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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation HERE TO HELP FOUNDATION		A Employer identification number 20-8057969
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite P.O. BOX 480		B Telephone number 248-330-0723
	City or town, state, and ZIP code ROYAL OAK, MI 48068-0480		C If exemption application is pending, check here <input type="checkbox"/>
			D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,657,941.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	21,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	3,477.	3,477.		STATEMENT 1
	4 Dividends and interest from securities	3,051.	3,051.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<397,523.>			
	b Gross sales price for all assets on line 6a	1,945,766.			
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	<369,995.>	6,528.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	STMT 3 1,950.	975.		975.
	c Other professional fees	STMT 4 24,827.	12,415.		12,412.
	17 Interest				
	18 Taxes	STMT 5 1,138.	1,118.		20.
	19 Depreciation and depletion				
	20 Occupancy	23,118.	0.		23,118.
	21 Travel, conferences, and meetings	52.	0.		52.
	22 Printing and publications				
	23 Other expenses	STMT 6 4,037.	0.		4,037.
	24 Total operating and administrative expenses. Add lines 13 through 23	55,122.	14,508.		40,614.
	25 Contributions, gifts, grants paid	199,039.			199,039.
26 Total expenses and disbursements. Add lines 24 and 25	254,161.	14,508.		239,653.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<624,156.>				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash - non-interest-bearing			269.	1,873.	1,873.
	2 Savings and temporary cash investments			439,927.	227,569.	227,569.
	3 Accounts receivable ▶					
	Less: allowance for doubtful accounts ▶					
	4 Pledges receivable ▶					
	Less: allowance for doubtful accounts ▶					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons					
	7 Other notes and loans receivable ▶					
	Less: allowance for doubtful accounts ▶					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments - U.S. and state government obligations STMT 7			577,674.	759,736.	755,695.
	b Investments - corporate stock STMT 8			1,518,482.	1,209,423.	1,503,729.
	c Investments - corporate bonds STMT 9			449,315.	162,910.	169,075.
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)			2,985,667.	2,361,511.	2,657,941.	
Liabilities	17 Accounts payable and accrued expenses					
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable					
	22 Other liabilities (describe ▶)					
23 Total liabilities (add lines 17 through 22)			0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>					
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31.					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	27 Capital stock, trust principal, or current funds			2,892,977.	2,892,977.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds			92,690.	<531,466.>	
30 Total net assets or fund balances			2,985,667.	2,361,511.		
31 Total liabilities and net assets/fund balances			2,985,667.	2,361,511.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,985,667.
2 Enter amount from Part I, line 27a	2	<624,156.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	2,361,511.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,361,511.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b SEE ATTACHED STATEMENTS			
c			
d			
e			

(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			
b			
c			
d			
e 1,945,766.		2,343,289.	<397,523.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			<397,523.>

2 Capital gain net income or (net capital loss)	<div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>	2	<397,523.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	<div> <div> If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8 </div> </div>	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	393,240.	2,390,892.	.164474
2007	154,503.	2,267,424.	.068140
2006			
2005			
2004			

2 Total of line 1, column (d)	2	.232614
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.116307
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,587,595.
5 Multiply line 4 by line 3	5	300,955.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	300,955.
8 Enter qualifying distributions from Part XII, line 4	8	239,653.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	480.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	480.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	480.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> 120. Refunded <input type="checkbox"/>	11	360.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.HERETOHELPFOUNDATION.ORG	13	X	
14	The books are in care of ► THE FOUNDATION Telephone no. ► 248-330-0723 Located at ► P.O. BOX 480, ROYAL OAK, MI ZIP+4 ► 48068-0480			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15			

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2009 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

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 pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If "Yes" to 6b, file Form 8870.

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT SCHWARTZ	CEO AND SECRETARY			
P.O. BOX 480				
ROYAL OAK, MI 48068	40.00	0.	0.	0.
ROBIN SCHWARTZ	PRESIDENT			
P.O. BOX 480				
ROYAL OAK, MI 48068	40.00	0.	0.	0.
ADAM SCHWARTZ	VICE PRESIDENT			
P.O. BOX 480				
ROYAL OAK, MI 48068	3.00	0.	0.	0.
ILENE SCHWARTZ	TREASURER			
P.O. BOX 480				
ROYAL OAK, MI 48068	5.00	0.	0.	0.

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

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

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

0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,292,181.
b	Average of monthly cash balances	1b	334,819.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,627,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,627,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,405.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,587,595.
6	Minimum investment return. Enter 5% of line 5	6	129,380.

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

1	Minimum investment return from Part X, line 6	1	129,380.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	129,380.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	129,380.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	129,380.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	239,653.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	239,653.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	239,653.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				129,380.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				274,919.
f Total of lines 3a through e	274,919.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$	239,653.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				129,380.
e Remaining amount distributed out of corpus	110,273.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	385,192.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	385,192.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				274,919.
e Excess from 2009				110,273.

N/A

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

- (4) Gross investment income**

[illegible]

SEE ATTACHED.

Pàrt XV	Supplementary Information (continued)
----------------	--

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Grants and Contributions Paid During the Year or Approved for Future Payment		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Recipient	Name and address (home or business)				
a Paid during the year 343 GRANTS/PAYMENTS TO SERVICE PROVIDERS OR CREDITORS. SEE ATTACHED LIST. - VARIOUS VARIOUS,		NONE	N/A	PROVIDE ASSISTANCE TO HELP OVERCOME A TEMPORARY CRIS	199,039.
Total					▶ 3a 199,039.
b Approved for future payment NONE					
Total					▶ 3b 0.

Pàrt XVII

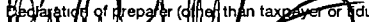

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

<p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p>	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.			
Signature of officer or trustee 	Date 8-11-10	Title SECRETARY	
Paid Preparer's Use Only Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP code ABRAHAM & GAFFNEY, P.C. 3511 COOLIDGE ROAD, SUITE 100 EAST LANSING, MI 48823	Date 08/09/10 Check if self-employed <input type="checkbox"/> Preparer's identifying number EIN Phone no. 517-351-6836		

Form **990-PF** (2009)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

Employer identification number

HERE TO HELP FOUNDATION

20-8057969

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

HERE TO HELP FOUNDATION

20-8057969

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ILENE SCHWARTZ P.O. BOX 480 ROYAL OAK, MI 48068	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

HERE TO HELP FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	MORGAN STANLEY #72438	P	VARIOUS	/ / 09
b	UBS #16478	P	07/08/09	09/21/09
c	UBS #16478	P	VARIOUS	/ / 09
d	UBS #16474	P	VARIOUS	/ / 09
e	UBS #16474	P	VARIOUS	/ / 09
f	UBS #16477	P	VARIOUS	/ / 09
g	AT & T BOND	P	VARIOUS	/ / 09
h	HEWLETT PACKARD BOND	P	VARIOUS	/ / 09
i	ABBOTT LABS	P	VARIOUS	/ / 09
j	ACE, LTD	P	VARIOUS	/ / 09
k	AETNA INC	P	VARIOUS	/ / 09
l	APPLE INC	P	VARIOUS	/ / 09
m	AT & T INC	P	VARIOUS	/ / 09
n	CHEVRON CORP	P	VARIOUS	/ / 09
o	CHUBB CORP	P	VARIOUS	/ / 09

(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 20,023.		24,754.	<4,731.>
b 15,000.		15,000.	0.
c 41,448.		75,440.	<33,992.>
d 929,852.		1,011,290.	<81,438.>
e 529,563.		806,337.	<276,774.>
f 98,831.		86,475.	12,356.
g 27,736.		26,616.	1,120.
h 7,358.		7,479.	<121.>
i 10,618.		13,304.	<2,686.>
j 9,673.		10,190.	<517.>
k 6,913.		10,385.	<3,472.>
l 8,552.		6,226.	2,326.
m 8,872.		9,439.	<567.>
n 5,197.		6,202.	<1,005.>
o 4,898.		6,544.	<1,646.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<4,731.>
b			0.
c			<33,992.>
d			<81,438.>
e			<276,774.>
f			12,356.
g			1,120.
h			<121.>
i			<2,686.>
j			<517.>
k			<3,472.>
l			2,326.
m			<567.>
n			<1,005.>
o			<1,646.>

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter "-0-" in Part I, line 7 }

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c).
If (loss), enter "-0-" in Part I, line 8

2

3

HERE TO HELP FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	CICCO SYSTEMS INC	P	VARIOUS	/ / 09
b	CVS CAREMARK CORP	P	VARIOUS	/ / 09
c	GENENTECH INC	P	VARIOUS	/ / 09
d	GENZYME CORP GEN DIV	P	VARIOUS	/ / 09
e	GOLDMAN SACHS GROUP INC	P	VARIOUS	/ / 09
f	HEWLETT PACKARD CO	P	VARIOUS	/ / 09
g	INTL BUSINESS MACH	P	VARIOUS	/ / 09
h	JOHNSON & JOHNSON CO	P	VARIOUS	/ / 09
i	MCDONALDS CORP	P	VARIOUS	/ / 09
j	MEDCO HEALTH SOLUTIONS	P	VARIOUS	/ / 09
k	METLIFE INC	P	VARIOUS	/ / 09
l	MICROSOFT CORP	P	VARIOUS	/ / 09
m	MICROSOFT CORP	P	VARIOUS	/ / 09
n	OCCIDENTAL PETROLEUM CRP	P	VARIOUS	/ / 09
o	PHILIP MORRIS INTL INC	P	VARIOUS	/ / 09

(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 1,497.		1,638.	<141.>
b 9,283.		9,191.	92.
c 5,415.		4,746.	669.
d 7,081.		9,412.	<2,331.>
e 7,730.		7,733.	<3.>
f 3,899.		5,754.	<1,855.>
g 5,092.		5,459.	<367.>
h 8,273.		9,978.	<1,705.>
i 11,312.		11,743.	<431.>
j 5,774.		6,095.	<321.>
k 5,888.		7,065.	<1,177.>
l 1,279.		2,178.	<899.>
m 3,637.		4,120.	<483.>
n 4,802.		4,298.	504.
o 2,294.		2,146.	148.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<141.>
b			92.
c			669.
d			<2,331.>
e			<3.>
f			<1,855.>
g			<367.>
h			<1,705.>
i			<431.>
j			<321.>
k			<1,177.>
l			<899.>
m			<483.>
n			504.
o			148.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter "-0-" in Part I, line 7 }

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c).
If (loss), enter "-0-" in Part I, line 8

2

3

HERE TO HELP FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PHILIP MORRIS INTL INC	P	VARIOUS	/ / 09
b	TARGET CORP	P	VARIOUS	/ / 09
c	UNION PACIFIC CORP	P	VARIOUS	/ / 09
d	UNTD TECHNOLOGIES CORP	P	VARIOUS	/ / 09
e	WAL MART STORES INC	P	VARIOUS	/ / 09
f	WALT DISNEY CO	P	VARIOUS	/ / 09
g	FHLMC	P	VARIOUS	/ / 09
h	FHLMC	P	VARIOUS	/ / 09
i	FNMA	P	VARIOUS	/ / 09
j				
k				
l				
m				
n				
o				

(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	2,794.		3,378.	<584.>
b	4,026.		3,115.	911.
c	3,949.		5,250.	<1,301.>
d	795.		1,113.	<318.>
e	8,992.		10,196.	<1,204.>
f	5,216.		6,685.	<1,469.>
g	17,580.		16,800.	780.
h	46,657.		44,089.	2,568.
i	47,967.		45,426.	2,541.
j				
k				
l				
m				
n				
o				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<584.>
b			911.
c			<1,301.>
d			<318.>
e			<1,204.>
f			<1,469.>
g			780.
h			2,568.
i			2,541.
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	<397,523.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

<u>SOURCE</u>	<u>AMOUNT</u>
SMITH BARNEY #70850	332.
SMITH BARNEY #72432	0.
SMITH BARNEY #72437	536.
SMITH BARNEY #72438	2,609.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	3,477.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

<u>SOURCE</u>	<u>GROSS AMOUNT</u>	<u>CAPITAL GAINS DIVIDENDS</u>	<u>COLUMN (A) AMOUNT</u>
SMITH BARNEY #70850	513.	0.	513.
SMITH BARNEY #72432	21.	0.	21.
SMITH BARNEY #72437	1,750.	0.	1,750.
SMITH BARNEY #72438	767.	0.	767.
TOTAL TO FM 990-PF, PART I, LN 4	3,051.	0.	3,051.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

<u>DESCRIPTION</u>	<u>(A) EXPENSES PER BOOKS</u>	<u>(B) NET INVEST- MENT INCOME</u>	<u>(C) ADJUSTED NET INCOME</u>	<u>(D) CHARITABLE PURPOSES</u>
TAX & ACCOUNTING FEES	1,950.	975.		975.
TO FORM 990-PF, PG 1, LN 16B	1,950.	975.		975.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SMITH BARNEY ADVISOR FEE #72432	15.	8.		7.	
SMITH BARNEY ADVISOR FEE #72437	1,342.	671.		671.	
SMITH BARNEY ADVISOR FEE #72438	443.	222.		221.	
UBS ADVISOR FEES #16474	17,179.	8,590.		8,589.	
UBS ADVISOR FEES #16477	5,848.	2,924.		2,924.	
TO FORM 990-PF, PG 1, LN 16C	24,827.	12,415.		12,412.	

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX-#72432	1.	1.		0.	
FEDERAL EXCISE TAX	1,117.	1,117.		0.	
MICHIGAN ANNUAL REPORT	20.	0.		20.	
TO FORM 990-PF, PG 1, LN 18	1,138.	1,118.		20.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE	560.	0.		560.	
WEBSITE MAINTENANCE	237.	0.		237.	
POSTAGE/UPS	402.	0.		402.	
OFFICE SUPPLIES	2,384.	0.		2,384.	
DUES	454.	0.		454.	
TO FORM 990-PF, PG 1, LN 23	4,037.	0.		4,037.	

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	7
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
UBS #16477	X		94,292.	95,590.
UBS #16474	X		665,444.	660,105.
TOTAL U.S. GOVERNMENT OBLIGATIONS			759,736.	755,695.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			759,736.	755,695.

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
UBS #16477	262,326.	358,394.
UBS #16478	106,683.	110,032.
UBS #16478	60,390.	57,990.
UBS #16474	780,024.	977,313.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,209,423.	1,503,729.

FORM 990-PF	CORPORATE BONDS	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
UBS #16477	82,233.	86,144.
UBS #16478	55,401.	56,329.
UBS #16478	25,276.	26,602.
TOTAL TO FORM 990-PF, PART II, LINE 10C	162,910.	169,075.

HERE TO HELP FOUNDATION
FEIN #20-8057969
ATTACHMENT TO FORM 990-PF
PAGE 10, PART XV, LINE 2b, APPLICATION
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2009

APPLICATION

PLEASE READ BEFORE APPLYING:

QUALIFIED ADVOCATES: Please do not apply unless you are a Qualified Advocate. [Click here](#) for the IRS approved definition.

GENERAL APPLICANT QUALIFICATIONS: The individual must be in a position that the assistance will enable him/her to move forward and be self-sufficient and independent. A request will not be granted if it will result in only a temporary solution and the individual will have a similar need in the near future.

TRANSPORTATION: The Foundation can assist with the purchase of used vehicles for individuals whose situation falls within our guidelines and where the vehicle is needed to get to and from employment (and they are presently employed full time). All used vehicles are purchased through Volunteers of America in Pontiac.

UTILITY BILLS: There is a \$500.00 limit with respect to utility related bills. Since the Foundation is a source of last resort, an applicant must first contact THAW or State Emergency Relief (SER) for assistance and we would need documentation that they have declined to help.

FURNITURE/APPLIANCES: The Foundation has a \$750.00 limit on requests for furniture and/or appliances. All furniture/appliances are purchased through AI's Appliances and Furniture (phone number 313-526-2400). An estimate from AI's needs to be faxed at the time the application is submitted.

REQUESTS WE CANNOT FUND: Please [click here](#) for a list of those items.

DENIAL OF DHS ASSISTANCE: Since Here to Help is designed to be the last resort for assistance, where it is applicable we will require documentation of denial from DHS including State Emergency Relief (SER). SER may provide help for:

1. Heat/Utilities
2. Home Repairs
3. Relocation Assistance (rent, security deposits etc.)
4. Home Ownership (mortgage payment etc.)

Short description of request

Amount requested

Information Regarding Qualified Advocate Making Request

First name

Last name

[illegible]

[Faint handwritten notes at the bottom of the page]

Michigan ▼

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Yes No

Figure 1: A schematic diagram of a two-stage process. Stage 1 is represented by a box labeled 'Stage 1' with an input 'x' and an output 'y'. Stage 2 is represented by a box labeled 'Stage 2' with an input 'y' and an output 'z'. The output of Stage 1 is connected to the input of Stage 2. The overall process is labeled 'Figure 1'.

[illegible]

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2
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Please include a full and complete description of the individual's need for a one-time grant and how the grant will allow the individual to move forward. Please provide as much information as possible regarding what caused the present circumstances for the individual and how the individual will be self-sufficient in the future if help is presently provided by the Foundation.

Information Regarding the Individual on Whose Behalf the Request is Being Made

First name

Last name

Phone number

Email address

(Leave this blank if unknown or if there is no email address.)

Street address

City

State

MI

Zip

County

Wayne

Oakland

Date of Birth

Verify

(To help us avoid spam,
please enter **ccxb** into this field.)

If you have any questions then please [contact us](#).

THANK YOU!

THE APPLICATION CAN NOT BE PROCESSED IF DOCUMENTS SUPPORTING THE FACTS IN THE APPLICATION ARE NOT FAXED OR SCANNED AND EMAILED AT THE TIME OF SUBMITTING THE APPLICATION (FAX 248-534-1490). AFTER YOU HIT THE "SUBMIT ENTRY" BUTTON BELOW YOU WILL BE DIRECTED TO A LIST OF DOCUMENTS THAT, WHERE APPLICABLE, WE WILL NEED TO PROCESS THE APPLICATION. IF DOCUMENTATION IS NOT RECEIVED THE APPLICATION WILL BE AUTOMATICALLY DELETED.

To view a list of documents that we will potentially need, please [click here](#).

[Submit Entry](#)

After you click the 'submit entry' button, your application will be evaluated. If there are any errors in your entries, they will be reported at the top of this page. You will need to correct all errors before the application is submitted to us. Upon successful completion of the application, you should receive an automatic email response.

Here to Help Foundation

[Privacy Policy](#)

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HERE TO HELP FOUNDATION
FEIN #20-8057969
ATTACHMENT TO FORM 990-PF
PAGE 10, PART XV, LINE 2d, RESTRICTIONS OR LIMITATIONS
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2009



FUNDING GUIDELINES

GENERAL INFORMATION:

The Here to Help Foundation provides one-time grants to individuals with identifiable and specific needs and where no other means of assistance are available through existing agencies or organizations.

Here to Help Foundation is designed to assist individuals who have encountered a crisis and need assistance in moving forward and being independent. There must be a very strong likelihood that if the Foundation provides assistance the individual will not need help in the future and will be self-sufficient and able to meet all their monthly economic obligations.

The Foundation is trying to assist individuals who, through no fault of their own, have encountered a crisis in their life. The requested grant cannot be awarded if it will simply be a temporary solution and the individual will have a similar need in the near future. We'd love to help everyone but the IRS has specific requirements relative to assisting individuals directly and we must abide by those restrictions.

METHOD OF RECEIVING REQUESTS FOR GRANTS:

Grants awarded by the Here to Help Foundation arise from unsolicited requests sent to us via our on-line application form from a qualified advocate.

GEOGRAPHIC AREAS WHERE WE PROVIDE HELP:

Grants are provided within Southeastern Michigan, specifically the counties of Wayne and Oakland.

GENERAL REQUIREMENTS FOR APPLICANTS:

ELIGIBLE GRANTEEES:

- Eligible grantees include those impacted by circumstances in which otherwise financially secure individuals become "temporarily impoverished" due to events occurring beyond their control.
- To assure the effectiveness of any grants, individuals in need would be subject to the following general guidelines:
 - a. A clear demonstration of need. Verification of economic situation/financial resources will be required.

- b. Defined objectives for what the grant would provide, including how it would assist the individual in moving forward and, ultimately, achieving a successful outcome and more enhanced life.
- c. Evidence of the ability to properly utilize the funds.

EXAMPLES OF HELP PROVIDED:

Please visit our [Recent Grants](#) page to see examples of some of the types of grants that the Here to Help Foundation has provided. For any questions, please email info@heretohelpfoundation.org.

THE FOUNDATION CANNOT GRANT FOR THE FOLLOWING:

1. Scholarships/Tuition/Student Loans/Summer Camps
2. Property Tax Bills
3. Funeral Expenses
4. Medical and Dental Expenses
5. Wheelchair Associated Expenses and Wheelchair Ramps
6. Driver Responsibility Fees
7. Major Home Repairs

HERE TO HELP FOUNDATION
FEIN #20-8057969
ATTACHMENT TO FORM 990-PF
PAGE 11, PART XV, LINE 3a, GRANTS PAID
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2009

2009	Organization	Payee Name	Amount	Date	Check #
	Neighborhood Services Org	George Davis	\$520.00	1/3/09	check #1531
	Travelers Aid Society	Myrienne Collins	\$340.00	1/5/09	check #1532
	Black Family Development	Rose Roberson	\$530.00	1/5/09	check #1534
	Black Family Development	Lashawn Howard	\$560.00	1/5/09	check #1533
	Travelers Aid Society	Lashaniece Flood	\$1,000.00	1/8/09	check #1537
	OLHSA	Cythia Orza-Ramos	\$2,000.00	1/10/09	credit card
	Neighborhood Services Org	Kerry Oliver	\$640.00	1/13/09	check #1538
	Adult Well-Being Services	Lylla Anderson	\$200.00	1/13/09	check #1539
	Adult Well-Being Services	Antonio Lott	\$500.00	1/13/09	check #1540
	Focus Hope	Camille Johnson	\$275.00	1/16/09	check #1541
	Travelers Aid Society	Kathleen Scott	\$300.00	1/16/09	check #1542
	Travelers Aid Society	Dorothy Powell	\$775.00	1/26/09	check #137
	OLHSA	Michelle Murphy	\$900.00	1/26/09	check #133
	Community Network Services	Ami Compton	\$699.00	1/27/09	check #103
	Travelers Aid Society	Carolyn Wright	\$722.00	1/27/09	check #104
	Community Network Services	John Tansey	\$963.00	1/27/09	check #127

Yad Ezra	Elena Sokolova	\$675.00	1/27/09	check#128
Adult Well-Being Services	Rick Williams	\$300.00	1/28/09	check#129
Neighborhood Services Org	Donald Moore	\$105.45	1/30/09	check#134
Easter Seals of Michigan	Marisue Pennock	\$494.17	1/30/09	check#135
Orchard's Children's Services	Leslie Gray	\$565.12	1/31/09	check#130
Lighthouse	Francis Payne	\$667.00	2/2/09	check #142
OLHSA	Carolyn Donaldson	\$1,250.83	2/2/09	check#138
Adult Well-Being Services	Warner Greene	\$542.00	2/2/09	check#139
Capuchin Soup Kitchen	Renard Fisher	\$2,700.00	2/2/09	check#140
Catholic Social Services OC	Amber Wren	\$215.00	2/4/09	check#143
OLHSA	Nathan Braswell	\$800.00	2/4/09	check#141
South Oakland Shelter	Steven Bagnell	\$178.00	2/4/09	check#144
Adult Well-Being Services	Donna Cole	\$1,435.00	2/9/09	check#145
CCRT	Jesse Stovall	\$266.88	2/10/09	check#146
Adult Well-Being Services	Carolyn Davis	\$672.00	2/12/09	check#147
Orchard's Children's Services	Rebecca Lacroix	\$575.00	2/12/09	check#148
Adult Well-Being Services	Christine Bikali	\$325.00	2/12/09	check#149
Neighborhood Services Org	Tarshaara Jenkins	\$745.00	2/12/09	check#150
Adult Well-Being Services	Virginia Foley	\$533.00	2/18/09	check#108
Travelers Aid Society	Sheila Young	\$700.00	2/23/09	check#110
Travelers Aid Society	Janet Howard	\$515.00	2/23/09	check#113
Travelers Aid Society	Joyce Foster	\$750.00	2/23/09	check#112
Travelers Aid Society	Harriet Broadus	\$300.00	2/23/09	check#111
VIP Mentoring	Aaron Vinson	\$429.00	2/24/09	check#181
CCRT	Martin Ramirez	\$600.00	2/24/09	check#182
Orchard's Children's Services	Shannon Jones	\$703.95	2/24/09	chec acct. route #
Ross I.E.S.	Juan Benjamin	\$2,500.00	2/25/09	check#183
Common Ground Sanctuary	Johnnie Mae Lamb	\$310.00	2/26/09	check#114
Community Network Services	Cynthia Blackwell	\$800.00	2/28/09	check#183
Christine Faith Tabernacle	Catharine Smith	\$2,600.00	2/27/09	check#187
Linda Haywood	Linda Haywood	\$500.12	3/2/09	credit card
Orchard's Children's Services	Annette Newburn	\$1,125.00	3/3/09	check #189
Central Care Management	Jamar Hill	\$269.10	3/3/09	check #190
Catholic Social Services OC	Derek Washnock	\$803.95	3/2/09	credit card
Catholic Social Services OC	Derek Washnock	\$319.97	3/2/09	check #212 reimb.
Liberty City Ministries	Kimberly Watson	\$714.00	3/5/09	credit card
Lighthouse	Lorraine Wright	\$3,600.00	3/6/09	check#193
South Oakland Shelter	Corrine Baker	\$328.70	3/4/09	credit card
South Oakland Shelter	Susie Smith	\$595.00	3/13/09	check#197

Travelers Aid Society	Sarah Zienty	\$750.00	3/13/09 Al's Appliance and Furniture	check#198
Capuchin Soup Kitchen	Taisha Terrell	\$750.00	3/13/09 Al's Appliance and Furniture	check#199
Travelers Aid Society	Darlene Smith	\$660.00	3/13/09 Al's Appliance and Furniture	check#201
Capuchin Soup Kitchen	Kia Greer	\$750.00	3/16/09 Al's Appliance and Furniture	check#202
Travelers Aid Society	Robert Sturdivant	\$250.00	3/13/09 Al's Appliance and Furniture	check#200
Adult Well-Being Services	Shirley Johnson	\$300.00	3/16/09 DTE	credit card
DHS	Betty Kinchen	\$977.87	3/19/09 State of Michigan-CD	check# 203
Catholic Social Services OC	Alfonso Merrit	\$403.10	3/19/09 Fraley's Trasmision	credit card
St. Francis Family Center	Stacey Jones	\$2,500.01	3/20/09 VOA	credit card
Travelers Aid Society	Michael Lee	\$750.00	3/23/09 Al's Appliance and Furniture	check#204
JET	Bridgette Neal	\$2,450.00	3/23/09 VOA	credit card
Adult Well-Being Services	Gwendolyn Butler	\$245.00	3/25/09 Harold's Preferred Heating	check#205
The Senior Alliance	Kim Frania	\$769.97	3/24/09 Staples	credit card
Catholic Social Services OC	Louis Edwards	\$131.60	3/25/09 DTE	credit card
Catholic Social Services OC	Louis Edwards	\$149.73	3/25/09 Consumers Energy	check#207
Adult Well-Being Services	Nellie Gutierrez	\$1,000.00	3/25/09 Expert Home Service	check#206
Adult Well-Being Services	Sharon Hutchinson	\$844.00	3/25/09 Carlton Apartments	check#208
Baldwin Center	Sonja Gilbert	\$429.50	3/27/09 Bill's Automotive	credit card
Catholic Social Services OC	Jerlene McDougal	\$359.95	3/27/09 Catholic Social Services as partner	check#209
Karmanos Cancer Institute	Antoinette Blevings	\$379.39	3/30/09 Nationwide Insurance	credit card
Edwards Jones	Sonia Soroka	\$1,160.15	3/31/09 Stratford Villa	check#214
Baldwin Center	Colleen Herron	\$2,000.00	3/30/09 VOA	credit card
State of Michigan	Sherry Jamison	\$900.00	3/31/09 Team Weaver Investments	check#215
Neighborhood Services Org	Stephanie Heath	\$750.00	4/1/09 Al's Appliance and Furniture	check#153
Travelers Aid Society	Anita Howard	\$325.00	4/3/09 Al's Appliance and Furniture	check#217
Haven	Nicole McDaniel	\$70.00	4/3/09 Isiah Burrow	check#219
Oak Park Career Center	Emmanuel Smith	\$369.59	4/3/09 SVS Vision	credit card
Adult Well-Being Services	Shirley Johnson	\$381.32	4/3/09 City of River Rouge	check#218
Neighborhood Services Org	Kindra Hamm	\$710.00	4/3/09 Al's Appliance and Furniture	check#216\$710.00
Neighborhood Services Org	Kindra Hamm	\$40.00	4/7/09 Al's : not used for Tonie Barker	check#220\$40.00
Lighthouse	Kamika Williams	\$593.34	4/7/09 McNeal Automotive Repair	check#221
CCRT	Kelli Vaughn	\$225.00	4/9/09 DTE	credit card
Adult Well-Being Services	Princess Phifer	\$250.00	4/9/09 Harold's Preferred Heating	check#222
Capuchin Soup Kitchen	Veronica Starr	\$2,100.00	4/13/09 VOA	credit card
Adult Well-Being Services	Robert Fairley	\$169.00	4/13/09 Phillip Sims Senior Housing	check#223
CCRT	Sallie Caldwell	\$200.00	4/13/09 Woodcrest Commons	check#225
Cul-Mac Industries	Brooke Patterson	\$464.00	4/15/09 Kurt's Auto Service	credit card
DHS	Carol Latham	\$1,638.20	4/16/09 CitiMortgage Incorporated	check#226
CCRT	Davis Scott	\$410.00	4/17/09 Baldwin Villas	check#227

Women in Touch	Kisha Emanuel	\$954.00	4/17/09 M&T Bank	check#228
Wayne Metro Comm. Action	Sheldon Hill	\$740.00	4/21/09 Al's Appliance and Furniture	check#229
Travelers Aid Society	Angela Anderson	\$750.00	4/21/09 Al's Appliance and Furniture	check#230
SOS	Anthony Krakosky	\$525.00	4/23/09 T.H.T. L.L.C./Derby Square Apartm.	check#231
JVS	Corris Jackson	\$450.00	4/22/09 Shawn O'Halloran	check#232
Lutheran Social Services	Kim Lee	\$2,500.00	4/25/09 VOA	credit card
R.I.S.E.	Mark Hill	\$1,200.00	4/28/09 Yolanda Brown	check#234
CCRT	Joel Harden	\$160.00	4/28/09 State of Michigan	check#235
Adult Well-Being Services	Jacqueline Milligan	\$253.43	4/28/09 U-Haul	check#154
Adult Well-Being Services	Jacqueline Milligan	\$100.00	4/28/09 Art Chambers	check#155
Adult Well-Being Services	Jacqueline Milligan	\$100.00	4/28/09 Elmo Potts	check#156
Adult Well-Being Services	Jacqueline Milligan	\$100.00	4/28/09 Timothy Woods	check#157
Adult Well-Being Services	Jacqueline Milligan	\$100.00	4/28/09 Jimmy Corlzer	check#158
Adult Well-Being Services	Jacqueline Milligan	\$100.00	4/28/09 Craig James	check#159
CCRT	Michael Gonzales	\$271.74	4/29/09 Michael Underwood	check#236
Adult Well-Being Services	Brenda Wright	\$332.00	4/30/09 Wingate Management Company	check#237
Lighthouse	Adrienne Davis	\$1,350.00	5/1/09 Lancaster Village Cooperative	check #238
Judson Center	Lynelle Marks	\$217.00	5/1/09 Baker Investments	check#239
Adult Well-Being Services	Julia Nolan	\$232.00	5/1/09 Knights Pharmacy Detroit	credit card
God City of Refuge Church	Devita Walls	\$450.00	5/1/09 Rob's Heating and Cooling	check#240
CCRT	Yolanda Tillery	\$292.00	5/4/09 DTE	credit card
Orchard's Children's Services	Alisha Winters	\$600.00	5/4/09 DTE	credit card
Black Family Development	Marcia Blevins	\$750.00	5/5/09 Al's Appliance and Furniture	check#242
Pontiac Housing Commission	Bridgette Acosta	\$2,300.00	5/5/09 VOA	credit card
Community & Home Support	Linda Harper	\$1,000.00	5/8/09 Collis Marshall	check#243
Adult Well-Being Services	Eleanor Cummings	\$200.00	5/12/09 J&B Plumbing	check#244
Lighthouse	Ieshia Barnes	\$200.00	5/12/09 Lancaster Village Cooperative	check#245
Hartford Headstart	Mekoe Lewis	\$2,300.00	5/14/09 VOA	credit card
Travelers Aid Society	Chantinel Taylor	\$1,600.00	5/14/09 VOA	credit card
Women in Touch	Sylvia Harris	\$1,732.50	5/15/09 FMD Property Management	check#246
Adult Well-Being Services	William Harris	\$185.00	5/15/09 Al's Appliance and Furniture	check#247
Judson Center	Yvonne Flannigan	\$173.31	5/15/09 Board of Water Commissioners	check#248
Travelers Aid Society	Shameka Busby	\$315.00	5/15/09 Al's Appliance and Furniture	check#249
Adult Well-Being Services	Annie Bias	\$475.00	5/15/09 Jay Electric	check#250
Lighthouse	Tracey Daniels	\$1,000.00	5/15/09 Towne Mortgage Company	check#251
Karmanos Cancer Institute	Angela Navarro	\$700.00	5/15/09 Salvatore Ventura	check#252
Gods Helping Hands	Christoph Hardenburgh	\$0.00	5/19/09 Lane Car Comp. (Grant Rescinded)	check#253 VOID
R.I.S.E.	Edwin Wallace	\$1,600.00	5/15/09 Christopher Thompson	check#254
Black Family Development	Angela Ellis	\$750.00	5/20/09 Al's Appliance and Furniture	check#255

Greater Grace Temple	Loretta Young	\$400.00	5/20/09 Stanford Townhouses	check#256
Catholic Social Services OC	Patsy Moore	\$269.00	5/21/09 Courtesy Driving School	check#257
Davita Dialysis	Nicola Wilson	\$700.00	5/22/09 DTE	credit card
Greater Grace Temple	Loretta Young	\$2,000.00	5/26/09 Stanford Townhouses	check#258
Adult Well-Being Services	Ernest Sumpter	\$510.00	5/26/09 Al's Appliance and Furniture	check#259
Adult Well-Being Services	Johnnie Dixon	\$230.00	5/26/09 Ryan Court Apartments	check#260
Adult Well-Being Services	Lucille Mann	\$545.00	5/26/09 Jay Electric	check#261
Heartline	Kim Milligan	\$700.00	5/26/09 Holbrook Auto Parts	check#262
CCRT	Eugene Christner	\$374.92	5/27/09 Rochester Estates	check#263
Catholic Social Services OC	Mattea St. Peter	\$55.07	5/29/09 gas money	credit card
Catholic Social Services OC	Mattea St. Peter	\$40.00	5/29/09 Brighton Community Education	check#264
Orchard's Children's Services	Andrew Deaton	\$800.00	6/2/09 Nema Saleh	check#265
Adult Well-Being Services	Mamie Barksdale	\$275	6/2/09 J&B Plumbing	check#266
Adult Well-Being Services	Lois Harris	\$285.00	6/3/09 Good Helpers Htg Clg & Plmb	check#267
Greater Grace Temple	Loretta Young	\$400.00	6/3/09 Stanford Townhouses	check#268
Neighborhood Services Org	Dalton Stevenson	\$750.00	6/4/09 Al's Appliance and Furniture	check#269
CCRT	Latasha Richardson	\$211.00	6/5/09 Keston Rentals LLC	check#270
Adult Well-Being Services	Marilyn Hearn	\$283.00	6/9/09 DTE	credit card
Blight Busters	Makita Taylor	\$500.00	6/15/09 DTE	credit card
Adult Well-Being Services	Anna Montgomery	\$532.12	6/15/09 DTE	credit card
Adult Well-Being Services	Charles Savage	\$200.00	6/15/09 Jay Electric	VOID#301,now#330
Adult Well-Being Services	Charles White	\$279.99	6/15/09 Altals Plumbing Supply	check#302
Catholic Social Services OC	Mattea St. Peter	\$80.00	6/16/09 Brighton Community Education	check#303
Focus Hope	Kevin Chatman	\$2,200.00	6/17/09 VOA	credit card
Greater Grace Temple	Loretta Young	\$200.00	6/19/09 Stanford Townhouses	check#304
Travelers Aid Society	Tina Callerino	\$750.00	6/19/09 Al's Appliance and Furniture	check#305
Travelers Aid Society	Myesha Grant	\$750.00	6/19/09 Al's Appliance and Furniture	check#306
Karmanos Cancer Institute	Kelli Gambrell	\$650.00	6/19/09 Al Proudlock	check#307
South Oakland Shelter	Michira Williams	\$800.00	6/19/09 Alvin Pool	check#308
Neighborhood Services Org	Theresa Wallace	\$750.00	6/19/09 Al's Appliance and Furniture	check#309
R.I.S.E.	Johny Natt	\$1,900.00	6/19/09 Mashelle Sykes	check#310
Blight Busters	Star Kirskey	\$926.00	6/23/09 Palmer Court Townhomes	check#311
Black Family Development	Karen Crawley	\$750.00	6/23/09 Al's Appliance and Furniture	check#312
R.I.S.E.	Kerry Hutchinson	\$1,000.00	6/25/09 Jameelah Taylor	check#313
DHS	Marjorie LaPearl	\$1,270.00	6/25/09 Maple North	check#314
Adult Well-Being Services	Elmer Shoot	\$100.00	6/26/09 Phillip Sims Senior Housing	check#315
Adult Well-Being Services	Gerald Williams	\$250.00	6/26/09 Al's Appliance and Furniture	check#316
Blight Busters	Katrina Lee	\$1,500.00	6/26/09 Johnnie Malone	check#317
CCRT	Katherine Yanez	\$291.00	7/1/09 Bessie Montante	check#319

Lighthouse	Dayna Swindell	\$800.00	7/1/09 Hidden Lakes	check#320
R.I.S.E.	Tanel Jamison	\$1,000.00	7/2/09 Roselee Williams	check#322
R.I.S.E.	Marion Bassatt	\$1,100.00	7/2/09 Virginia Curtis	check#321
Adult Well-Being Services	Martha Goodwin	\$476.00	7/7/09 DTE	credit card
Adult Well-Being Services	Mildred Griffin	\$475.00	7/7/09 DTE	credit card
Lighthouse	Lawrence Nealy	\$890.00	7/8/09 Countryside Townhouses	check# 322
Common Ground Sanctuary	James Hamblin	\$174.00	7/8/09 Mobility Works	check# 324
Judson Center	Brenda Bryant	\$1,300.00	7/10/09 Tom Johnson	check#325 VOID318
Adult Well-Being Services	Pamela Lyon	\$100.00	7/23/09 Al's Appliance and Furniture	check# 326
Southwest Solution	Calvin Floyd	\$700.00	7/23/09 Al's Appliance and Furniture	check# 327
CCRT	Towana Jones	\$402.77	7/24/09 Treasurer-City of Pontiac Water	check# 328
SOS	Ebony Walters	\$0.00	7/24/09 DTE	check# 329 VOID
Capuchin Soup Kitchen	Mildred Moore	\$1,000.00	7/27/09 DTE	credit card
Adult Well-Being Services	Richard Plana	\$828.00	8/3/09 B.D.M.L.L.C.	check# 331
Lighthouse	Douglas Dondero	\$685.00	8/3/09 RaeAnn Whyard	check# 332
Adult Well-Being Services	Eula Williams	\$150.00	8/3/09 Optometric Institute & Clinic	check# 333
Adult Well-Being Services	Ada Palmer	\$200.00	8/3/09 J&B Plumbing	check# 334
Adult Well-Being Services	Marva Mial	\$200.00	8/3/09 J&B Plumbing	check# 335
VOID	VOID	VOID	VOID	check# 336 VOID
Davita Dialysis	Anthony Richards	\$900.00	8/4/09 KJ Properties	check #337
Lighthouse	Ebony Walters	\$745.29	8/4/09 DTE	credit card
Brightmoor Alliance	Janet Nagbe	\$1,850.00	8/5/09 VOA	credit card
Ed Kendall	Kim Frania	\$599.97	8/5/09 Staples	credit card
Pontiac Housing Commission	Josy Vega	\$525.00	8/6/09 Shadowood Properties	check# 338
Black Family Development	Lisa Bannerman	\$750.00	8/6/09 Al's Appliance and Furniture	check# 339
Adult Well-Being Services	Garnell White	\$980.00	8/7/09 Corvette Apartments	check# 340
Adult Well-Being Services	Annie Sharp	\$225.00	8/7/09 J&B Plumbing	check# 341
Neighborhood Services Org	Ashley McGorman	\$360.00	8/7/09 Al's Appliance and Furniture	check# 342
Travelers Aid Society	Needra Anderson	\$750.00	8/7/09 Al's Appliance and Furniture	check# 343
Michigan Rehabilitation Service	Edwin Skrobot	\$1,000.00	8/12/09 Susan Zeilke	check 344
Judson Center	Ricky Jennings	\$100.50	8/12/09 Meijer	credit card
Adult Well-Being Services	Pamela Lyons	\$100.00	8/18/09 Al's Appliance and Furniture	check# 345
Black Family Development	Alise Farmer	\$480.00	8/18/09 Al's Appliance and Furniture	check# 346
Haven	Barbara Lopez	\$862.75	8/20/09 Affordable Car Care	credit card
Neighborhood Services Org	Tori Johnson	\$750.00	8/21/09 Al's Appliance and Furniture	check #347
Lighthouse	Anthony Milligan	\$300.00	8/24/09 DTE	check# 348
Greater Baptist Church	Yolanda Dixon	\$800.00	8/24/09 Canterbury Park	check# 349
Community Sharing Outreach	Jane Johnson	\$940.00	8/25/09 Highland Hills Mobile Home Park	check# 350
Haven	Tzveta Tocheva	\$2,400.00	8/25/09 VOA	credit card

Common Ground Sanctuary	Wendy Schroll	\$2,500.00	8/25/09 VOA	credit card
CCRT	Terrance Batiste	\$357.01	8/26/09 Walton Park Manner	check# 351
Henry Ford Health System	Klarita Aleksa	\$0.00	8/29/09 US Department of Homeland Secur	check#352 VOID
CCRT	Rubin Smith	\$255.11	8/29/09 DTE	credit card
Haven	Keesha Pfeiffer	\$159.00	9/2/09 NHA	check#353
Travelers Aid Society	Christina Cauchon	\$750.00	9/4/09 Al's Appliance and Furniture	check# 354
Children's Center	Connie Boyles	\$750.00	9/4/09 Al's Appliance and Furniture	check#355
Lighthouse	Tandra Knox	\$2,000.00	9/8/09 Dependable Properties	check#356
Orchard's Children's Services	Frances Holly	\$87.01	9/16/09 DTE	credit card
Orchard's Children's Services	Frances Holly	\$55.42	9/16/09 AT&T	credit card
Orchard's Children's Services	Frances Holly	\$200.00	9/16/09 Bloomfield Orchard Apartments	check# 358
Heartline	Darien Glover-White	\$2,300.00	9/23/09 VOA	credit card
Black Family Development	Daquais Simmons	\$600.00	9/25/09 State Property Management	check# 359
VOID	VOID	\$0.00		check# 360 VOID
CCRT	Cassandra Owens	\$200.00	9/29/09 Catholic Commun. Response Team	check#361
Travelers Aid Society	LaTonya Wilson	\$565.00	9/19/09 Al's Appliance and Furniture	check#357
CCRT	John Garrett	\$116.56	10/6/09 Suits 2 Go	credit card
VOID				check#362 VOID
New Center Community Health	James Brooks	\$750.00	10/8/09 Al's Appliance and Furniture	check# 363
Travelers Aid Society	Ruby Burley	\$750.00	10/8/09 Al's Appliance and Furniture	check#364
Black Family Development	Daquais Simmons	\$280.00	10/14/09 Al's Appliance and Furniture	check #367
Adult Well-Being Services	Geneva Robinson	\$262.00	10/14/09 Jay Electric	check#365
Adult Well-Being Services	Helen Fortune	\$795.00	10/14/09 Al's Appliance and Furniture	check# 366
Visiting Nurses Association	Rosie Hayes	\$750.00	10/14/09 Al's Appliance and Furniture	check#368
Community Network Services	Lisa Lavine	\$455.00	10/15/09 Springs Apartments	check#369
Black Family Development	Pamela Hardy	\$600.00	10/15/09 Willie Markham	check#370
CCRT	Barbara Haywood	\$600.00	10/21/09 DTE	credit card
Henry Ford Kaleidoscope	Klarita Aleksa	\$370.00	10/23/09 Henry Ford Hospice	check#371
Matrix	Danielle Conley	\$1,900.00	10/25/09 VOA	credit card
Capuchin Soup Kitchen	Freddie Williamson	\$2,000.00	10/25/09 VOA	credit card
New Center Community Health	Kenneth Jennings	\$753.41	10/28/09 DTE	credit card
Lighthouse	Sarah Dickerson	\$105.00	10/28/09 Pontiac Eye Clinic	credit card
Orchard's Children's Services	LaQuita Howze	\$598.00	10/29/09 Stach Group	check#372
Neighborhood Services Org	Larry Hollingshed	\$750.00	10/30/09 Al's Appliance and Furniture	check#373
Black Family Development	Kierra Burton	\$750.00	10/30/09 Al's Appliance and Furniture	check#374
CCRT	Johnny Albert	\$604.56	11/2/09 DTE	credit card
Adult Well-Being Services	Margaret Hennings	\$350.00	11/3/09 James Wagoner	check#375
Neighborhood Services Org	Natassia Downey	\$490.00	11/4/09 Al's Appliance and Furniture	check#376
CCRT	Jeffrey Rose	\$200.00	11/4/09 AES	check#377

Adult Well-Being Services	James Zueski	\$300.00	11/5/09 Rcighton AFC Home	check#378
Travelers Aid Society	Shannita Willis	\$750.00	11/12/09 Al's Appliance and Furniture	check#380
Henry Ford Health System	Nancy Williams	\$200.00	11/12/09 Eugene Seals	check#379
Heartline	Tyla Shirley	\$2,300.00	11/11/09 VOA	credit card
Heartline	Yvonne Robinette	\$2,500.00	11/11/09 VOA	credit card
Orchard's Children's Services	Yolanda Wellons	\$750.00	11/16/09 Al's Appliance and Furniture	check#381
Catholic Social Services OC	Tom & Christine Irwin	\$498.41	11/16/09 Irwin Family River's Edge	check#382
CCRT	Demetria Alexander	\$456.72	11/18/09 Consumer Energy	credit card
Southwest Solution	Nathan Warren	\$750.00	11/18/09 Al's Appliance and Furniture	check#383
Neighborhood Services Org	Wayne Tolliver	\$150.00	11/18/09 Wayne County Probate Court	check#384
Black Family Development	Verlana McReynolds	\$750.00	11/18/09 Al's Appliance and Furniture	check#385
The Senior Alliance	Ed Horn	\$899.97	11/20/09 Staples	credit card
Black Family Development	Tisha White	\$750.00	11/25/09 Al's Appliance and Furniture	check#386
Heartline	Noble Knox	\$2,425.00	11/30/09 VOA	credit card
Neighborhood Services Org	Jacqueline Harris	\$750.00	12/2/09 Irwin J. Arkin L.L.C.	check#387
Southwest Solution	Ronald Landrum	\$595.00	12/2/09 Al's Appliance and Furniture	check#388
Lighthouse	Mary O'Hagon	\$875.00	12/2/09 Alpine Roofing	check#389 VOID
Travelers Aid Society	Christine Wright	\$185.00	12/9/09 Al's Appliance and Furniture	check#390
Oakland Family Service	Charlene London	\$734.89	12/11/09 Oakland Family Service	check#421
DNOM	Leonard Walker	\$460.00	12/14/09 Al's Appliance and Furniture	check#422
DHS	Ashley Jones	\$494.39	12/14/09 Consumer Energy	credit card
St. Vincent DePaul	Linda Delaney	\$1,412.00	12/14/09 Child Lake Estates	check# 423
Catholic Social Services OC	Michelle Tennant	\$115.00	12/17/09 GNB Optical	credit card
Heartline	Shirley Simpson	\$2,287.00	12/16/09 VOA	credit card
Michigan Works	Cassandra Smith	\$2,400.00	12/17/09 VOA	credit card
Lutheran Social Services	Monique Stegall	\$750.00	12/22/09 Al's Appliance and Furniture	check#424
Wayne Metro Comm. Action	Danielle Johnson	\$750.00	12/22/09 Al's Appliance and Furniture	check#425
Black Family Development	Marquet Fayson	\$640.00	12/22/09 Al's Appliance and Furniture	check#426
Vanguard	Carmin Bridges	\$600.00	12/24/09 Mastercraft	credit card

Total \$ 199,039.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization HERE TO HELP FOUNDATION	Employer identification number 20-8057969
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 480	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROYAL OAK, MI 48068-0480	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE FOUNDATION

- The books are in the care of ►
- P.O. BOX 480 - ROYAL OAK, MI 48068-0480**

Telephone No. ► **248-330-0723**FAX No. ► **248-534-1490**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2009** or
- ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	480.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)