			
8 GAIN ON SALES WERE USED	TO FU	ND GRANTS					

Unrelated business income

#### 45-2987624 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

									Yes No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
	•	, , , , -	•		· · ·				
a		from the reporting founda							37
									X X
								1a(2)	X
b	Other tran								
									<u> </u>
									<u> X</u>
									<u> X</u>
	<b>(4)</b> Reim	bursement arrangements						1b(4)	X
	(5) Loan	s or loan guarantees						1b(5)	X
					ns				X
					ployees				X
d		-		-	dule. Column (b) should al	-	-		ts,
					ed less than fair market valu	ue in any transaction	or sharing arrangen	nent, show in	
٠.١٠	<del></del>	d) the value of the goods, (			a avamet arganization	(4)			
a)∟	ine no.	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	of transfers, transaction	ns, and sharing arrai	ngements
				N/A					
2 a	Is the fou	ndation directly or indirect	lv affiliated with or	related to one	or more tax-exempt organi	izations described			
		-	-					Yes	X No
b		omplete the following sche							
	,	(a) Name of org			(b) Type of organization		(c) Description of re	lationship	
		N/A							
٠.	ما امسم				accompanying schedules and st taxpayer) is based on all informa			May the IRS di	
Się He	gn   🔪	one, 1110 a ac, 0011 001, and 0011	proto: Decidi attori or pro	parer (enrer man	I			return with the shown below?	
пе						SECRET	'ARY	_ X Yes	No
	Sig	nature of officer or trustee		In.	Date	Title	Charle :	DTIN	
		Print/Type preparer's na		Preparer's s	ignature	Date		PTIN	
Paid CPA MANDILE NICOLE A. MANDILE 07/0						07/00/00	self- employed	D015000	-01
	eparer	CPA	3.0.002.0.5			07/08/22	<u> </u>	P017806	
	eparer se Only	Firm's name ► ATL.	AS CPAS &	ADVIS	OKS, PLLC		Firm's EIN ► 4'	1-254407	<i>'</i>
US	Ciliy	Eirm's address > 01	6 C 353 T33	, CIII	mm 202				
		Firm's address ▶ 91					30.	) 670 F	000
		<u>l</u> LO.	NGMONT, C		Phone no. 303		95 DE (0004)		

Part XIV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - HEALTH INC
TO SUPPORT PROVISION OF HIV TESTING AND TREATMENT FOR WOMEN AND
CHILDREN FROM IMPOVERISHED FAMILIES IN LADAKH UT, INDIA AND MENTAL
HEALTH COUNSELLING/PEER SUPPORT DURING COVID-19 LOCKDOWNS.
NAME OF RECIPIENT - HELP FUND
TO SUPPORT THE GLOBAL CLASSROOM INITIATIVE IN NORTH AMERICA AND INDIA
ORGANIZING GROUPS OF STUDENT VOLUNTEERS TO CREATE AND CODE OFFLINE
LEARNING SYSTEMS AND CONTENT DURING COVID-19 SCHOOL CLOSURES.
NAME OF RECIPIENT - HELP FUND
TO SUPPORT BUILDING AND INSTALLING OFFLINE LEARNING SYSTEMS IN REMOTE
VILLAGES OF LADAKH IN THE WESTERN HIMALAYAS TO SERVE COMMUNITIES DURING
COVID-19 WHO LACKED ACCESS TO ONLINE EDUCATION AND INFORMATION.
NAME OF RECIPIENT - HEALTH INC
TO SUPPORT DEVELOPMENT OF A JOB SKILLS TRAINING PROGRAMME THROUGH THE
YOUTH CONSERVATION CORPS FOR NOMADIC COMMUNITY GIRLS WHO LACK ACCESS TO
EDUCATION AND JOB SKILLS TRAINING DURING COVID-19 LOCKDOWNS.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

2021

Schedule B (Form 990) (2021)

THE HELP INC FUND 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 X 501(c)(3) exempt private foundation Form 990-PF 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 X 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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

# THE HELP INC FUND

45-2987624

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHAEL LOUIE  948 ARUBA LANE  FOSTER CITY, CA 94404	- \$\$10,262.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZiF + 4	- \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE HELP INC FUND

45-2987624

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Name of organization Employer identification number

# THE HELP INC FUND 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 \*\*Complete Ret III enter the total of proluminal validations of \$1,000 or less for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(7), (8), or (10) that total more than \$1,000 for the year (fatter this info area). \*\*Section 501(c)(

con	m any one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, chase duplicate copies of Part III if additional sp	ritable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t  Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift	 t	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee			

FORM 990-PF	ACCOUNTI	ACCOUNTING FEES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
	1,200.	0.		1,200.	
TO FORM 990-PF, PG 1, LN 16B	1,200.	0.		1,200.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 2	
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABLE	
	14,015.			0.	
TO FORM 990-PF, PG 1, LN 16C	14,015.	14,015.		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 BANK FEES	424. 427.			424. 427.	
TO FORM 990-PF, PG 1, LN 23	851.	0.		851.	

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 4 PART VI-A, LINE 10

NAME OF CONTRIBUTOR ADDRESS

EVEREST '96 MEMORIAL FUND, 1123 SPRUCE STREET

COMMUNITY FOUNDATION OF BOULDER

COUNTY

BOULDER, CO 80302

PO BOX 22345 MICHAEL LOUIE

SAN FRANCISCO, CA 94122

45-2987624 THE HELP INC FUND

	IST OF OFFICERS, DIRECTORS STATEMENT 5 AND FOUNDATION MANAGERS				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
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	SECRETEARY 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 BLESH 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 VII	0.	0.	0.	

FORM 990-PF

# EXPENDITURE RESPONSIBILITY STATEMENT PART VI-B, LINE 5D

STATEMENT 6

GRANTEE'S NAME

THE HELP FUND

GRANTEE'S ADDRESS

1317 DEVILS GULCH ROAD ESTES PARK, CO 80517

GRANT AMOUNT

DATE OF GRANT AMOUNT EXPENDED

9.694.

01/01/21

#### PURPOSE OF GRANT

PROJECT OPERATED BY THE HELP FUND, WITH YOUTH ASSOC.-UT LADAKH, INDIA, WITH THE CANADIAN ROCKIES SCHOOL DISTRICT, ALBERTA, CANADA, WITH CODERS FROM WIKIMEDIA FOUNDATION KIWIX OFFLINE SERVIES, AND THE STUDENT HUB OF THE INDIAN EMBASSY, WASHINGTON, DC: WORKING WITH A GROUP OF 30 VOLUNTEERS BEFORE MENTIONED, CYNTHIA HUNT, SECRETARY, PROVIDED PROJECT COORDINATION FOR THE VOLUNTEER STUDNETS, EDUCATORS AND CODERS TO DEVELOP OFFLINE LEARNING SYSTEMS TO LESSEN THE DIGITAL DIVIDE FOR K-12 STUDENTS DURING COVID-19 LOCKDOWNS. PROJECT ALSO PROVIDED VIRTUAL VISITS TO CLASSROOMS IN CANADA, LADAKH, USA, AND CODER GROUPS BASED OUT OF FRANCE. THIS PROJECT COORDINATED WITH YOUNTAN YARGYAS MESHNET PROJECT TO DEVELOP OFFLINE LEARNING SYSTEMS. \$9,423 GCI NORTH AMERICA, \$271 GCI INDIA.

GRANTEE'S NAME

THE HELP FUND & HEALTH INC

GRANTEE'S ADDRESS

1317 DEVILS GULCH ROAD ESTES PARK, CO 80517

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

21,377. 01/01/21

## PURPOSE OF GRANT

HELP FUND (NORTH AMERICA) AND SUPPORT OF HEALTH INC (INDIA), UNDER THE MANAGEMENT AND FISCAL REPONSIBILITY OF CYNTHIA HUNT, THE PROJECT WORKED IN COLLABORATION WITH THE LADAKH AUTONOMOUS HILL DEVELOPMENT COUNCILORS AND YOUTH ASOOC. FROM EXTREMELY REMOTE HIMALAYAN VILLAGES TO BUILD, TEST, INSTALL, AND OPERATE OFFLINE LEARNING SYSTEMS IN COMMUNITIES WITH LITTLE OR NO ACCESS TO ONLINE LEARNING DURING VARIOUS COVID-19 LOCKDOWNS IN BOTH LEH AND KARGIL DISTRICTS OF UT-LADAKH. THE "MESHNET TEAM" CALLED ON STUDENTS AND TEACHERS TO DESCRIBE NEEDS AND DEVELOP CONTENT, VOLUNTEER CODERS, AND ENGINEERS TO BUILD SYSTEMS THAT COULD CREATE VILLAGE NETWORKS, AND TEACHERS TO HELP STUDENTS APPLY CONTENT TO REAL-LIFE LEARNING. FRAMEWORKS WERE SHARED WITH INDIAN SCHOOL DISTRICTS IN 3 ADDITIONAL STATES.

GRANTEE'S NAME

HEALTH INC AND ITS PARTNERS

GRANTEE'S ADDRESS

P.O. BOX 33

LEH, LADAKH UNION TERRITORY, INDIA, 194101

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

4,495. 03/03/21

## PURPOSE OF GRANT

HIV, AIDS, HEP B AND MENTAL HEALTH OUTREACH: WORKING WITH THE DEPARTMENT OF HEALTH - LEH DISTRICT, HELP FUND, AND HEALTH INC HEALTH PROJECTS LEADER TO PROVIDE ACCESS TO VIRAL LOAD TESTING AND SUBSIDISED MEDICINES AND ONGOING COUNSELLING FOR 32 WOMEN AND CHILDREN HIV AND HEP B POSITIVE IN LADAHK UNION TERRITORY, EXTEND MENTAL HEALTH SERVICES TO STREET YOUTH AND REMOTE VILLAGE YOUTH WITH SERIOUS CHRONIC MENTAL HEALTH ISSUES BASED OUT OF LEH, AND PROVIDE FREE ACCESS TO PSYCHOTROPIC MEDICINES TO 41 YOUTH FROM 15 VILLAGES IN LADAKH. THE PROJECT ALSO STARTED A PEER-TO-PEER SUPPORT GROUP FOR HIV, HEP B, AND AIDS CLIENTS AS A MEANS OF DEALING WITH THE LESSENED ACCESS IN INDIA DUE TO COVID-19 LOCKDOWNS.

GRANTEE'S NAME

HEALTH INC AND ITS PARTNERS

GRANTEE'S ADDRESS

P.O. BOX 33

LEH, LADAKH UNION TERRITORY, INDIA, 194101

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

4,163. 06/16/21

# PURPOSE OF GRANT

WORKING WITH 13 HIGH-SCHOOL AGED GIRLS OF THE YOUTH CONSERVATION CORPS (NYOMA) AND UNDER THE GUIDANCE OF THE YOUTH ASSOC .- NYOMA AND CYNTHIA HUNT (HELP FUND): PROJECT PROVIDED EQUIPMENT AND TRAINING FOR 13 NOMADIC-HOUSEHOLD GIRLS TO LEARN SPINNING, WEAVING AND DESIGN ON MODERN LOOMS. AS TRADITIONAL HERDERS, THE PROJECT IMPROVED LOCAL LIVLIHOODS FOR NOMADIC FAMILIES WHILE BUILDING LONG-TERM SKILLS FOR GIRLS WITH NO ACCESS TO FORMAL EDUCATION DURING COVID-19 LOCKDOWNS.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 7

### ACTIVITY ONE

PROJECT OPERATED BY THE HELP FUND, WITH YOUTH ASSOC.-UT LADAKH, INDIA, WITH THE CANADIAN ROCKIES SCHOOL DISTRICT, ALBERTA, CANADA, WITH CODERS FROM WIKIMEDIA FOUNDATION KIWIX OFFLINE SERVIES, AND THE STUDENT HUB OF THE INDIAN EMBASSY, WASHINGTON, DC: WORKING WITH A GROUP OF 30 VOLUNTEERS BEFORE MENTIONED, CYNTHIA HUNT, SECRETARY, PROVIDED PROJECT COORDINATION FOR THE VOLUNTEER STUDNETS, EDUCATORS AND CODERS TO DEVELOP OFFLINE LEARNING SYSTEMS TO LESSEN THE DIGITAL DIVIDE FOR K-12 STUDENTS DURING COVID-19 LOCKDOWNS. PROJECT ALSO PROVIDED VIRTUAL VISITS TO CLASSROOMS IN CANADA, LADAKH, USA, AND CODER GROUPS BASED OUT OF FRANCE. THIS PROJECT COORDINATED WITH YOUNTAN YARGYAS MESHNET PROJECT TO DEVELOP OFFLINE LEARNING SYSTEMS. \$9,423 GCI NORTH AMERICA, \$271 GCI INDIA.

**EXPENSES** 

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

9,694.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 8

## ACTIVITY TWO

HELP FUND (NORTH AMERICA) AND SUPPORT OF HEALTH INC (INDIA), UNDER THE MANAGEMENT AND FISCAL REPONSIBILITY OF CYNTHIA HUNT, THE PROJECT WORKED IN COLLABORATION WITH THE LADAKH AUTONOMOUS HILL DEVELOPMENT COUNCILORS AND YOUTH ASOOC. FROM EXTREMELY REMOTE HIMALAYAN VILLAGES TO BUILD, TEST, INSTALL, AND OPERATE OFFLINE LEARNING SYSTEMS IN COMMUNITIES WITH LITTLE OR NO ACCESS TO ONLINE LEARNING DURING VARIOUS COVID-19 LOCKDOWNS IN BOTH LEH AND KARGIL DISTRICTS OF UT-LADAKH. THE "MESHNET TEAM" CALLED ON STUDENTS AND TEACHERS TO DESCRIBE NEEDS AND DEVELOP CONTENT, VOLUNTEER CODERS, AND ENGINEERS TO BUILD SYSTEMS THAT COULD CREATE VILLAGE NETWORKS, AND TEACHERS TO HELP STUDENTS APPLY CONTENT TO REAL-LIFE LEARNING. FRAMEWORKS WERE SHARED WITH INDIAN SCHOOL DISTRICTS IN 3 ADDITIONAL STATES.

**EXPENSES** 

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

21,377.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 9

#### ACTIVITY THREE

HIV, AIDS, HEP B AND MENTAL HEALTH OUTREACH: WORKING WITH THE DEPARTMENT OF HEALTH - LEH DISTRICT, HELP FUND, AND HEALTH INC HEALTH PROJECTS LEADER TO PROVIDE ACCESS TO VIRAL LOAD TESTING AND SUBSIDISED MEDICINES AND ONGOING COUNSELLING FOR 32 WOMEN AND CHILDREN HIV AND HEP B POSITIVE IN LADAHK UNION TERRITORY, EXTEND MENTAL HEALTH SERVICES TO STREET YOUTH AND REMOTE VILLAGE YOUTH WITH SERIOUS CHRONIC MENTAL HEALTH ISSUES BASED OUT OF LEH, AND PROVIDE FREE ACCESS TO PSYCHOTROPIC MEDICINES TO 41 YOUTH FROM 15 VILLAGES IN LADAKH. THE PROJECT ALSO STARTED A PEER-TO-PEER SUPPORT GROUP FOR HIV, HEP B, AND AIDS CLIENTS AS A MEANS OF DEALING WITH THE LESSENED ACCESS IN INDIA DUE TO COVID-19 LOCKDOWNS.

**EXPENSES** 

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

4,495.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 10

# ACTIVITY FOUR

WORKING WITH 13 HIGH-SCHOOL AGED GIRLS OF THE YOUTH CONSERVATION CORPS (NYOMA) AND UNDER THE GUIDANCE OF THE YOUTH ASSOC.-NYOMA AND CYNTHIA HUNT (HELP FUND): PROJECT PROVIDED EQUIPMENT AND TRAINING FOR 13 NOMADIC-HOUSEHOLD GIRLS TO LEARN SPINNING, WEAVING AND DESIGN ON MODERN LOOMS. AS TRADITIONAL HERDERS, THE PROJECT IMPROVED LOCAL LIVLIHOODS FOR NOMADIC FAMILIES WHILE BUILDING LONG-TERM SKILLS FOR GIRLS WITH NO ACCESS TO FORMAL EDUCATION DURING COVID-19 LOCKDOWNS.

**EXPENSES** 

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

4,163.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XIV, 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-INCFUND.ORG

FORM AND CONTENT OF APPLICATIONS

LETTER OF INQUIRY OR REQUEST FOR HUMAN RESOURCE AND EQUIPMENT SUPPORT - FORMS AS PROVIDED ON HTTP://WWW.THEHELP-INCFUND.ORG/APPLY-FOR-A-GRANT.HTML

## ANY SUBMISSION DEADLINES

FEB 2022X2 (COVID-19 SUPPORT & CONCERNING HEALTH) SEPT 2022X2 (CONCERNING LEADERSHIP & EDUCATION)

# RESTRICTIONS AND LIMITATIONS ON AWARDS

SUBMISSIONS MUST MATCH THE PURPOSES OF THE HELP FUND AND ACHIEVING ITS CHARITABLE PURPOSES. IN 2022 AREAS OF INVESTMENT INCLUDE 1) COVID-19 SUPPORT PROJECTS 2) HEALTH, ENVIRONMENTAL AND LITERACY PROJECTS FOR MARGINALIZED POPULATIONS, 3) BUILDING YOUNG LEADERS THROUGH SOCIAL ENTREPRENEUR PROGRAMS, LEADERSHIP CAMPS AND TRAINING MENTORS, 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.

FORM 990-PF

PART XIV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 12

NAME OF MANAGER

MICHAEL LOUIE THOMAS HORNBEIN