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Form 990-PF

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

Do not enter Social Security numbers on this form as it may be made public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	cale	ndar year 2013 or tax year beginning		, and ending		
		foundation			A Employer identificatio	n number
		P A FRIEND FOUNDATION			20-0421055	5
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		6 S ORCHARD DRIVE				-7944
		own, state or province, country, and ZIP or foreign p. NTIFUL, UT 84010	ostal code		C If exemption application is	pending, check here
G	Chec	call that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2 5	- 4 - 050/4
_		Address change	Name change		2 Foreign organizations m check here and attach c	omputation
H (type of organization X Section 501(c)(3) ex			E If private foundation sta	atus was terminated
<u> </u>			Other taxable private founda		under section 507(b)(1)(A), check here
		arket value of all assets at end of year J Accounti	•	Accrual	F If the foundation is in a	_ []
	rom •\$	Part II, coi (c), line 16) 15 , 221 . (Part I, colu	ther (specify)	2200)	under section 507(b)(1)(B), check here
<u> </u>	art l		T			(d) 0
	7	(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	(0) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	100,275.	·····	N/A	
	2	Check If the foundation is not required to attach Sch B Interest on savings and temporary				
	3	cash investments	5.	5 .		STATEMENT 1
701/	4	Dividends and interest from securities				
		Gross rents		······································		
ان. سد	1	Net rental income or (loss)			7	
COANIALT Revenue	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
ě	7	Capital gain net income (from Part IV, line 2)		0.		
<u> </u>	8	Net short-term capital gain				·
4	9	Income modifications. Gross sales less returns		······································		
-	10a	and allowances	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4	1 6	Gross profit or (loss) NOV : 6 2016		***************************************		
\tilde{v}	11	Gross profit or (loss) NOV 1 4 2014	ļ			
	12	Total Add lines Tthrough 11	100,280.	5.		
	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
per		Accounting fees				
Ä	1	Other professional fees STMT 2	150.	0.		0.
tive	17	Interest				ļ
stra	18	Taxes				
and Administrative Expens	19 20	Depreciation and depletion Occupancy				
₽du	21	Travel, conferences, and meetings				
ğ	22	Printing and publications		 	<u> </u>	<u> </u>
ā	23	Other expenses				
atin	24	Total operating and administrative				
Operating		expenses Add lines 13 through 23	150.	0.		0.
Õ	25	Contributions, gifts, grants paid	110,398.			110,398.
	26	Total expenses and disbursements.				
	<u> </u>	Add lines 24 and 25	110,548.	0.		110,398.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	-10,268.			Innandmentan hadada ami
	ı	Net investment income (if negative, enter -0-)		5.) / N	
3235		Adjusted net income (if negative, enter -0-)			N/A	

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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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1a

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		osses for Tax on In		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 - Purchase D - Donation						(c) Date (mo , d	acquired lay, yr)	(d) Dat (mo , da			
1a	-										
b NO	NE										
C											
<u>d</u>					<u> </u>						
<u>e</u>			· · · · · · · · · · · · · · · · · · ·		Ц,		<u>.</u>			l	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)	107	t or other basis xpense of sale					ain or (loss s (f) minus		
<u>a</u>	l								<u>-</u>		
<u>b</u>											
<u>c</u>											
											
Complete only for accets showing	20.0010.10	column (h) and owned by	the foundation	00.12/21/60				0 (0	\		
Complete only for assets showing	ig gain in								ol (h) gain not less tha		
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any					(from col		
<u>a</u>											
<u>b</u>		 -	<u> </u>								
<u>t</u>											
e e				_							
2 Capital gain net income or (net ca	ipital loss	(If gain, also enter If (loss), enter -0-	in Part I, line i in Part I, line	7	}	2					
Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8			d (6)		}	3					
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome			
(For optional use by domestic private	e foundat	ions subject to the section 4	1940(a) tax on	net investment in	come	€)					
f section 4940(d)(2) applies, leave t	his part b	lank								_	
Was the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any ye	ar in the base per	rıod?					Yes	X No
f "Yes," the foundation does not qua											
1 Enter the appropriate amount in	each colu		istructions bet	ore making any e				T		(d)	
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dist		Net value of no	(c) oncha	ritable-			Distril (col (b) div	(d) oution ratio yided by col	
2012			9,230.				3,686				47219
2011			6,920.				3,006				97313
2010			7,363.				$\frac{5,047}{9,011}$				23121 56875
2009			9,857. 2,926.	-			9,011 1,817				60429
2008			2, 920 .			•	1,017	+	<u> </u>	70.0	00423
2 Total of line 1, column (d)								2	ĺ	89.6	84957
3 Average distribution ratio for the	5-vear ba	se period - divide the total o	on line 2 by 5.	or by the number	of ye	ars					
the foundation has been in existe				•	•			3		17.9	36991
4 Enter the net value of noncharital	ole-use as	ssets for 2013 from Part Y	line 5					4		20	,050.
Multiply line 4 by line 3				5		359	<u>,637.</u>				

lt	section 4940(d)(2) applies, leave this part bl	ank			
	as the foundation liable for the section 4942 "Yes," the foundation does not qualify under	• • • • • • • • • • • • • • • • • • • •	·		Yes X No
ï	Enter the appropriate amount in each colu				
_	(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))
_	2012	229,230.	43,686.		5.247219
_	2011	196,920.	73,006.		2.697313
_	2010	337,363.	185,047.		1.823121
_	2009	199,857.	159,011.	_	1.256875
,	2008	142,926.	1,817.		78.660429
	Total of line 1, column (d) Average distribution ratio for the 5-year ba the foundation has been in existence if less	•••••••••••••••••••••••••••••••••••••••	or by the number of years	3	89.684957 17.936991
4	Enter the net value of noncharitable-use as	sets for 2013 from Part X, line 5		4	20,050.
5	Multiply line 4 by line 3			5	359,637.
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	0.
7	Add lines 5 and 6			7	359,637.
8	Enter qualifying distributions from Part XII,	, line 4		8	110,398.
	If line 8 is equal to or greater than line 7, cl	heck the box in Part VI, line 1b, and comp	plete that part using a 1% tax rate		

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orm 9	990-PF (2013) HELP A FRIEND FOUNDATION			<u>421055</u>		age 4
	t VI Excise Tax Based on Investment Income (Section 4940		<u> 4948 - s</u>	ee instru	ctior	15)
1a E	exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	nter "N/A" on line 1				
(Date of ruling or determination letter (attach copy of letter if nece	essary-see instructions)				^
b (Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1 1			0.
	of Part I, line 27b					
c A	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	of Part I, line 12, col (b) ノ				•
2 1	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ott	hers enter -0-)	2			0.
3 /	Add lines 1 and 2		3			0.
4 8	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers enter -0-)	4			0.
5 1	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 (Credits/Payments	1 1				
a 2	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	- 1			
b E	Exempt foreign organizations - tax withheld at source	6b	-			
C	Tax paid with application for extension of time to file (Form 8868)	6c	_			
d l	Backup withholding erroneously withheld	6d	- 1			Λ
	Total credits and payments Add lines 6a through 6d		7		-	<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here 📖 if Form 2220 is attac	ched	8			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
	Enter the amount of line 10 to be Credited to 2014 estimated tax	Refunded	11			
	t VII-A Statements Regarding Activities				Vaa	No
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or interve	ne in	4-	162	X
	any political campaign?		\0	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos			1b	-	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials publis	nea or			
	distributed by the foundation in connection with the activities			10		Х
	Did the foundation file Form 1120-POL for this year?					
d I	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1). On the foundation \(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\) (2). On foundation managers	year				
			<u>•</u>			
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. $ ightharpoonup$ \$ 0 •	itale tax imposed on logination				
	managers ► \$O . Has the foundation engaged in any activities that have not previously been reported to the IF	DC2		2		Х
	Has the foundation engaged in any activities that have not previously been reported to the in If "Yes," attach a detailed description of the activities.			-		
	n Yes, attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in	instrument articles of incorporation	Or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		, 0.	3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?)		5		X
	If "Yes," attach the statement required by General Instruction T.				1	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied er	ither				
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory	y directions that conflict with the st	ate law			
	remain in the governing instrument?			_6		X
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II, col. (c), and Part	ΧV	7	X	1
8a	Enter the states to which the foundation reports or with which it is registered (see instructio	ons) NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
	Is the foundation claiming status as a private operating foundation within the meaning of se		alendar			
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," c	complete Part XIV		10		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses					<u> </u>	X

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0.

All other program-related investments. See instructions

Total. Add lines 1 through 3

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

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6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				1,003.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years				
	., ,	0.		
3 Excess distributions carryover, if any, to 2013				
a From 2008 142,855.				
b From 2009 191, 915.				
c From 2010 328, 117.				
d From 2011 193,274. e From 2012 227,047.				
	1,083,208.			
f Total of lines 3a through e 4 Qualifying distributions for 2013 from	1,003,200.			
Part XII, line 4 ▶ \$ 110, 398.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior		-1		,, , , , , , , , , , , , , , , , , , ,
years (Election required - see instructions)		0.		11. 4
c Treated as distributions out of corpus	/ / /			
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				1,003.
e Remaining amount distributed out of corpus	109,395.			
5 Excess distributions carryover applied to 2013 (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				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,192,603.			
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 2012 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2014		 '		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	142,855.			
9 Excess distributions carryover to 2014.	112/0331			
Subtract lines 7 and 8 from line 6a	1,049,748.			
10 Analysis of line 9	_, ,			
a Excess from 2009 191,915.				
b Excess from 2010 328, 117.				
c Excess from 2011 193,274.				
d Excess from 2012 227, 047.				
e Excess from 2013 109, 395.				
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	FRIEND FOUR		TLA question (1)	N/A	21055 Page 1
Part XIV. Private Operating F				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			▶ <u> </u>	1040(1/0) 1 10	40(-) (5)
b Check box to indicate whether the found		ing toundation described		4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2013	(b) 2012	Prior 3 years (c) 2011	(d) 2010	(e) Total
income from Part I or the minimum	(a) 2013	(0) 2012	(6) 2011	(0) 2010	(6) Tutat
investment return from Part X for					
each year listed			 		
b 85% of line 2a		 			_
c Qualifying distributions from Part XII,					
line 4 for each year listed			 	 	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			 	4	
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c			 	ļ	
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets		·			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	}				
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundation	n had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh			ntributions received by th	e foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000) (See	section 507(d)(2))			
NONE					
 b List any managers of the foundation wh other entity) of which the foundation has 			ı (or an equally targe port	ion of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contributi	ion. Grant. Gift. Loar	n. Scholarship, etc., F	Programs:		
Check here ► ☐ If the foundation o the foundation makes gifts, grants, etc	only makes contributions	to preselected charitabl	e organizations and does		
_	`				
a The name, address, and telephone num RANDY SELLERS, $801-5$		the person to whom app	nications snould be addre	essea	
_		m 04010			
2516 S ORCHARD DR, B b The form in which applications should b WRITTEN			should include		
					
c Any submission deadlines NONE		 			
d Any restrictions or limitations on awards NONE	s, such as by geographic	cal areas, charitable field	s, kinds of institutions, or	other factors	
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Part XVI-A Analysis of Income-Producing Activities

Fater and a second water with a second standard of the second standa	Inrelated bu	siness income	Exclu	ded by section 512, 513, or 514	(0)
(a Busin	ness	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue coo	ae		code	711100111	101101101111101110
3			-		+
b	-		-		
<u> </u>		 	╅━━		
d	-+		-		
e			+		
T. Food and contracts from government acception	- -		-		-
g Fees and contracts from government agencies 2 Marcharchia dues and essessments			+		
2 Membership dues and assessments 3 Interest on savings and temporary cash	- -		+	-	
Investments			14	5.	
4 Dividends and interest from securities			+		
5 Net rental income or (loss) from real estate			1		
a Debt-financed property			1		†·
b Not debt-financed property			 		
6 Net rental income or (loss) from personal			+		
property					
7 Other investment income		-	_		
8 Gain or (loss) from sales of assets other	-		_	<u> </u>	
than inventory					1
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory	- -	-	 		
11 Other revenue	-+-				
					1
a b			1		
С			· · · · ·		
d			 -		
e					
12 Subtotal Add columns (b), (d), and (e)	-	0.		5	. 0.
13 Total Add line 12, columns (b), (d), and (e)			- I	13	. 0. 5.
(See worksheet in line 13 instructions to verify calculations)				-	
Part XVI-B Relationship of Activities to the	Accom	olishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which income is rep the foundation's exempt purposes (other than by provided in the foundation's exempt purposes.			A contrit	outed importantly to the acco	omplishment of
3 INTEREST EARNED USED TO FUL	·		VIDE	FUNDS FOR CI	HARITABLE NEED
<u> </u>					<u></u>
					
			•		
		<u></u>			
			_		
					<u></u>
					

Form 990-PF (2	013) HELP	A FRIEND	FOUNDA	TION		20-042	1055	Pa	ge 13
Part XVII			nsfers To a	and Transactions	and Relations	hips With Noncha	ritable	•	
	Exempt Organ	izations							
1 Did-the or	ganization directly or indi	rectly engage in any	of the followin	g with any other organiza	tion described in sec	tion 501(c) of		Yes	No
the Code ((other than section 501(c	(3) organizations)	or in section 52	7, relating to political orga	anızatıons?				ı
a Transfers	from the reporting found	lation to a noncharit	able exempt org	ganization of					
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)		X
b Other tran	sactions								ı
(1) Sales	of assets to a noncharita	ible exempt organiz	ation				1b(1)		<u> </u>
(2) Purch	nases of assets from a no	ncharitable exempt	organization				16(2)		X
(3) Renta	il of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	bursement arrangements	S					1b(4)		<u>X</u>
(5) Loans	s or loan guarantees						1b(5)		<u>X</u>
(6) Perfo	rmance of services or me	embership or fundra	nsing solicitatio	ns			1b(6)		<u>X</u>
c Sharing of	f facilities, equipment, ma	ailing lists, other ass	ets, or paid em	ployees			10		<u>X</u>
d If the ansv	wer to any of the above is	"Yes," complete the	following sche	dule Column (b) should a	always show the fair	market value of the goods, (other ass	ets,	
				ed less than fair market va	ilue in any transactio	n or sharing arrangement, s	how in		
) the value of the goods,	·							
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(d) Description	n of transfers, transactions, and	sharing an	angeme	nts
			N/A					_	
	······································								
						 			
									
						······································			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
		<u> </u>							
2a Is the four	ndation directly or indirec	ctly affiliated with, or	related to, one	or more tax-exempt orga	nizations described		_		_
in section	501(c) of the Code (othe	er than section 501(c	c)(3)) or in sect	ıon 527?		L	Yes	X] No
<u>b</u> If "Yes," co	omplete the following sch	·————							
	(a) Name of org	ganization		(b) Type of organization	1	(c) Description of relations	hip		
	N/A								
					<u> </u>				
		····			 -				
				g accompanying schedules ar n taxpayer) is based on all info		Mar.	the IRS o	iscuss t	his
Sign 👠 .			(1.15		sho	m with the	(see inst	tr)?
Here				111.10.14	_ Z		X Yes		No
Sign	nature of officer or trustee			Date '	Title	051 J 4 D7(1)			
	Print/Type preparer's in	de.	Preparer's si	gnature	Date	Check if PTIN			
Doint	D 2012-1-	$\sqrt{2}$	(M >	11.10-14	self- employed	1000	100	
Paid	RANDY SELL		1 7112	X			1260		
Preparer	Firm's name ► PRC	(FESSIONA)	L BUSIN	ES ADVISOR	S, LLC	Firm's EIN ► 20-3	1531	ь/	
Use Only	F		<u> </u>	ad\\\\	00	-			
	Firm's address ► 17			\	UU	001.0			
	<u> BC</u>	UNTIFUL,	UT 840	10 A		Phone no 801-25	<u> 1 – 0 t</u>	060	

323622 10-10-13

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

HELD A FRIEND FOUNDATION

Employer identification number

	HELP A FRIEND FOUNDATION	20-0421055				
Organization type (chec	:k 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	ation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
General Rule	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a s	Special Rule. See instructions.				
_	ation filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or remplete Parts I and II	more (in money or property) from any one				
Special Rules						
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contributon (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and	tion of the greater of (1) \$5,000 or (2) 2%				
total contributi	i01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ons of more than \$1,000 for use exclusively for religious, charitable, scientific, liter of cruelty to children or animals. Complete Parts I, II, and III					
contributions for If this box is ch purpose Do no	i01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or use exclusively for religious, charitable, etc., purposes, but these contributions necked, enter here the total contributions that were received during the year for an ot complete any of the parts unless the General Rule applies to this organization table, etc., contributions of \$5,000 or more during the year	s did not total to more than \$1,000. In <i>exclusively</i> religious, charitable, etc ,				
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file some on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

HELP A FRIEND FOUNDATION

20-0421055

Part F	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	M. ALLAN @ SUZANNE DALY 27 LITTLE HOG CANYON LANE PATAGONIA, AZ 85624	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BERRY FLP 4200 MONTROSE BLVD, SUITE 400 HOUSTON, TX 77006	\$ 10,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	24-13	\$Schodulo P (Four	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HELP A FRIEND FOUNDATION

20-0421055

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
:			
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.			
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
.			
453 10-24-1	3		990, 990-EZ, or 990-PF)

Name of orga	úisation	Employer identification number					
HELP A	FRIEND FOUNDATION		20-0421055				
Part III	Exclusively religious, charitable, etc., individence. year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	dual contributions to section 501(c following line entry: For organization contributions of \$1,000 or less for space is needed	(3)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year (Enter this information once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gif	ft				
-	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee				
-	Transièree's name, address, and	3 Z P + 4	Helationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, and	1 2 1 2 + 4	Relationship of transferor to transferee				

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE	(A) REVENUE PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
INTEREST INCOME		5.	5.		
TOTAL TO PART I, LINE 3		5.	5.		
FORM 990-PF (OTHER PROFES	SIONAL FEES	3	STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
PROFESSIONAL FEES	150.		0.	0.	
TO FORM 990-PF, PG 1, LN 16C	150.		0.	0.	

Part XV Supplementary Information 3 · Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient KRISTI MATHISON NONE NONE TEMPORARY HOUSING FOR 9309 GAELIC CIRCLE NEEDY FAMILY WEST JORDAN, UT 84088 5,500. NONE MEDICAL EXPENSES FOR ALI THOMAS NONE 605 BLOSSOM CIRCLE NEEDY FAMILY FRUIT HEIGHTS, UT 84047 1,487. SOLOMON ISLANDS ORPHAN PROJECT NONE NONE PROVIDE MEDICAL 4229 PARK TERRACE DR SERVICES TO CHILDREN 88,824. SALT LAKE CITY, UT 84124 IN THE SOLOMON Total from continuation sheets 95,811.

Form 886	68 (Bey. 1-2014)					Page 2		
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check the	s hox		► X		
	ly complete Part II if you have already been granted an				8868			
	are filing for an Automatic 3-Month Extension, comple							
Part II				nal (no c	opies ne	eded).		
						see instructions		
Type or						Employer identification number (EIN) or		
print File by the	THE D A EDIEND EQUINDAMION				20-0421055			
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)			
return See 2516 S ORCHARD DRIVE								
	City, town or post office, state, and ZIP code. For a for BOUNTIFUL, UT 84010	oreign add	iress, see instructions.					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4		
		1	· · · · · · · · · · · · · · · · · · ·					
Applicati	on	Return	Application			Return		
Is For	5 000 57	Code	Is For			Code		
	or Form 990-EZ	01						
Form 990	0 (individual)	02	Form 1041-A			08		
Form 990		03	Form 4720 (other than individual) Form 5227			10		
	·T (sec. 401(a) or 408(a) trust)	05	Form 6069	<u> </u>		11		
	-T (trust other than above)	06	Form 8870			12		
	o not complete Part II if you were not already granted			iousty file	ed Form 880			
	RANDY G SELLERS							
• The bo	ooks are in the care of ▶ 2516 S ORCHARD	DR,	BOUNTIFUL, UTAH -	8401	0			
Teleph	one No ► (801) 550-7944		Fax No ▶					
• If the c	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □		
• If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole	group, check this		
box ▶ [If it is for part of the group, check this box			f all memb	ers the exte	nsion is for.		
	quest an additional 3-month extension of time until		BER 15, 2014.					
	calendar year 2013 , or other tax year beginning		, and endin			·		
6 lith	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: LInitial return L	Final ı	return			
	☐ Change in accounting period							
	te in detail why you need the extension FORMATION NEEDED TO PREPARE	וווחיםם	DN NOT AVATIABLE	.				
71	FORMATION NEEDED TO PREPARE	REIU	AN NOI AVAIDABLE					
0 16.11			A. Ab. A.		г			
	ns application is for Forms 990·BL, 990·PF, 990·T, 4720, prefundable credits. See instructions.	or buby,	enter the tentative tax, less any	8a	\$	0.		
	irefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	ontor on	v refundable credits and estimated	- 00	3			
	payments made. Include any prior year overpayment all			`				
	evicusly with Form 8868.	01100 43 6	totoon and any amount paid	8b	\$	0.		
	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					0		
EFT	PS (Electronic Federal Tax Payment System). See instru			8c	\$	0.		
Under pena	alties of perjury, I declare that I have examined this form, includ	ing accomp	st be completed for Part II of panying schedules and statements, and to		f my knowled	ge and belief,		
	orrect, and complete and that Lam authorized to prepare this fo	ım	Cha	<u>.</u>	. 0	1-10		
Signature	► Title ►		<u> </u>	Date		<u>017</u>		
	14				Form (8868 (Rév. 1·2014)		