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EXTENDED TO AUGUST 15, 2016

Return of Private Foundation

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

OMB No. 1545-0052

2015

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

For calendar year 2015 or tax year beginning

, and ending

| | | |
|---|--|--|
| 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) 25866 SALEM ROAD | Room/suite | B Telephone number 248-330-0723 |
| City or town, state or province, country, and ZIP or foreign postal code HUNTINGTON WOODS, MI 48070 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change | | 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) \$ 1,786,780. | 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) |
|--|----------|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received | | 107,277. | | 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 | | 17,372. | 17,372. | | STATEMENT 1 |
| 4 Dividends and interest from securities | | 24,416. | 24,416. | | STATEMENT 2 |
| 5a Gross rents | | | | | |
| b Net rental income or (loss) | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | 112,787. | | | |
| b Gross sales price for all assets on line 6a | 778,652. | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | 112,787. | | |
| 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 | | 261,852. | 154,575. | | |
| 13 Compensation of officers, directors, trustees, etc | | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | | | | |
| 15 Pension plans, employee benefits | | | | | |
| 16a Legal fees | STMT 3 | 390. | 390. | | 0. |
| b Accounting fees | STMT 4 | 2,250. | 1,125. | | 1,125. |
| c Other professional fees | STMT 5 | 23,135. | 23,135. | | 0. |
| 17 Interest | | 14. | 14. | | 0. |
| 18 Taxes | STMT 6 | 2,842. | 2,822. | | 20. |
| 19 Depreciation and depletion | | | | | |
| 20 Occupancy | | | | | |
| 21 Travel, conferences, and meetings | | 512. | 0. | | 512. |
| 22 Printing and publications | | | | | |
| 23 Other expenses | STMT 7 | 10,172. | 0. | | 10,172. |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | 39,315. | 27,486. | | 11,829. |
| 25 Contributions, gifts, grants paid | | 349,493. | | | 349,493. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | 388,808. | 27,486. | | 361,322. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | -126,956. | | | |
| b Net investment income (if negative, enter -0-) | | | 127,089. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |

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LHA For Paperwork Reduction Act Notice, see instructions.

1

Form 990-PF (2015)

16030511 766504 RL-4180

2015.03030 HERE TO HELP FOUNDATION

RL-41801

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

| | | Beginning of year (a) Book Value | End of year (b) Book Value | (c) Fair Market Value |
|---|---|-------------------------------------|-------------------------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 124,596. | 127,256. | 127,256. |
| | 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 8 | 634,686. | 564,686. | 568,530. |
| | b Investments - corporate stock STMT 9 | 705,815. | 646,214. | 973,412. |
| | c Investments - corporate bonds STMT 10 | 112,834. | 112,819. | 117,582. |
| | 11 Investments - land, buildings, and equipment: basis ▶ | | | |
| Less: accumulated depreciation ▶ | | | | |
| 12 Investments - mortgage loans | | | | |
| 13 Investments - other | | | | |
| 14 Land, buildings, and equipment: basis ▶ | | | | |
| Less: accumulated depreciation ▶ | | | | |
| 15 Other assets (describe ▶) | | | | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 1,577,931. | 1,450,975. | 1,786,780. | |
| 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 and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/> | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <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 | -1,315,046. | -1,442,002. | |
| | 30 Total net assets or fund balances | 1,577,931. | 1,450,975. | |
| 31 Total liabilities and net assets/fund balances | 1,577,931. | 1,450,975. | | |

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 | 1,577,931. |
| 2 Enter amount from Part I, line 27a | 2 | -126,956. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 1,450,975. |
| 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 | 1,450,975. |

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 USB FINANCIAL #16474 NONCOVERED | P | | |
| b USB FINANCIAL #16474 NONCOVERED | P | | |
| c USB FINANCIAL #16477 NONCOVERED | P | | |
| d USB FINANCIAL #16477 NONCOVERED | P | | |
| e CAPITAL GAINS DIVIDENDS | | | |

| (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 57,236. | | 58,384. | -1,148. |
| b 497,046. | | 403,981. | 93,065. |
| c 113,218. | | 117,255. | -4,037. |
| d 111,065. | | 86,245. | 24,820. |
| e 87. | | | 87. |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|--------------------------------------|---|---|
| (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 | |
| a | | | -1,148. |
| b | | | 93,065. |
| c | | | -4,037. |
| d | | | 24,820. |
| e | | | 87. |

| | | | |
|---|---|---|----------|
| 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 | 112,787. |
| 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 |

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 the 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)) |
|---|---------------------------------------|---|--|
| 2014 | 361,079. | 2,011,711. | .179489 |
| 2013 | 463,173. | 2,092,027. | .221399 |
| 2012 | 391,472. | 2,163,337. | .180957 |
| 2011 | 359,224. | 2,386,394. | .150530 |
| 2010 | 311,111. | 2,579,990. | .120586 |

| | | |
|---|---|------------|
| 2 Total of line 1, column (d) | 2 | .852961 |
| 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 | .170592 |
| 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 | 4 | 1,856,252. |
| 5 Multiply line 4 by line 3 | 5 | 316,662. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 1,271. |
| 7 Add lines 5 and 6 | 7 | 317,933. |
| 8 Enter qualifying distributions from Part XII, line 4 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. | 8 | 361,322. |

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 1,271. |
| 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 | 1,271. |
| 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 | 1,271. |
| 6 Credits/Payments: | | | |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | 1,560. | |
| 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 | 1,560. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" 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 | 289. | |
| 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax <input checked="" type="checkbox"/> 289. Refunded <input type="checkbox"/> | 11 | 0. | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| 1c 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 checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" 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 checked="" 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 checked="" 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 2015 or the taxable year beginning in 2015 (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)

| | Yes | No |
|--|-----|----|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.HERETOHELPFOUNDATION.ORG | X | |
| 14 The books are in care of ► THE FOUNDATION Telephone no. ► 248-330-0723 Located at ► 25866 SALEM ROAD, HUNTINGTON WOODS, MI ZIP+4 ► 48070 | | |
| 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 | | |
| 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► | | X |

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

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

| | Yes | No |
|--|-----|----|
| 1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here | N/A | |
| 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 2015? | | 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► , , b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► , , | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2015 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 2015) N/A | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2015? | | 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 4945(d)(4)(A)? (see instructions)

☐ 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

X

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

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 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070 | CEO AND SECRETARY 40.00 | 0. | 0. | 0. |
| ROBIN SCHWARTZ 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070 | PRESIDENT 40.00 | 0. | 0. | 0. |
| ADAM SCHWARTZ 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070 | VICE PRESIDENT 3.00 | 0. | 0. | 0. |
| ILENE SCHWARTZ 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070 | TREASURER 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 VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors <i>(continued)</i> |
|------------------|--|

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

[illegible]

Total number of others receiving over \$50,000 for professional services

0

| | |
|------------------|--|
| Part IX-A | Summary of Direct Charitable Activities |
|------------------|--|

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

| | | |
|---|-----|--|
| 1 | N/A | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |

| | |
|------------------|---|
| Part IX-B | Summary of Program-Related Investments |
|------------------|---|

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

| | | |
|---|--|--|
| 1 | N/A | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| | All other program-related investments. See instructions. | |
| 3 | | |
| | | |
| | | |

Total. Add lines 1 through 3

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 | 1,836,075. |
| b | Average of monthly cash balances | 1b | 48,445. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 1,884,520. |
| 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 | 1,884,520. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 28,268. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,856,252. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 92,813. |

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 | 92,813. |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | 2a | 1,271. |
| b | Income tax for 2015. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 1,271. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 91,542. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 91,542. |
| 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 | 91,542. |

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 | 361,322. |
| 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 | 361,322. |
| 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 | 1,271. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 360,051. |

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.

Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7 | | | | 91,542. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 | 184,809. | | | |
| b From 2011 | 243,086. | | | |
| c From 2012 | 285,835. | | | |
| d From 2013 | 362,516. | | | |
| e From 2014 | 263,941. | | | |
| f Total of lines 3a through e | 1,340,187. | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ | 361,322. | | | |
| a Applied to 2014, 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 2015 distributable amount | | | | 91,542. |
| e Remaining amount distributed out of corpus | 269,780. | | | |
| 5 Excess distributions carryover applied to 2015 (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 | 1,609,967. | | | |
| 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 2014. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 | 184,809. | | | |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a | 1,425,158. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2011 | 243,086. | | | |
| b Excess from 2012 | 285,835. | | | |
| c Excess from 2013 | 362,516. | | | |
| d Excess from 2014 | 263,941. | | | |
| e Excess from 2015 | 269,780. | | | |

N/A

- ▶

☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income**

[illegible]

RL-41801

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | 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 |
|---|--|--------------------------------------|--|----------|
| a Paid during the year | | | | |
| 375 GRANTS/PAYMENTS TO SERVICE PROVIDERS OR CREDITORS. SEE ATTACHED LIST. VARIOUS VARIOUS, MI 48068 | NONE | N/A | PROVIDE ASSISTANCE TO HELP OVERCOME A TEMPORARY CRISIS | 349,493. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ► 3a | 349,493. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ► 3b | 0. |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. | | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income |
|--|-------------------------|---------------------------|-------------------------------|--------------------------------------|--|---|
| | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | | |
| 1 Program service revenue: | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f _____ | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 17,372. | | |
| 4 Dividends and interest from securities | | | 14 | 24,416. | | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 112,787. | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue: | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 154,575. | | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | | |

13 154,575.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

| | |
|------------------|--|
| Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations |
|------------------|--|

- | | | Yes | No |
|----------|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| 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. | | |

[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 | | |
| | | |
| | | |
| | | |
| | | |

**Sign
Here**

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) is based on all information of which preparer has any knowledge.



Signature of officer or trustee

Date _____



SECRETARY

Title

May the IRS discuss this return with the preparer shown below (see instr. 1)?

☒☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

JAMES A. HUGUELET,
CPA

Preparer's signature _____

11PA

Date _____

05/11/16

Check ☐ self-employed

| | |
|------|--|
| PTIN | |
|------|--|

P00180157

Firm's name ► **ABRAHAM & GAFFNEY, P.C.**

Firm's EIN ► 38-2771117

Firm's address ► 108 SPRING ST.
ST. JOHNS, MI 48879

Phone no. 989-224-6836

Form **990-PF** (2015)

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

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

OMB No 1545-0047

2015

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that 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 its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2015)

Name of organization

Employer identification number

HERE TO HELP FOUNDATION

20-8057969

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | SCHWARTZ CHARITABLE LEAD TRUST 25866 SALEM HUNTINGTON WOODS, MI 48070 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

HERE TO HELP FOUNDATION

20-8057969

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

| | |
|-------------------------|--------------------------------|
| Name of organization | Employer identification number |
| HERE TO HELP FOUNDATION | 20-8057969 |

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

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

| SOURCE | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|--|-----------------------------|---------------------------------|-------------------------------|
| UBS FINANCIAL #16474 | 4,201. | 4,201. | |
| UBS FINANCIAL #16474-U.S. GOVT. OBLIGATIONS | 9,815. | 9,815. | |
| UBS FINANCIAL #16477 | 643. | 643. | |
| UBS FINANCIAL #16477-U.S. GOVT. OBLIGATIONS | 563. | 563. | |
| UBS FINANCIAL #16478 | 2,150. | 2,150. | |
| TOTAL TO PART I, LINE 3 | 17,372. | 17,372. | |

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------------|-----------------|-------------------------------|-----------------------------|-----------------------------------|-------------------------------|
| UBS FINANCIAL #16474 | 17,474. | 45. | 17,429. | 17,429. | |
| UBS FINANCIAL #16477 | 6,935. | 42. | 6,893. | 6,893. | |
| UBS FINANCIAL #16477 | 94. | 0. | 94. | 94. | |
| TO PART I, LINE 4 | 24,503. | 87. | 24,416. | 24,416. | |

FORM 990-PF LEGAL FEES STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| LEGAL FEES | 390. | 390. | | 0. |
| TO FM 990-PF, PG 1, LN 16A | 390. | 390. | | 0. |

| FORM 990-PF | ACCOUNTING FEES | | | STATEMENT 4 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| TAX & ACCOUNTING FEES | 2,250. | 1,125. | | 1,125. |
| TO FORM 990-PF, PG 1, LN 16B | 2,250. | 1,125. | | 1,125. |

| FORM 990-PF | OTHER PROFESSIONAL FEES | | | STATEMENT 5 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| UBS ADVISOR FEES #16474 | 14,844. | 14,844. | | 0. |
| UBS ADVISOR FEES #16477 | 6,633. | 6,633. | | 0. |
| UBS ADVISOR FEES #16478 | 24. | 24. | | 0. |
| UBS ADVISOR FEES #52669 | 1,634. | 1,634. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 23,135. | 23,135. | | 0. |

| FORM 990-PF | TAXES | | | STATEMENT 6 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FEDERAL EXCISE TAX | 2,805. | 2,805. | | 0. |
| MICHIGAN ANNUAL REPORT | 20. | 0. | | 20. |
| FOREIGN TAX-UBS #16477 | 17. | 17. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 2,842. | 2,822. | | 20. |

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-PF | OTHER EXPENSES | STATEMENT | 7 |
|-------------|----------------|-----------|---|

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| TELEPHONE | 3,167. | 0. | | 3,167. |
| WEBSITE MAINTENANCE/COMPUTER | 4,867. | 0. | | 4,867. |
| POSTAGE/UPS | 315. | 0. | | 315. |
| OFFICE SUPPLIES | 1,538. | 0. | | 1,538. |
| DUES | 285. | 0. | | 285. |
| TO FORM 990-PF, PG 1, LN 23 | 10,172. | 0. | | 10,172. |

| | | | |
|-------------|--|-----------|---|
| FORM 990-PF | U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS | STATEMENT | 8 |
|-------------|--|-----------|---|

| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
|--|---------------|----------------|------------|----------------------|
| UBS #16477 | X | | 116,730. | 117,806. |
| UBS #16474 | X | | 447,956. | 450,724. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | | 564,686. | 568,530. |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS | | | | |
| TOTAL TO FORM 990-PF, PART II, LINE 10A | | | 564,686. | 568,530. |

| | | | |
|-------------|-----------------|-----------|---|
| FORM 990-PF | CORPORATE STOCK | STATEMENT | 9 |
|-------------|-----------------|-----------|---|

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|------------|----------------------|
| UBS #16477 | 272,699. | 324,757. |
| UBS #16478 | 35. | 34. |
| UBS #16474 | 373,480. | 648,621. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 646,214. | 973,412. |

| | | |
|-------------|-----------------|--------------|
| FORM 990-PF | CORPORATE BONDS | STATEMENT 10 |
|-------------|-----------------|--------------|

| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
|---|------------|-------------------|
| UBS #16477 | 87,620. | 85,931. |
| UBS #16478 | 25,199. | 31,651. |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 112,819. | 117,582. |

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, 2015

| | | | | | |
|------------------------------------|---------------------|------------|-----------|-------------------------------------|-------------|
| Oakland Family Services | Jennifer Dixon | \$800.00 | 1/15/2015 | Hodges Subaru | credit card |
| Capuchin Soup Kitchen | Dwayne Mattison | \$2,500.00 | 1/15/2015 | VOA | credit card |
| Spectrum Child and Family Serv | Raheem McKezie | \$500.00 | 1/20/2015 | Holbrook Auto | credit card |
| Training and Treatment Innovat | Yolanda Bell | \$500.00 | 1/22/2015 | Good Choice Auto | credit card |
| Small Treasure Maternal Health | Roland Hollis | \$800.00 | 1/23/2015 | Bloomfield Auto Repair | credit card |
| Women Inspired Neighborhood | Cleveland Taylor | \$2,500.00 | 1/27/2015 | VOA | credit card |
| Family Alliance for Change | Janae Ashford | \$2,500.00 | 1/27/2015 | VOA | credit card |
| Jewish Family Services | Tomeka Bryant | \$2,500.00 | 1/28/2015 | VOA | credit card |
| Easter Seals | John Caruk | \$800.00 | 1/29/2015 | Clydes Frame and Wheel | credit card |
| D-DHWP/HAPI Housing Program | Lisa Mix | \$800.00 | 1/31/2015 | John's Auto Center | credit card |
| Michigan Rehabilitation Service | Danielle Fuggett | \$800.00 | 2/3/2015 | Tire Giant Complete Auto(Good Year) | credit card |
| Spectrum Child and Family Serv | Robert Gibson | \$800.00 | 2/2/2015 | New A Tech Auto Clinic | credit card |
| Capuchin Soup Kitchen | Dana Brown | \$2,500.00 | 2/5/2015 | VOA | credit card |
| Training and Treatment Innovat | Dinah Brundidge | \$2,500.00 | 2/4/2015 | VOA | credit card |
| Easter Seals | Christina Ligi | \$384.19 | 2/3/2015 | Auto Lab of Troy | credit card |
| South Oakland Shelter | Michelle Johnson | \$797.65 | 2/9/2015 | Oakland Car Sales and Services | credit card |
| St. Vincent de Paul | Tesha Robinson | \$2,500.00 | 2/9/2015 | VOA | credit card |
| Pontiac Housing Commission | Denise Pattison | \$2,500.00 | 2/9/2015 | VOA | credit card |
| Senior Wraparound | Levell Keys | \$799.63 | 2/11/2015 | McNeal Automotive | credit card |
| Michigan Rehabilitation Service | Rachel Wesley | \$196.20 | 2/13/2015 | Jack's Auto Repair | credit card |
| Heartline | Michael Coble | \$800.00 | 2/13/2015 | Road Ready Automotive | credit card |
| South Oakland Citizens for Homeles | Hersie Jones | \$2,500.00 | 2/23/2015 | VOA | credit card |
| Easter Seals | Robert Sorensen | \$774.23 | 2/25/2015 | Southfield Muffler & Brake | credit card |
| DHS | Colleen Brady | \$500.00 | 2/26/2015 | Belle Tire | credit card |
| Common Ground | Barbara Gallaher | \$2,500.00 | 3/3/2015 | VOA | credit card |
| Training and Treatment Innovat | Taylor Thorpe | \$2,500.00 | 3/3/2015 | VOA | credit card |
| Children's Center | James Horne | \$800.00 | 3/3/2015 | RC Transmissions | credit card |
| Orchard Childrens Services | Veronica Howard | \$795.79 | 3/6/2015 | Goodyear Livernois Auto Service | credit card |
| New Center Community Health | Sincere Wenning | \$2,500.00 | 3/10/2015 | VOA | credit card |
| Training and Treatment Innovat | Derrick Strange | \$2,500.00 | 3/9/2015 | VOA | credit card |
| Jewish Family Services | Jacqueline Manzie | \$800.00 | 3/11/2015 | Bill's Automotive | credit card |
| Capuchin Soup Kitchen | Gretta Smith | \$2,500.00 | 3/16/2015 | VOA | credit card |
| Community Network Services | Terrence Wright | \$2,500.00 | 3/16/2015 | VOA | credit card |
| Health Emergency Lifeline Program | Amexem Cook-Bey | \$800.00 | 3/20/2015 | Multistate Transmissions | credit card |
| Empowerment Plan | Dexter Palmer | \$376.87 | 3/22/2015 | Home Depot | credit card |
| Community Sharing | Lakecia Jackson | \$2,500.00 | 3/23/2015 | VOA | credit card |
| It's Just for Me | Christopher Lacroix | \$728.17 | 3/25/2015 | Complete Auto Repair | credit card |
| Jewish Vocational Services | Carolyn Hall | \$2,500.00 | 3/27/2015 | VOA | credit card |
| Team Mental Health | Dequentin Jones | \$2,500.00 | 3/27/2015 | VOA | credit card |
| First Step | Richardo Johnson | \$2,500.00 | 3/27/2015 | VOA | credit card |
| Michigan Works | Myriah Tyson | \$781.77 | 3/28/2015 | Discount Auto Clinic | credit card |
| American Indian Health and Fam S | Michelline Poe | \$2,500.00 | 3/30/2015 | VOA | credit card |
| Children's Aid Society | Emmiline Limes | \$2,386.70 | 3/30/2015 | VOA | credit card |
| New Center Community Health | Delores Green | \$2,500.00 | 4/1/2015 | VOA | credit card |
| St. Vincent de Paul | Dannie Jones | \$2,500.00 | 4/13/2015 | VOA | credit card |
| Detroit Rescue Mission | Keith Braden | \$2,500.00 | 4/13/2015 | VOA | credit card |
| Team Mental Health | Timothy Johnson | \$2,500.00 | 4/20/2015 | VOA | credit card |
| Easter Seals | Ladonn Nash | \$2,500.00 | 4/22/2015 | VOA | credit card |
| | David Mitchell | \$800.00 | 4/23/2015 | Auto Pro | credit card |

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|---------------------------------|-------------------|------------|-------------------------------------|-------------|
| Michigan Works | Everett Keith | \$2,500 00 | 4/30/2015 VOA | credit card |
| Michigan Rehabilitation Service | Kristen Seaman | \$800 00 | 4/30/2015 Ryan's Auto Repair | credit card |
| Easter Seals | Patricia Miller | \$774 00 | 5/8/2015 Sunoco | credit card |
| Capuchin Soup Kitchen | Roberta Chambers | \$2,500 00 | 5/11/2015 VOA | credit card |
| Judson Center | Ebony Manuel | \$2,500 00 | 5/13/2015 VOA | credit card |
| St. Vincent de Paul | Gail Smith | \$800 00 | 5/15/2015 Advanced Auto Center | credit card |
| Covenant House | Edward Perkins | \$2,500 00 | 5/20/2015 VOA | credit card |
| Alternative for Girls | Jacqueline Taylor | \$2,500 00 | 5/20/2015 VOA | credit card |
| Veterans Administration | Joseph Marion | \$2,500 00 | 5/28/2015 VOA | credit card |
| DHS | Nicoya White | \$2,500 00 | 6/1/2015 VOA | credit card |
| Michigan Rehabilitation Service | Janet Shelton | \$2,500 00 | 6/8/2015 VOA | credit card |
| Easter Seals | JoAnne Sampson | \$785 53 | 6/4/2015 Arkin Automotive Supply | credit card |
| Team Mental Health | Tallish Rice | \$2,500 00 | 6/1/2015 VOA | credit card |
| Training and Treatment Innovat | Eugene Hill | \$2,500 00 | 6/17/2015 VOA | credit card |
| Volunteers of America | Lorraine Waterloo | \$82 21 | 6/23/2015 DTE | credit card |
| Salvation Army | Forrest Jackson | \$590 72 | 6/24/2015 Firestone | credit card |
| Detroit Rescue Mission | Ron Shannon | \$34 42 | 6/29/2015 Amazon | credit card |
| Henry Ford Health System | Andrea Anderson | \$2,500 00 | 6/26/2015 VOA | credit card |
| Heartline | Claudia Ortiz | \$2,500 00 | 6/26/2015 VOA | credit card |
| Visiting Counselors LLC | Susan Fair | \$500 00 | 6/30/2015 DTE | credit card |
| Orchard Childrens Services | Denise Poole | \$2,500 00 | 6/26/2015 VOA | credit card |
| Southwest Economic Solutions | Jamal Ross | \$2,500 00 | 7/8/2015 VOA | credit card |
| The Children's Center | Darlene Perkins | \$2,500 00 | 7/8/2015 VOA | credit card |
| Spectrum Child and Family Serv | Dorothea Lewis | \$2,500 00 | 7/8/2015 VOA | credit card |
| Development Centers | Charmayne Love | \$800 00 | 7/9/2015 All in One Oil Change | credit card |
| Easter Seals | Mary Coyle | \$133 97 | 7/13/2015 Amazon | credit card |
| Oakland Schools | Lisa Corso | \$2,600 00 | 7/16/2015 VOA | credit card |
| Grace Center of Hope | Darrell Jackson | \$2,500 00 | 7/23/2015 VOA | credit card |
| Capuchin Soup Kitchen | Marion Canty | \$2,500 00 | 7/23/2015 VOA | credit card |
| Michigan Rehabilitation Service | Gerald Laslett | \$2,500 00 | 7/23/2015 VOA | credit card |
| Better Life Learning | Roxanne Thomas | \$764 16 | 7/23/2015 Midas | credit card |
| The Senior Alliance | Janet Woolf | \$452 78 | 7/31/2015 DTE | credit card |
| Disability Network | Edward Sanders | \$497 24 | 7/31/2015 DTE | credit card |
| Grace Center of Hope | Denise Kern | \$2,500 00 | 7/31/2015 VOA | credit card |
| Disability Network | Tenisha Davis | \$800 00 | 8/3/2015 Wayne's Transmission | credit card |
| St. Vincent de Paul | Arthur Nichcznski | \$800 00 | 8/3/2015 Tuffy Auto Service | credit card |
| St. Vincent de Paul | Steven Hombberger | \$460 75 | 8/7/2015 Progressive Insurance | credit card |
| Wayne Metro | Angelina Lopez | \$2,500 00 | 8/11/2015 VOA | credit card |
| Team Wellness Center | Victoria Lopez | \$2,500 00 | 8/11/2015 VOA | credit card |
| South Oakland Shelter | Tamara Martin | \$792 47 | 8/14/2015 Perry Street Auto Service | credit card |
| D-DHWP/HAPI Housing Program | Janise Dale | \$443 29 | 8/17/2015 Target | credit card |
| Operation Get Down | Leon Stewart | \$431 56 | 8/17/2015 Target | credit card |
| Wayne State U. Physician Group | Aja Walker | \$557 70 | 8/28/2015 Juniors Auto Repair | credit card |
| New Center Community Health | India Campbell | \$2,500 00 | 9/1/2015 VOA | credit card |
| Hegira | Joslyn Neal | \$2,500 00 | 9/2/2015 VOA | credit card |
| Easter Seals | John Antkowiak | \$2,500 00 | 9/9/2015 VOA | credit card |
| The Children's Center | Hussein Kdouh | \$2,500 00 | 9/9/2015 VOA | credit card |
| The Senior Alliance | Judith Devine | \$500 00 | 9/10/2015 DTE | credit card |
| Starfish Family Service | Tia Moore | \$500 00 | 9/18/2015 DTE | credit card |

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|---------------------------------|---------------------|--------------|--|-------------|
| South Oakland Shelter | Natalia Barkley | \$590.40 | 9/17/2015 Simply Self Storage | credit card |
| OLHSA | Michelle/Ryan Rose | \$674.05 | 9/22/2015 American Exhaust Systems | credit card |
| The Guidance Center | Tamara Williams | \$2,500.00 | 9/22/2015 VOA | credit card |
| OLHSA | Karen Orr | \$2,500.00 | 9/25/2015 VOA | credit card |
| Team Wellness Center | Delois Brown | \$2,500.00 | 9/25/2015 VOA | credit card |
| OLHSA | Michelle/Ryan Rose | \$175.95 | 10/1/2015 Car Stop Automotive | credit card |
| Team Wellness Center | Sherwin Cooper | \$2,500.00 | 10/5/2015 VOA | credit card |
| Easter Seals | David King | \$2,500.00 | 10/5/2015 VOA | credit card |
| Michigan Rehabilitation Service | Reshanna Ash | \$800.00 | 10/7/2015 Prime Time Auto | credit card |
| New Center Community Health | David Mathis | \$800.00 | 10/8/2015 Maurice's High Tec Auto Repair | credit card |
| Michigan Rehabilitation Service | Cathleen Guiffre | \$273.68 | 10/13/2015 Dewey Transmission | credit card |
| Community Network Services | Jerline Lyons | \$2,500.00 | 10/14/2015 VOA | credit card |
| TWW Employment Solutions | Elisa Hurt | \$2,500.00 | 10/14/2015 VOA | credit card |
| Community Social Services WC | Michael Abram | \$2,500.00 | 10/20/2015 VOA | credit card |
| Easter Seals | Carlesia Russell | \$625.00 | 10/31/2015 Jimenez Tire | credit card |
| Michigan Rehabilitation Service | Rachael Winkler | \$2,500.00 | 11/2/2015 VOA | credit card |
| Easter Seals | Brian Denson | \$2,500.00 | 11/2/2015 VOA | credit card |
| Easter Seals | Susan Baxter | \$753.83 | 11/4/2015 All American Auto Tech | credit card |
| Spectrum Child and Family Serv | Stephanie Hamilton | \$2,500.00 | 11/2/2015 VOA | credit card |
| South Oakland Shelter | James Lowes | \$721.96 | 11/9/2015 TLC Car Care | credit card |
| Lighthouse | Hollie Meyers | \$800.00 | 11/10/2015 Bill's Automotive | credit card |
| New Center Community Health | Jasmine Hann-Sy | \$800.00 | 11/13/2015 West Grand River Auto | credit card |
| U of M Mott Hospital | Bassam Barakat | \$381.59 | 11/17/2015 Plymouth Shell | credit card |
| Community Social Services WC | David Brown | \$2,500.00 | 11/20/2015 VOA | credit card |
| Molina Health Care | Trena Whittico | \$200.00 | 11/21/2015 DTE | credit card |
| Lighthouse | Ameka Gee | \$2,102.70 | 12/1/2015 VOA | credit card |
| Michigan Rehabilitation Service | Kim Hutchinson | \$800.00 | 12/1/2015 Power Master Auto | credit card |
| Easter Seals | Derek Brown | \$800.00 | 12/11/2015 Bayliss Tire and Auto Clinic | credit card |
| Team Wellness Center | Gina Harbaugh | \$800.00 | 12/11/2015 A and C Auto Repair | credit card |
| Children's Hospital of Michigan | Christina Gates | \$800.00 | 12/9/2015 USA Transmissions | credit card |
| Community Social Services WC | Gillis Rice | \$800.00 | 12/14/2015 Donnie Rocket Used Car | credit card |
| TWW Employment Solutions | Latisha Lee | \$2,500.00 | 12/7/2015 VOA | credit card |
| Community Network Services | Ashlee Williams | \$2,500.00 | 12/7/2015 VOA | credit card |
| New Center Community Health | Eddie Collins | \$800.00 | 12/7/2015 Top Automotive | credit card |
| Easter Seals | Joi Middlebrook | \$2,500.00 | 12/18/2015 VOA | credit card |
| Easter Seals | Britney Henry | \$2,500.00 | 12/23/2015 VOA | credit card |
| Wayne County Dept of Health | Tunnisha Cunningham | \$725.14 | 12/16/2015 Auto Lab of Woodhaven | credit card |
| South Oakland Shelter | Alecia Wheeler | \$789.43 | 12/24/2015 M8G Auto Repair | credit card |
| Michigan Rehabilitation Service | Edward Brown | \$2,500.00 | 12/30/2015 VOA | credit card |
| Community Social Services WC | Wilbert Wynn-Wade | \$2,500.00 | 12/31/2015 VOA | credit card |
| | Miscellaneous Other | \$518.00 | | |
| | Total Grants 2015 | \$349,492.84 | | |

**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, 2015**

How Do You Request Help?

A. WHO CAN SUBMIT AN APPLICATION?

1. Requests for assistance must come directly from a QUALIFIED ADVOCATE on behalf of an applicant.
2. Individuals may not apply on their own behalf.

B. WHO IS A QUALIFIED ADVOCATE?

1. QUALIFIED ADVOCATES are specifically limited to:

- Social workers
- Employees at non-profit organizations
- DHS employees
- Michigan Rehabilitation Services Employees
- Employees of Michigan Works! agencies

2. Qualified Advocates may not apply on behalf of a relative.
3. Employees of churches, temples and other religious organizations are not included in the definition of a Qualified Advocate.
4. Please click [here](#) for a list of organizations we have worked with who may be able to provide a Qualified Advocate for an applicant.

C. HOW DOES A QUALIFIED ADVOCATE APPLY?

1. A Qualified Advocate must complete the online Here to Help Foundation Application.
2. Do not fax an application. Only submit online.
3. Do not have the applicant fill out the application. Only the Qualified Advocate can complete and submit the application.

D. WHAT OCCURS ONCE AN APPLICATION IS SUBMITTED?

1. If an application is successfully submitted, the Qualified Advocate will be immediately directed to a web page confirming the application was received.

If, instead, there are errors in the application, these errors will be shown at the top of the application page. The Advocate will then need to correct all errors and push the "Submit entry" button again.

2. The staff of the Here to Help Foundation will review the application and all the required documentation and reply via email to the Qualified Advocate with any additional questions and/or requests for documentation. This will usually occur within 48 hours of the receipt of the application.

E. WHAT OCCURS IF A GRANT IS AWARDED?

The Here to Help Foundation does not provide money to the individual directly but to the service provider or creditor (i.e. car repair shop, landlord, utility service etc.).

F. CONFIDENTIALITY

Here to Help Foundation will keep all requests for assistance as confidential as possible.

F. APPLY

Click [here](#) to apply online.



HERE TO HELP

— FOUNDATION —

*Providing a Bridge on the Road to
Success*

APPLICATION

READ BEFORE APPLYING:

Only Qualified Advocates may apply on behalf of individuals seeking assistance.

[Click here](#) for the IRS approved definition.

Do not apply before reading the following pages:

- [WHO CAN WE HELP?](#)

- [WHAT DO WE HELP WITH?](#)

Due to the large volume of applications we receive, any application not adhering to the requirements as stated in the links referenced above will not be processed. The required documents must be faxed (or scanned and emailed) within one hour of the time the Application is submitted (fax 248-534-1490).

Required Fields

Please state request

(Foundation is a one time/one request resource)

Amount requested

Information Regarding Qualified Advocate Making Request

First name of Advocate

Last name of Advocate

Profession/Occupation

Employer

Work phone number

Work email address

Work street address

City

State

Zip

How do you know the individual on whose behalf you are requesting a grant?

Provide the financial circumstances for the individual, including all sources and amounts of monthly income for all members of the household.

Here to Help is a resource of last resort. Please state what organizations/agencies have previously been contacted for assistance and how other means of help are unavailable.

Is the individual presently employed? If yes, please provide the name/phone number of the employer and fax the last four weeks of pay stubs. If not working, please state why the individual is not employed and provide their work history. If the applicant is not working because he/she is disabled, it must be documented that the applicant is receiving governmental benefits for that disability.

Please provide an extremely detailed answer as to why the applicant needs this or time grant. Please provide THOROUGH INFORMATION regarding what caused the present circumstances and how the individual will be self-sufficient in the future if help is provided. This answer needs to be extremely in-depth or the Application will not be processed. Please [click here](#) for an example of a detailed answer.

Click on the category of your request to confirm the required documentation.

- ☐ Furniture/Appliances
- ☐ Used Vehicles
- ☐ Rent/Security Deposit
- ☐ Car Repair
- ☐ Utilities
- ☐ Other

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 [**33WV**] into this field.)

The required documents must be faxed (or scanned and emailed) within one hour of the time the Application is submitted (fax 248-534-1490). Otherwise the Application will not be processed.

If successful submission of the application has occurred after clicking the "Submit Application" button below, you will be automatically taken to a web page acknowledging receipt of the application.

If there are any errors in your entries they will be reported at the top of this page. All errors must be corrected or the Application will not have been received.

We will review the Application and respond by email within approximately 48 hours. Please check your spam/junk mail folder if you believe you did not receive a response.

Submit Application

Here to Help Foundation
info@heretohelpfoundation.org

[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, 2015**

Who Can We Help?

A. GENERAL INFORMATION:

The Here to Help Foundation, through its programs, has the ability to directly assist qualified individuals facing an economic crisis. We assist temporarily impoverished individuals who, through no fault of their own, are facing an unexpected emergency and thereby lack the basic necessities of life. The goal of Here to Help is to relieve human distress and to assist individuals in achieving self-sufficiency and independence. There must be a very strong likelihood that with our assistance the individual will not need help in the near future and will be able to continue moving forward. We are unable to assist everyone in need as the IRS has specific rules and regulations that 501(c)(3) tax-exempt organizations (such as Here to Help) must adhere to in providing direct assistance to individuals.

Here to Help is a resource of last resort and our one-time grants are only for residents of Wayne or Oakland County in southeastern Michigan.

B. KEY CRITERIA FOR ASSISTANCE:

- 1.The grant cannot be a temporary solution. With our assistance, the grantee must be able to move forward and be self-sufficient and capable of meeting all their monthly economic obligations.
- 2.Here to Help Foundation is a resource of last resort. Assistance from other agencies and State Emergency Relief (SER), where applicable, must first be attempted.
- 3.The individual must find themselves in an emergency situation through no fault of their own.
- 4.There must be an identifiable and specific need (i.e. rent, car repair, utility bill etc.) that the individual is incapable of paying for on his or her own.
- 5.If an applicant is claiming they are disabled from employment, it must be documented that he or she is receiving SSI or SSD.
- 6.An applicant receiving governmental assistance (not for a disability) must establish they are striving for self-sufficiency and independence.
- 7.Our one-time grants are only for residents of Wayne or Oakland County in southeastern Michigan.

C. EXAMPLES OF HELP PROVIDED:

Please visit the Our Impact on the Community page to see examples of some of the types of grants that Here to Help Foundation has provided. For any questions, please email info@heretohelpfoundation.org but, first, please first visit our Frequently Asked Questions page.

D. HERE TO HELP IS PROHIBITED FROM ASSISTING WITH THE FOLLOWING:

- 1. Education Related Expenses (Tuition/Student Loans/Books etc.)**
- 2. Property Tax Bills**
- 3. Funeral Expenses**
- 4. Medical or Dental Bills**
- 5. Wheelchair Associated Expenses (including wheelchair ramps)**
- 6. Driver Responsibility Fees, Legal Fees, Traffic Tickets,**
- 7. Major Home Repairs (above \$500.00)**
- 8. Clothing (other than assisting with work required uniform)**