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Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization The Heidi Fund, Inc. Doing Business As		D Employer identification number 20 : 0112865
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number (913) 890-0183
		11201 Renner Blvd City or town, state or country, and ZIP + 4		G Gross receipts \$ 316,607
		Lenexa, KS 66219		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ N/A
F Name and address of principal officer			I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ N/A			K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 2003			M State of legal domicile KS	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Heidi Fund was created to provide financial assistance to Applebee's International, Inc. associates and members of their families or households who demonstrate dire need in case of a catastrophic life event such as medical emergencies, house fires, or natural disasters.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 493,463	Current Year 316,570
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221	37
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	493,684	316,607
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	722,907	350,620
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	269	378
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	723,176	350,998	
19 Revenue less expenses. Subtract line 18 from line 12	-229,492	-34,391	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 127,117	End of Year 92,726
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances Subtract line 21 from line 20	127,117	92,726

Part II Signature Block

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

Sign Here
 Signature of officer: Stephanie Elkins Date: 11-15-2010
 Type or print name and title: Stephanie Elkins, Board member / Secretary

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: () _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEARCHED DEC 15 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
The Heidi Fun provides financial assistance to Applebee's International, Inc. and Subsidiaries associates and members of their families or households who demonstrate dire need in case of a catastrophic life event such as medical emergencies, house fires, or natural disasters.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 350,620 including grants of \$ 350,620) (Revenue \$ 316,570)
In 2009, The Heidi Fund, Inc. made 488 gifts of financial assistance to Applebee's International, Inc. associates and members of their families or households who demonstrated dire need as a result of medical emergency, fire, flood, or other emergency or natural disaster.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses 350,620

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		✓
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
			✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	✓	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	N/A	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?		✓
6	Does the organization have members or stockholders?	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	✓	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	✓	
8b	b Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		✓
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	N/A	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		✓
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		✓
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		✓
13	Does the organization have a written whistleblower policy?		✓
14	Does the organization have a written document retention and destruction policy?		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official <i>No compensation</i>	N/A	
15b	b Other officers or key employees of the organization	N/A	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		✓
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► KS
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Mary Jane Clarin-11201 Renner Blvd, Lenexa, KS 66219 913-890-0183

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	19,744			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	296,826			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f			316,570		
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37			37
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			316,607			37

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	350,620	350,620		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Bank charges/check fees	378		378	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	350,998	350,620	378	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	14,509	1	5,000
	2	Savings and temporary cash investments	112,608	2	87,726
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	127,117	16	92,726	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	0	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32	Retained earnings, endowment, accumulated income, or other funds	127,117	32	92,726
33	Total net assets or fund balances	127,117	33	92,726	
34	Total liabilities and net assets/fund balances	127,117	34	92,726	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b		✓
2c	N/A	
3a		✓
3b	N/A	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization The Heidi Fund, Inc.	Employer identification number 20 0112865
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	861,903	440,967	693,375	493,463	316,570	2,806,278
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	861,903	440,967	693,375	493,463	316,570	2,806,278
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2,806,278

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	861,903	440,967	693,375	493,463	316,570	2,806,278
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				221	37	258
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						2,806,536
12 Gross receipts from related activities, etc (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.9908 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.9923 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

N/A

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

The Heidi Fund, Inc.

Employer identification number

20 0112865

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p> <p style="text-align: center;">None provided</p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	N/A
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> <p style="text-align: center;">No reimbursements/expenses paid</p>	2	N/A
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p> <p style="text-align: center;">No compensation paid to any member</p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III</p>	6b	✓
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	✓

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

All of the Board Members of The Heidi Fund, Inc. are employees of Applebee's Services, Inc. (48-1142588). None of them received any compensation or benefits

of any kind for their work with The Heidi Fund, Inc. No members of The Heidi Funds, Inc. were officers or board members of Applebee's Services, Inc. Roles at

The Heidi Fund are completely voluntary, unpaid, and independent of the employee roles at Applebee's Services, Inc.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

The Heidi Fund, Inc.

Employer identification number

20 : 0112865

Part VI, Section A, #6 - The Heidi Fund has 9 Board Members, but no other members or shareholders

Part VI, Section A, #7A - Members of the Board may recommend other board members who must be approved by the

majority of board members. The articles of association limits the number of board members to 11.

Part VI, Section B, #10b - The Heidi Fund has one location in Lenexa, KS. There are no other local chapters or branches.

Part VI, Section B, #11 - The Heidi Fund tax return is prepared by a CPA, tax department employee of Applebee's Services,

Inc. It is available for review by the Heidi Fund Board members and signed by a Board Member

before mailing.

Applebee's Services, Inc. (48-1142588) is not in a parent/sub or brother/sister relationship with The Heidi Fund, Inc.

However, since all members of the Heidi Fund Board are employees of Applebee's Services, Schedule R was completed

for disclosure purposes although it may not be required.

Part VI, Section C, #19 - all governing documents and tax returns are labelled "Public Disclosure Copy" and are on file

with the administrator of The Heidi Fund, Inc. They are made available to the public upon request.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
The Heidi Fund, Inc.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number
20 : 0112865

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
N/A					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
N/A					

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		✓
b	Gift, grant, or capital contribution to other organization(s)		✓
c	Gift, grant, or capital contribution from other organization(s)	✓	
d	Loans or loan guarantees to or for other organization(s)		✓
e	Loans or loan guarantees by other organization(s)		✓
f	Sale of assets to other organization(s)		✓
g	Purchase of assets from other organization(s)		✓
h	Exchange of assets		✓
i	Lease of facilities, equipment, or other assets to other organization(s)		✓
j	Lease of facilities, equipment, or other assets from other organization(s)		✓
k	Performance of services or membership or fundraising solicitations for other organization(s)		✓
l	Performance of services or membership or fundraising solicitations by other organization(s)		✓
m	Sharing of facilities, equipment, mailing lists, or other assets	✓	
n	Sharing of paid employees	✓	
o	Reimbursement paid to other organization for expenses		✓
p	Reimbursement paid by other organization for expenses		✓
q	Other transfer of cash or property to other organization(s)		✓
r	Other transfer of cash or property from other organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	Applebee's Services, Inc. (48-1142588), made cash contributions of \$19,744 in 2009.	c	19,744
(2)	Conference rooms, phones, and copy machines of Applebee's Services, Inc are available for Heidi Fund meetings	m	much < \$50k
(3)	Employees of Applebee's Services, Inc. are officers/board members of The Heidi Fund, Inc.	n	See 990, Part VII
(4)			
(5)			
(6)			

The Heidi Fund, Inc.

20-0112865

2009 Gifts to Individuals

Date	Name		Store	Check #	Situation	Gift Amount
	First	Last				
1/2/09	Brandy	Payne	6281	14721	Brother passed	\$1,000
1/7/09	Adriana	Valverde	5287	14723	Surgery off work 3 weeks	\$1,000
1/7/09	Alonzo	Archard	5814	14724	Cousin passed	\$1,000
1/7/09	Andres	Estrada	5803	14725	Fire, total loss	\$1,000
1/7/09	Brandy	Crawley	5824	14726	Car accident, off work 3 weeks	\$1,000
1/7/09	Charles	Travick	5827	14728	Hospitalized off work 2 weeks	\$500
1/7/09	Debra	Francis	6221	14729	Medical bills, off work	\$1,000
1/7/09	Lacy	Garlick	5866	14730	Infant hospitalized 6 weeks	\$1,000
1/7/09	Monica	Jaranillo	6406	14732	Sister passed	\$1,000
1/7/09	Yvette	Kashmer	5857	14733	Infant hospitalized off work 12 weeks	\$1,000
1/7/09	Daniel	Osmundsen	6104	14734	House fire total loss	\$1,000
1/7/09	Debby	Doty	SC	14735	Cancer, off work, husband off work	\$1,000
1/7/09	Richelle	Vroman	6148	14736	Husband passed	\$1,000
1/7/09	Mechell	McWherter	5216	14731	Grandmother passed	\$300
1/12/09	Amber	Yocum	5282	14737	Father has cancer	\$500
1/14/09	Angelique	Hover	5216	14726	Hospitalized off work indefinitely	\$500
1/14/09	Angela	Roy	6229	14738	Medical bills	\$500
1/14/09	Doug	Dormanen	6138	14739	Wife of work 3 weeks	\$500
1/14/09	Joaquin	Olivares	6134	14740	Wife passed	\$1,000
1/14/09	Mark	Caldwell	5852	14741	Father passed	\$1,000
1/14/09	Melody	Shelton	6251	14742	Dental	\$150
1/14/09	Nykisha	Smith	6225	14743	Death of infant	\$2,000
1/14/09	Pauline	House	5863	14745	Husband off work 1 week, illness	\$250
1/14/09	Shawtae	Bonds	6232	14745	Passing of 2 family members	\$1,000
1/14/09	Stephanie	Chastain	5275	14746	Periodontal disease	\$500
1/14/09	Robert	Schaust	6153	14747	Surgery off work 6 days	\$250
1/14/09	Tenis	Murdock	6227	14778	Asthma, off work 2 weeks	\$1,000
1/16/09	Shannon	Dixon	6746	14749	Knee surgery	\$1,000
1/21/09	Antoinese	Brown	5277	14750	Purse stolen	\$500
1/21/09	Candy	Amburgey	5857	14751	Medication for child	\$300
1/21/09	Erica	Sanders	5270	14753	Car accident	\$1,000
1/21/09	Michelle	Bina	6121	14754	Emergency appendectomy	\$500
1/21/09	Timothy	Griesheimer	5266	14756	Mother passed	\$1,000
1/21/09	Brenda	Council	5805	14757	Travel to see ill mother	\$400
1/21/09	Margaret	Fergusson	5822	14758	Hospital bills	\$750
1/21/09	Nicole	Gurnyard	5814	14763	Broken ankle & broken toe off work 6-8 weeks	\$500
1/21/09	Bryan	Abney	5246	14762	Travel to see mother with lung cancer	\$500
1/21/09	Steve	Rowe	5101	14755	Surgery off work 6-8 weeks	\$1,000
1/21/09	Craig	Pomilee	5241	14752	Heart attack	\$500
1/21/09	Jenifer	Inman	5254	14750	Home fire total loss	\$2,000
1/21/09	Julio	Morocho	6121	14749	Death of an associate	\$2,000
1/22/09	Mathieu	Agee	6135	14764	Father passed	\$1,000
1/22/09	Majesta	Duncan	6261	14716	House fire	\$1,000
1/22/09	Todd	Buckmaster	6261	14715	House fire	\$1,000
1/28/09	Debra	Francis	6221	14784	Medical bills off work	\$1,000
1/28/09	Eric	Fisher	6245	14777	Surgery off work 1 week	\$500
1/28/09	Jose	Lopez	6105	14779	Broken hand off work at least 2 weeks	\$500
1/28/09	John	Pitman	6761	14778	Several operations	\$1,000
1/28/09	Karissa	Lamoureux	6707	14780	Father passed	\$1,000
1/28/09	Miguel	Rodriguez	6149	14781	Infant had surgery off work 2 weeks	\$500
1/28/09	Rebeckha	Taylor	6263	14782	Hospitalized off work 9 days	\$721
1/28/09	Rosa	Puentes	6223	14783	Emergency C section	\$500
2/4/09	Cheryl	Blue	6123	14786	Pneumonia off work 1 week	\$500
2/4/09	Christiana	Hexum	6149	14787	Cancer, no insurance	\$1,000
2/4/09	Enrique	Rocha	6408	14788	Surgery off work 2 weeks	\$500
2/4/09	Jeffrey	Harkin	5246	14793	Ice storm	\$500
2/4/09	Jonathan	Haynes	6290	14789	Car broken into	\$300
2/4/09	Paul	Almeida	6257	14790	Mother passed	\$1,000
2/4/09	Sean	Detrick	5291	14792	Surgery off work 12 weeks plus	\$500
2/4/09	Tyler	Karlberg	6123	14791	10 month old hospitalized off work 1 week	\$1,000
2/11/09	Judith	Hutchins	5246	14803	Ice storm	\$500
2/11/09	Rodger	Curneal	5246	14804	Ice storm	\$500
2/11/09	Amber	Dukes	5246	14798	Ice storm	\$500
2/11/09	Vernon	Whye	6215	14801	Surgery	\$1,000
2/11/09	Abel	Solorzaro	6157	14802	Death of child	\$1,000
2/11/09	Mitzi	Gottschalk	5805	14799	Broken ankle	\$500
2/11/09	Neil	Shover	5849	14800	Hernia surgery	\$750
2/18/09	Amber	Shell	5849	12954	Medical bills	\$500
2/18/09	Ryan	Woolsey	5225	12955	Toddler has cancer	\$1,000
2/20/09	Doug	Fiedler	5225	12956	Wife has cancer, off work	\$500
2/25/09	Marsha	Heinrich	6251	14769	Hospitalized, ICU off work	\$1,500
2/25/09	Sean	Shelley	6714	14770	Hospitalized for psych	\$500
2/25/09	Steve	Rowe	5101	14771	Torn stomach muscles, off work 3-4 wks	\$500
2/25/09	George	Kramer	6115	14768	Daughter hospitalized, several surgeries	\$1,000
2/27/09	Susan	Hutchens	5857	14774	Hospitalized off work 2 weeks	\$500
3/4/09	Amanda	Farr	5855	14864	Car accident off work 1 year	\$500
3/4/09	Amy	Williams	5852	14865	Baby w/concussion, broken leg, off work	\$750
3/4/09	Edward	Fox	5857	14860	Fiance passed	\$1,000
3/4/09	Elaine	Smith	SC	14861	Mild stroke, hospitalized	\$500
3/4/09	Jason	Dion	6752	14862	Spine surgery off work 2 months	\$500

The Heidi Fund, Inc.

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2009 Gifts to Individuals

3/4/09	Josef	Breznai	5810	14819	Surgery, off work at least 1 month	\$500
3/4/09	Kaci	Allard	6704	14845	Hospitalized 5 days	\$250
3/4/09	Kimberly	Rosano	6236	14858	Surgery off work 6 weeks	\$750
3/4/09	Tim	Wynn	5266	14847	Hospitalized heart problems off work 8 weeks	\$500
3/9/09	Frank	Jackson	6263	14805	Wife in rehab	\$500
3/10/09	Sherie	Lightner	6210	14806	Apartment fire	\$750
3/11/09	Jeneau	Paul	5851	14831	Husband car accident	\$1,000
3/11/09	Michelle	Wilson	6119	14832	Infant w/broken arm, medical bills	\$500
3/11/09	Steven	Haines	5224	14833	Wife hospitalized off work 6 weeks	\$500
3/11/09	Crystal	Combs	6224	14834	Car accident	\$500
3/16/09	Kevin	Coy	5245	14836	Death of infant	\$1,000
3/16/09	Jennifer	Childs	6225	14835	Loss of home	\$500
3/18/09	Amanda	Fanger	5213	14825	House fire	\$500
3/18/09	April	Campbell	6269	14826	Husband left	\$500
3/18/09	Ashley	Dirusso	6734	14827	Cancer	\$1,000
3/18/09	David	Strickland	5206	14822	Heart problems	\$500
3/18/09	Elwood	Teeples	5839	14823	On ventilator 2 months	\$1,000
3/20/09	Amber	Arpaia	6732	14824	Death of husband	\$1,000
3/23/09	Luis	Castellano	6113	14794	House fire, total loss	\$1,000
3/25/09	Fernando	Ponce	5803	14828	Wife, multiple hospitalizations	\$1,000
3/25/09	Shelby	Lambert	6803	14437	Infant hospitalized	\$500
3/25/09	William	Boskovich	5813	14440	Baby hospitalized	\$500
3/25/08	Keith	Douglas	5863	14829	Apt robbed	\$250
3/25/09	Kyle	Cox	5863	14830	Apt robbed	\$250
3/25/09	Joel	Hartry	5207	14443	Sister passed	\$1,000
4/1/09	Angela	Landman	6271	14796	Baby hospitalized 2 days off work 1 week	\$1,000
4/1/09	Brandy	Crawley	5824	14840	Car accident knee surgery	\$750
4/1/09	Carol	Dechantal	6123	14841	Child abuse	\$300
4/1/09	Deborah	Eicholz	5286	14843	Multiple strokes & heart problems	\$1,350
4/1/09	Dominique	Murray	5851	14844	Death of grandmother, off work 2 weeks	\$500
4/1/09	Margaret	Cox	6234	14846	Hospitalized off work 2 weeks	\$500
4/1/09	Maurice	Riddle	5841	14847	Death of infant	\$500
4/1/09	Michael	Witter	6248	14848	Rotator cuff injury, off work 3 months	\$1,000
4/1/09	Phillip	Garney	6263	14849	Baby in ICU	\$1,000
4/1/09	Tonya	Obomsawin	5836	14797	Hernia surgery off work 3 weeks	\$1,000
4/1/09	Jessica	Kennedy	5209	14845	Daughter has cancer	\$1,000
4/1/09	Phanica	Crowder	5218	14850	Child abuse	\$750
4/2/09	Sherr	Wyatt	6219	14851	Eye surgery	\$1,000
4/8/09	Christopher	Hobbs	5228	14842	Home fire total loss	\$1,000
4/8/09	Aaron	Caponetto	5261	14868	Shot, surgery, ICU	\$1,000
4/8/09	Aaron	Kepley	6236	14764	Brother passed	\$1,000
4/8/09	Amanda	Purinton	6765	14761	Brain tumor, off work unknown	\$1,000
4/8/09	Deanna	Baysdell	5824	14623	Neck surgery, off work 3 months	\$1,000
4/8/09	Erica	Juarez	5228	14722	Surgery, off work 1 week	\$500
4/8/09	Harry	Johnson	6732	14841	Medical condition, off work 2 months	\$1,000
4/8/09	Jim	Raper	5289	14593	3 heart attacks, off work 1 month	\$1,000
4/8/09	Lisa	Murphy	5851	14869	Spine surgery, off work 6-8 weeks	\$1,000
4/8/09	Roderick	Rucker	6219	14695	Past medical bills, mental health issues	\$500
4/8/09	Sarah	Wheeler	6225	14692	Abusive relationship	\$500
4/8/09	Sofia	Kock	5801	14867	Homeless	\$500
4/8/09	Tiffnie	Roddy	5277	14611	Mother needs surgery	\$1,000
4/15/09	Connie	Larson	6131	14877	Daughter, surgery on arm	\$1,000
4/15/09	Danny	Adkins	5271	14870	Infant, surgery hospitalized 2 months	\$1,000
4/15/09	Erica	King	5851	14871	House fire, total loss	\$1,000
4/15/09	Genevive	Johnston	5826	14872	Cancer	\$1,000
4/15/09	Michael	Durga	5809	14873	Grandmother passed	\$350
4/15/09	Patricia	Welsch	5832	14874	Cancer, surgery	\$1,000
4/15/09	Thisa	Coffin	5278	14875	Husband has cancer	\$1,000
4/15/09	Wayne	Bengle	5802	14876	Surgery off work 3-6 months	\$1,000
4/15/09	Mark	Quigley	5228	14878	Surgery	\$1,000
4/15/09	JoAnn	Quigley	5228	14879	Surgery	\$1,000
4/15/09	Larry	Hauber	SC	14880	Surgery	\$1,000
4/22/09	Alicia	Wilder	5858	14888	Surgery, off work 8 weeks	\$1,000
4/22/09	Ann	Miles	6726	14889	Daughter has cancer, medical bills	\$750
4/22/09	Bobbie	Harsch	SC	14884	Infant had surgery	\$1,000
4/22/09	Cecilia	Martinez	5843	14890	Surgery off work 10 plus days	\$500
4/22/09	Chamisa	Edmonds	6292	14885	Surgery off work 1 5 months	\$1,000
4/22/09	Karen	Whited	6219	14886	Knee surgery off work 1 months plus	\$1,000
4/22/09	Marlene	Villatoro	5809	14882	Surgery, med bills	\$1,000
4/22/09	Matt	Stump	SC	14883	Baby w/ infantile spasms, off work	\$1,000
4/22/09	Lisa	Robinson	6265	14887	Breast cancer, off work 1 month	\$1,000
4/20/09	Michael	Labarge	5206	14852	Hospitalized, ICU off work	\$2,000
4/29/09	Jennifer	Jay	5841	14891	Lung surgery	\$500
4/29/09	Jim	Crites	5205	14892	Pacemaker, off work 1 month	\$500
4/29/09	Shemiko	Lee	5286	14893	Surgery off work 6 plus weeks	\$1,000
4/29/09	Tameika	Majors	6290	14855	Baby has sickle cell, med bills travel	\$1,000
4/29/09	Harold	Davis	6271	14856	Care for mother	\$1,000
4/29/09	Grady	Suneson	5288	14857	Dad committed suicide	\$1,000
4/27/09	Clayton	Sims	4202	14897	Sister passed	\$1,000
4/27/09	Juanita	Torrey	5814	14898	Baby passed	\$1,000
5/1/09	Jessica	Smith	6247	14854	Father passed	\$1,000
5/6/09	Courtney	Brock	6214	14900	Infant hospitalized, homeless, off work 1 5 weeks	\$1,000

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2009 Gifts to Individuals

5/6/09 Darryl	Fisher	5805	14901 Motorcycle accident, off work 2 weeks	\$500
5/6/09 Deedrick	Hampton	7101	14902 Wife has cancer & diabetes off work 2 weeks	\$1,000
5/6/09 Dinisha	Ball	6271	14903 Knee injury, not WC	\$1,000
5/6/09 Elizabeth	Yost	5812	14904 Pneumonia off work 1 week	\$250
5/6/09 Kara	Rozowski	6115	14905 Leukemia	\$1,000
5/6/09 Katy	Tewksbury	6760	14906 Ex-boyfriend stole \$800	\$500
5/6/09 Kristy	Lewis	5851	14907 Abusive relationship/custody	\$500
5/6/09 Shasta	Nichols	5205	14908 Household provider off work	\$500
5/6/09 Rebecca	Duncan	5852	14909 Medical bills \$1,400	\$600
5/8/09 Christie	Watkins	6225	14910 Homeless	\$500
5/13/09 Angelique	Hover	5216	14921 Blood clots in legs, off work 6 months	\$1,000
5/13/09 Anthony	Wade	6236	14912 Baby has MRSA, surgery off work 4 days	\$1,000
5/13/09 Billie	Perkins	6123	14922 Daughter having surgery, medical bills, off work	\$500
5/13/09 David	Mershon	5254	14913 Homeless, ICU off work 2 weeks	\$1,000
5/13/09 Deanna	Baysdell	5824	14914 Neck surgery, off work 3 months	\$1,000
5/13/09 Denise	Dow	6758	14915 Breast cancer	\$1,500
5/13/09 Donald	Singles	5806	14916 Daughter has surgery monthly body cast	\$1,500
5/13/09 Jude	Samed	6227	14917 Wife had complications, off work 12+ weeks	\$1,000
5/13/09 Sarah	Russeau	5840	14918 Death of infant	\$1,000
5/13/09 Tara	Leporowski	5840	14919 Pregnancy complications, off work 1 week	\$1,000
5/13/09 Wendy	Ragatski	5841	14920 Surgery, off work 3-6 weeks	\$500
5/19/09 Aliec/Abdullah/Younis	Alsaffar	5804	14896 Associate passed	\$2,000
5/14/09 Brittny	Thompson	5272	14894 Home fire	\$1,000
5/14/09 Jesus	Mendez	6715	14895 Apartment fire	\$1,000
5/20/09 Alvin	Carter Sr	6271	14924 Wife has chronic anemia	\$500
5/20/09 Bonnie	Modglin	5261	14925 Cancer, medical bills, off work	\$750
5/20/09 Eric	Colby	5866	14926 Mass on vocal cords, medical bills, off work 1 5	\$750
5/20/09 Gerardo	Corral	6408	14927 Off work to care for father	\$500
5/20/09 Marjories	Woodward	5235	14928 Crushed finger off work 6-8 weeks	\$1,000
5/20/09 Rachel	Emery	6768	14929 Torn ACL, off work 2 months, med Bills	\$500
5/20/09 Rocco	Restalli	6704	14930 Severe burn, off work 2 months	\$1,000
5/20/09 Sam	Posthumus	5254	14931 Broken foot, off work 1+ months	\$1,000
5/20/09 Andre	Clay	5851	14932 Needs a Cpap machine for sleep apnea	\$250
5/20/09 Jeremee	Nienhuis	5863	14934 Death of father off work 1+ weeks	\$500
5/20/09 Brandy	Crawley	5824	14935 Knee Surgery off work 2 months	\$750
5/22/09 Jennifer	Turner	5248	14933 Medical bills	\$1,000
5/28/09 Andrew	Haley	5288	14937 Motorcycle accident, off work 3+ weeks	\$750
5/28/09 Tiffany	Cheek	5288	14936 Motorcycle accident, off work 3 5 months	\$500
6/2/09 Sean Haltas	Julie Pepper	5828	14938 Death of associate	\$1,000
6/3/09 Antione	Killingworth	5256	14939 Hip surgery, medical bills, off work	\$1,000
6/3/09 Jessica	Cooper	5269	14940 Thyroid cancer	\$1,250
6/3/09 Laura	Ziebell	6301	14941 Car accident off work 6 weeks	\$500
6/3/09 Rocio	Calderon	6258	14942 Unexpected loss of income	\$500
6/3/09 Felton	Sanders	6271	14943 Homeless	\$1,000
6/3/09 Shermekademae	Samuels	6125	14944 Grandmother passed	\$300
6/3/09 Sherr	Craig	6263	14945 Husband has bruising of the brain, medical bills	\$1,000
6/3/09 Tracie	Dotson	5281	14946 Husband in wreck, off work	\$500
6/3/09 Brandy	Johnson	6167	14947 Pregnancy complications, off work 1 month	\$500
6/3/09 Eric	White	5851	14948 Both parents passed, car accident	\$2,000
6/10/09 China	Lloyd	4202	14954 Death of father	\$1,000
6/10/09 Stephanie	Jones	4202	14951 Son in car accident	\$2,000
6/10/09 Christopher	Sica	5802	14955 Broken wrist off work 11 weeks	\$1,000
6/10/09 Jennifer	Menendez	6262	14952 Care for sister, car accident	\$200
6/10/09 Nakeya	Thompson	6226	14953 Father and mother passed	\$2,000
6/10/09 KS Secretary of State	2008 Annual Report	SC	14956 KS Secretary of State 2008 Annual Report	\$40
6/10/09 Jenna	Hack	5220	14911 Death of brother	\$1,000
6/16/09 Kim	Knox	5244	14923 Father terminally ill, out of town	\$500
6/17/09 Danielle	Udeen	6301	14957 Sister passed	\$1,000
6/17/09 Dmitri	Fox	5814	14958 Pancreas issues, off work 1+ month	\$1,000
6/17/09 Mohamed	Sheriff	5275	14959 Wife has malaria, surgery, off work 3 weeks	\$1,000
6/17/09 Harold	Davis	6271	14960 Caring for mother	\$500
6/18/09 Corey	Demond	5846	14961 Father passed	\$1,000
6/18/09 Elizabeth	Mikulas	5241	14962 Homeless	\$500
6/19/09 Josh	Unruh	5835	14949 Loss of infant	\$1,000
6/19/09 Mary	Fewless	5835	14950 Loss of infant	\$1,000
6/24/09 Amber	Bluhm	6168	14963 Baby premature, medical bills, travel	\$1,300
6/24/09 Ashauti	Johnson	5857	14964 Hospitalized, blood infection, medical bills	\$1,750
6/24/09 Cynthia	Oset	5822	14965 Cardiac arrest, anurism	\$1,500
6/24/09 Hazel	Gittemeier	5278	14966 Husband hospitalized, off work 2 weeks med bills	\$1,500
6/24/09 Jasmine	Jenkins	6225	14967 Off work 2 months doctors order, complications	\$2,000
6/24/09 Karen	Small	6210	14968 Car accident, off work indefinitely med bills	\$2,000
6/24/09 Stacy	Westerburg	5837	14969 Fiance has blood clots, no insurance, med bills	\$1,000
6/24/09 Teresa	Briones	6261	14970 Cancer, off work	\$2,000
6/24/09 Tracy	Johnson	4201	14971 Kidney failure	\$1,000
6/24/09 Courtney	Dreon	6162	14972 Hit w/bat facial injury	\$1,000
6/24/09 James	Kirwin	6210	14973 Blood clot, off work 3 weeks	\$2,000
6/24/09 Robert	Drescher	5259	14974 Mother passed	\$1,000
6/29/09 Nakeya	Thompson	6226	14975 Hospitalized off work 1 month	\$1,000
7/1/09 Ashley	Davis	6271	14979 Homeless, abusive relationship	\$500
7/1/09 Carmon	Rhodes	6219	14980 Surgery, med bills, off work 1 1/2 months	\$1,000
7/1/09 Manley	Evans	6201	14981 Both feet amputated, med bills, off work	\$1,000
7/1/09 Thomas	Delaforest	6150	14982 ATV accident, off work 2 months, medical bills	\$1,000

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2009 Gifts to Individuals

7/7/09	Michael	Calandrello	6717	14976	Associate passed (Kevin Dalrymple)	\$500
7/8/09	Jordan	Brown	6225	14984	HIV	\$500
7/8/09	Linda	Plummer	6726	14985	Knee surgery, off work 5-6 weeks	\$500
7/8/09	Melissa	McIntyre	5205	14986	Son has heart problems	\$500
7/8/09	Robert	Stevens	6153	14987	Heart attack, surgery, off work	\$1,000
7/8/09	Samantha	Kanawyer	5105	14988	Husband off work 3 months	\$450
7/9/08	Anthony/Norma	Hill/Schilling	6168	14983	Associate killed in motor cycle accident	\$500
7/14/09	Amber	Cain	5248	14990	Home fire, total loss	\$500
7/15/09	Abby	Bickford	6746	14993	Medication	\$500
7/15/09	Brandi	Smith	5234	14994	Sister passed	\$500
7/15/09	Dave	Lennox	6128	14995	Death of daughter	\$1,000
7/15/09	Genny	Hale	5238	14996	Car accident, broken neck of work indefinitely	\$1,000
7/15/09	Jennifer	Slaughter	5271	14997	Hospitalized off work	\$750
7/15/09	Larry	Patterson	5245	14998	Needs glasses	\$500
7/15/09	Paul	Provence	5272	14999	Mother passed, wife in coma, off work 3 weeks	\$1,000
7/15/09	Prestina	Whillow	5851	15000	Grandmother passed	\$500
7/15/09	Rebekkah	McCarthy	6714	15001	Accident, broken ribs, off work 2 weeks	\$500
7/15/09	Teresa	Byrum	6232	15004	Cancer, surgery, off work 10 weeks	\$1,000
7/15/09	Stacy	Dawson	6271	15002	Medical bills	\$250
7/15/09	Suliman	Smith	6271	15003	Medical bills	\$250
7/22/09	Jodi	Sweeney	5813	15000	Surgery off work 6 weeks	\$500
7/22/09	Christine	Niedbala	5813	15005	Husband hospitalized	\$500
7/22/09	Betty	Deshazo	6219	15006	Homeless until plumbing repaired	\$250
7/22/09	Frances	Farmer	6219	15007	Husband off work 5 months surgery	\$500
7/22/09	Jane	Bowen	6271	15008	Care for mother w/brain tumor, off work 10 days	\$250
7/22/09	Regina	Phillips	6267	15010	Abusive husband	\$250
7/29/09	Angela	Haywood	6286	15011	Daughter hospitalized, off work 2 weeks	\$500
7/29/09	Chris	Jackson	SC	15012	Mother passed	\$500
7/29/09	Christopher	Layne	6290	15016	Lighting strike, lost well pump, dryer	\$500
7/29/09	Gary	Hudd	5829	15013	Kidney failure	\$500
7/29/09	Jamie	Hull	5819	15014	Breast cancer	\$500
7/29/09	Michael	Luallen	5860	15015	Open heart surgery	\$750
7/30/09	Joseph	Carney	5840	14991	Homeless	\$250
7/31/09	Dorothy	Martin	6251	14992	Step-father passed	\$500
8/4/09	Rene/Tulio	Ramos/Hernandez	6254	15017	Associate passed	\$500
8/5/09	Alfrado	Guzman	5206	15020	Heart surgery, off work 3 months	\$1,000
8/5/09	Amy	Rickman	6234	15021	Hospitalized, off work 10 days	\$750
8/5/09	Angela	Labee	5104	15022	Bells Palsy, ER, medical bills, off work	\$750
8/5/09	DeAnn	Adams	6801	15023	Left abusive situation	\$250
8/5/09	Douglas	Weller	SC	15024	Grand daughter passed	\$500
8/5/09	Felicia	Jackson	4202	15025	Fiance needs hernia surgery, off work, 2 weeks	\$500
8/5/09	Jameka	Brown	6227	15026	Psychological care	\$250
8/5/09	Jessica	Deale	6245	15027	Abusive relationship	\$250
8/5/09	Joel	Pecci	6760	15028	2nd and 3rd degree burns	\$1,000
8/5/09	Justin	Lopp	5817	15029	Cut finger, off work 3 weeks	\$250
8/7/09	Sharonda	Wilson	6761	15012	Mother passed, homeless	\$750
8/7/09	Jaclyn	Keck	5855	15030	Homeless	\$250
8/10/09	Mary	White	5107	15032	Husbands aunt passed	\$500
8/12/09	Geoffry	Wallace	5855	15035	Medical bills	\$500
8/12/09	Karen	Mundor	6214	15036	Sick off work 6 days	\$250
8/12/09	Savanah	Miller	6761	15037	France lost job	\$250
8/12/09	Shaquonn	Brooks	6163	15038	Caring for sister, off work 1 5 weeks caring for mom	\$375
8/20/09	Angela	Hanner	6217	15041	Abusive relationship	\$250
8/20/09	Breena	Hood	6733	15042	Child hospitalized surgery off work 1 wk plus	\$750
8/20/09	Cory	Fields	6733	15043	Child hospitalized surgery off work 1 wk plus	\$125
8/20/09	Delma	King	6224	15044	Mom passed, house fire	\$500
8/20/09	Erica	Whited	5245	15045	Premature baby, collapsed lung, hospitalized	\$500
8/20/09	James	Patterson	5867	15046	Son had head injury, hospitalized	\$625
8/20/09	Jean	O'Quinn	6271	15047	Husband hospitalized, heart problems	\$200
8/20/09	Jill	Seykerman	5863	15048	Father passed	\$500
8/20/09	Mahasinah	Dent	6216	15049	Surgery, off work 4-6 weeks, medical bills	\$1,000
8/20/09	Stephan	Custer	6221	15050	Sick off work 1 5 weeks, grandfather passed	\$250
8/20/09	Theresa	Magy	5840	15051	Homeless	\$1,000
8/20/09	Cindy	Judson	SC	15053	Cancer	\$500
8/26/09	Carolyn	Adkins	6218	15056	Grand daughter has blood building on her brain	\$500
8/26/09	Emily	Potorski	6739	15057	Theft	\$250
8/26/09	Janet	Sharp	6251	15058	Unexpected event, can't pay house payment	\$250
8/26/09	Joel	Rollins	5864	15059	Stroke, off work 3 weeks, no insurance	\$1,000
8/26/09	John	Jasso	5271	15060	Unexpected event, care of siblings, loss of home	\$500
8/26/09	Jolie	Collier	5264	15061	Hand burn, off work 3 weeks	\$875
8/26/09	Krysti	Davis	5288	15062	Daughter needs counseling, husband laid off	\$500
8/26/09	Misti	Derave	6746	15063	Surgery off work 4-12 weeks	\$1,000
8/26/09	Ricky	Miller, Jr	6229	15064	Foot surgery off work 5 weeks	\$500
8/26/09	Rodney	Chmidling	SC	15065	Medical bills	\$500
8/26/09	Rose	Kester	5102	15066	Mother passed	\$500
8/26/09	Suzy	Brozynski	6127	15067	Father has cancer, off work to care for him	\$1,000
8/26/09	Jovon	Hooks	6275	15068	Grandfather terminally ill	\$500
8/26/09	Amanda	Robinson	6783	15069	Surgery off work 4-5 weeks, in insurance	\$750
8/26/09	Stephane	Burt	5275	15070	Eye biopsy, off work 1 week	\$500
9/2/09	Barry	Johnson	6214	15033	Heart attack, no insurance off 1 month	\$1,000
9/2/09	Brooke	Hall	5253	15034	Ankle surgery, off work 6 weeks, medical bills	\$1,000
9/2/09	Myra	Riley	5233	15039	Husband laid off, no insurance, medical bills	\$750

The Heidi Fund, Inc.

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2009 Gifts to Individuals

9/2/09	Frank	Jackson	6263	15040	Mental health abuse	\$750
9/2/09	Jeanie	Adkins	6290	15054	Medical bills	\$389
9/2/09	Sabrina	Duval	6739	15055	Cancer surgery, medical bills, off work 4 weeks	\$1,000
9/2/09	Nathan	Stinson	6730	15071	Broken ankle, off work 2-6 weeks	\$1,000
9/8/09	Raquez	Diaz	6162	15072	Dad laid off work, facing eviction	\$500
9/9/09	Charlotte	Prather	5248	15075	Daughter fell and hit her head	\$500
9/9/09	Danielle	Lentz	5851	15076	High risk pregnancy, medical bills	\$500
9/9/09	Elaina	Mullins	5801	15079	Mother passed	\$500
9/9/09	Jaymes	Shaw	6765	15074	Surgery, off work 1 month	\$1,000
9/9/09	Kristy	Lambert	6713	15080	Housing	\$500
9/9/09	Valerie	Corcoran	6712	15081	Robbed	\$125
9/9/09	Debbie	Wigfall	6208	15077	Knee surgery, off work 2-3 weeks, med bills	\$875
9/9/09	Duane	Taber	6208	15078	Dental	\$500
9/14/09	Tonisha	Smith	6273	15083	Domestic violence/homeless	\$500
9/16/09	Brittnee	Gull	5112	15088	Father passed	\$500
9/16/09	Calvin	Washington	5824	15087	Mother passed	\$500
9/16/09	Dianne	Philpott	6293	15089	Father passed	\$500
9/16/09	James	Cage	6236	15090	Father passed	\$500
9/16/09	Jennifer	Carroll	5815	15091	Husband has liver disease, medical bills	\$500
9/16/09	Lynne	Saltalamacchia	6760	15092	Cancer, husband laid off	\$750
9/16/09	Michael	Lawson	5254	15093	Onset diabetes, off work 4 days	\$600
9/16/09	Danielle	Patterson	6290	15094	Daughter hospitalized, off work, medical bills	\$750
9/16/09	Angelica	Sinclair	4202	15084	Uncle passed, aunt & children living with her now	\$250
9/21/09	Ashely	Beible	6704	15095	Father passed	\$500
9/23/09	Brock	Gray	6303	15098	Grandmother passed	\$500
9/23/09	Heather	Lunceford	6114	15103	Boyfried has kidney failure, no insurance, med bills	\$500
9/23/09	Rhonda	Ryder	5856	15100	Liver failure off work 2 weeks, medical bills	\$750
9/23/09	Sharon	Sims	6267	15101	Cancer, surgery, medical bills, off work 2 weeks	\$625
9/23/09	Tawanna	Williams	6262	15104	Car accident, no insurance, med bills	\$625
9/23/09	Tina	Sparks	6125	15102	3 months off work pregnancy complications	\$1,000
9/23/09	Lynda	Davis	SC	15099	Heart problems	\$500
9/25/09	Rosemary	Carrasquillo	6781	15097	Domestic violence/homeless	\$500
9/25/09	John	Jasso	5271	15096	Provider for siblings	\$500
9/30/09	Brenda	Neff	6245	15119	Surgery off work 3 months	\$250
9/30/09	April	Kimbrell	5271	15107	2 surgeries off work 6 weeks, medical bills	\$1,000
9/30/09	Bobbie	McTernan	5815	15108	Kidney stone, off work 1 week	\$500
9/30/09	Christopher	Olson	6119	15109	ER & medical bills	\$500
9/30/09	James	Spicer	5810	15110	Heart surgery, off work 1 5 weeks	\$750
9/30/09	Jennifer	Anderson	5803	15112	Car accident, on going medical, off work	\$500
9/30/09	Jennifer	Weyant	6229	15111	Lymes disease, medical bills	\$ 750 00
9/30/09	Stephanie	Hunter	5857	15123	WC paid medical but not time off 1 5 weeks	\$250
9/30/09	Theresa	Dembiec	5857	15124	Home fire total loss	\$500
9/30/09	Michael	Foster	5271	15117	Surgery off work 3 weeks	\$875
9/30/09	Renee	Trevino	6277	15118	Husband laid off	\$500
9/30/09	Warren	Williams	5821	15116	Surgery off work 3 weeks	\$875
9/30/09	Kenneth	Kantner	5104	15122	Robbery	\$125
10/5/09	Jeanie	Antonio	5218	15120	Sister has cancer, travel	\$125
10/7/09	Adam	Burke	6286	15130	Apt robbed	\$125
10/7/09	Amanda	Peterson	6162	15131	Surgery off work 2 weeks, sig other laid off	\$500
10/7/09	Douglas	Burgess	5214	15129	Brain tumor, off work 1 yr, medical bills	\$750
10/7/09	Ericka	Wilson	6782	15128	Gall bladder surgery w/complications, no insurance	\$1,000
10/7/09	Jennifer	Morgan	5277	15127	Car accident, medical bills, off work 3 months	\$1,000
10/7/09	Lindsey	Bock	6109	15132	Medical bills	\$500
10/7/09	Rachael	Heaphy	5822	15126	Rachael has cancer, no insurance	\$1,000
10/7/09	Robin	Buckhannon	6229	15125	Knee surgery off work 5 weeks	\$1,000
10/7/09	Stacey	Hamilton	6219	15133	Son hospitalized, off work 1 week, travel	\$350
10/15/09	Omar	Floyd	6249	15137	Eviction	\$250
10/15/09	Beverley	Vota	6723	15134	Son had surgery, med bills, off work 2 weeks	\$1,000
10/15/09	Heather	Hayes	5280	15135	Uncle passed	\$250
10/15/09	Katelyn	Parrow	6756	15136	Infant in ICU	\$500
10/21/09	Lautusi	Allen	6207	15149	Mother passed	\$750
10/21/09	Bob	Fischer	HR	15140	Unexpected event theft	\$375
10/21/09	Cole	Wilhelm	5212	15141	Brother passed	\$500
10/21/09	Damon	Poe	5215	15142	Will be homeless, unexpected event	\$500
10/21/09	Jamilee	Arthur	6281	15143	Medical bills	\$750
10/21/09	Jennifer	Mariott	5228	15144	Broken wrist	\$625
10/21/09	May	Goodman	6221	15147	Surgery off work 4-6 weeks	\$750
10/21/09	Megan	Tyler	6737	15146	Mother passed	\$500
10/21/09	Mike	Benson	6211	15148	Wife passed	\$500
10/21/09	Monica	LaLonde	5844	15148	Twin passed	\$1,500
10/29/09	Angela	Godwin	5232	15152	Surgery off work 2 months, medical bills	\$1,000
10/29/09	Anna	Fletcher	6221	15153	Household supporter laid off	\$250
10/29/09	Candace	Tremblay	6726	15154	Medical bills	\$500
10/29/09	Mallory	Arnold	6713	15155	Household provider off work, medical bills	\$1,250
10/29/09	Heather	Wilkinson	6224	15156	Fiance off work	\$750
10/29/09	Kim	Libby	6732	15157	Mother passed	\$500
10/29/09	Mary	Burke	5836	15185	Husband off work	\$1,000
10/29/09	Bridgette	Drayton	6753	15159	Medical time off	\$1,000
10/29/09	Justin Colter	Daubert	SC	15160	2 emergency room, hospitalized 6 days off work	\$1,000
10/29/09	William	Forbes	5222	15138	House fire, total loss	\$500
10/30/09	Delvina	George	6221	15150	Kidney failure, hospitalized off work, eviction	\$875
11/2/09	Janine	Seum	6126	15161	Fire, total loss of home and vehical	\$750

The Heidi Fund, Inc.

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2009 Gifts to Individuals

11/2/09	Jessica	Conway	6270	15163	Father passed	\$500
11/4/09	Eboni	Shepherd	5246	15165	Dental work needed, no insurance	\$500
11/4/09	Melissa	Ellis	6163	15166	Surgery off work 6 weeks	\$750
11/4/09	Kelly	Pate	5814	15167	Pneumonia off work 2 weeks, medical bills \$8,400	\$750
11/4/09	Daniel	Swanson	6251	15162	Wife off work 1 5 weeks asthma attacks	\$500
11/11/09	Cathy	Bialock	5271	15170	Daughter hospitalized, off work 11 days, med bills	\$1,000
11/11/09	Jeremy Patrick	Allen	5810	15171	Vehicle stolen	\$125
11/11/09	Michael	Gifford	6801	15172	Sister passed	\$500
11/11/09	Oscar Ray	Washington, Jr	6245	15173	Robbed	\$125
11/11/09	Rhonda	Lenke	5826	15174	Off work hospitalized for weeks, med bills	\$750
11/16/09	Angela	Georgi	6146	15176	Wallet stolen @ work \$500 taken	\$125
11/16/09	Brenda	Neff	6245	15177	Colon surgery, off work	\$250
11/16/09	Jorge	Hernandez	5266	15178	Father passed	\$500
11/16/09	Logan	Hughes	5268	15179	Terminal cancer	\$500
11/16/09	Melanie	Keys	6219	15180	Son broke foot, no insurance, medical bills	\$1,000
11/16/09	Tony	Walls	5816	15181	Attacked, off work, no insurance	\$625
11/16/09	Shawn	Flanders	6761	15182	Ran over foot with lawnmower off work	\$750
11/16/09	Yolanda	Turner	5253	15183	Lung disease off work 3 weeks	\$750
11/16/09	Zachary	Bauer	5239	15184	Broke foot, surgery, off work 6-8 weeks	\$500
11/16/09	Doug	Dotson	5239	15185	Back injury, off work 5 weeks	\$500
11/16/09	James	Robinson	5817	15186	Mother in law passed	\$500
11/23/09	Katherine	Henderson	6761	12953	Heart condition off work time undetermined	\$500
11/24/09	Erica	Rose/Mr & Mrs	6747	12952	Death of an associate	\$1,000
12/2/09	Alphonso	Amos	5815	15188	Shot hospitalized, no insurance, off work	\$1,000
12/2/09	Chns	Patrick	5803	15193	Hospitalized off work, no insurance	\$625
12/2/09	Amanda	Figg	6216	15190	Car burglarized money stolen for school	\$125
12/2/09	Brian	Bacigalupi	6211	15191	Stabbed, off work, medical bills	\$625
12/2/09	Amy	Butler	5803	15189	Rehab for 30 days, mom responsible for kids	\$750
12/2/09	Carol	Smith	5271	15192	Surgery off work 6-8 weeks	\$750
12/2/09	Chuck	Kamm	6251	15194	Medical bills, wife off work	\$1,000
12/2/09	Deborah	Fredrickson	6115	15195	Broken leg, surgery, off work 3 months	\$750
12/2/09	Jessica	Grenier	6761	15196	Eviction	\$250
12/2/09	Jose	Martins	6702	15198	Hospitalized, medical bills, off work	\$500
12/2/09	Juan	Mejas	6245	15198	Daughters abused	\$500
12/2/09	Kathryn	Forrester	5239	15199	Surgery off work 6 weeks	\$1,000
12/2/09	Emily	Cramer	5826	15200	Off work 1 month, pregnancy complications	\$500
12/2/09	Kellie	Quinn	6737	15201	Seperated no support from spouse, utilities bills	\$250
12/2/09	Lanette	Tolden	5216	15202	Left abusive situation	\$250
12/2/09	Lauren	Hipple	5851	15203	Grandmother passed	\$500
12/2/09	Michelle	Leyde	6133	15204	Husband has cancer, lost job	\$750
12/2/09	Rebecca	Cummins	5841	15205	Pneumonia	\$400
12/2/09	Rudolfo	Fernandez	6163	15206	Grandfather missing	\$400
12/9/09	Brittney	Thompson	6240	15207	Re-Issue of check house fire 5/14/09	\$1,000
12/9/09	Aleishea	Trotter	5814	15209	Utility bills	\$250
12/9/09	Brittany	Morrill	5848	15210	Homeless	\$500
12/9/09	Frank	Gauvin	SC	15212	Leukemia, off work 6 months	\$1,000
12/9/09	Jose	Martins	6702	15213	Medical bills, off work	\$500
12/9/09	Joshua	Beverly	6282	15214	Surgery, off work, medical bills	\$625
12/9/09	Randall	Labarre	6739	15215	Medical bills	\$500
12/9/09	Sean	Macedonia	6801	15216	Premature baby, medical bills	\$1,300
12/9/09	Shelby	Foss	6155	15217	Pneumonia	\$625
12/9/09	Elisabeth	Sterple	6245	15211	Kidney stones, ER, medical bills	\$500
12/9/09	Susan	Yeatts	6267	15218	Cash stolen, mother has cancer, responsible for bills	\$700
12/9/09	Tiffany	Sommers	5822	15219	Husband laid off	\$250
12/9/09	William	Rohde	5825	15220	Medical bills	\$500
12/14/09	Brandy	Wallace	5852	15221	Death of sister	\$500
12/14/09	Tammy	Grubb	6227	15222	Death of fiance, theft	\$370
12/16/09	Amber	Cooper	5271	15225	Medical issues, off work 1 week, medical bills	\$750
12/16/09	Brenna	Sanders	5235	15226	Home fire, total loss, off work 1 week	\$750
12/16/09	Eric	Chick	6750	15227	Surgery, off work 5 weeks, medical bills	\$500
12/16/09	Randall	Labarre	6739	15215	Medical bills	\$700
12/16/09	Shannon	Gros	5822	15229	Husband laid off	\$250
12/16/09	Terr	Moody	5817	15230	MS, off work, medical bills	\$750
12/16/09	Kristian	Gainey-Young	6227	15231	Mother passed	\$500
12/16/09	Lawrence	Donald	5815	15232	Cancer, off work 1 month	\$750
12/17/09	Joshua	Knowlton	6783	15233	Homeless	\$250
12/17/09	Jessica	Tetrck	6152	15234	Abuse, homeless	\$500
12/23/09	Bonnie	Ferrante	6708	15236	Fire, smoke damage, partial loss	\$250
12/23/09	Cory	Lawlers	6214	15238	Mom diagnosed with terminal breast cancer	\$150
12/23/09	Carol	Wood	SC	15237	Medical bills, both Carol and husband off sick 2 wks	\$1,000
12/23/09	Jennifer	Hadley	5296	15239	Stroke, off work 5 weeks, medical bills	\$1,000
12/23/09	Jenny	Consoline	5223	15240	Car accident, off work 4-6 months, medical bills	\$1,000
12/23/09	James	Grovner	6210	15241	Wife hospitalized off work, medical bills	\$750
12/23/09	Mike	Vann	6115	15242	Surgery, off work 6-8 weeks	\$1,000
12/23/09	Nicholas	Rickens	6159	15243	Medical bills, surgery, off work 1 month	\$750
12/23/09	Nikki	James	5833	15244	Medical bills, off work 2 weeks	\$125
12/23/09	Rebecca	Dahl	6301	15245	Theft	\$125
12/28/09	Carla	Fowler	6215	12959	Father passed	\$500
12/28/09	Richard	Land	5281	12960	House fire	\$500
12/30/09	Tyler	Sawchyn	6131	12961	Injured playing hockey	\$625

\$350,620