

EXTENDED TO NOVEMBER 16, 2020

## Return of Private Foundation

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

OMB No 1545-0047

2019

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to www.irs.gov/Form990PF for instructions and the latest information.

1912

For calendar year 2019 or tax year beginning

, and ending

Name of foundation

A Employer identification number

HERE TO HELP FOUNDATION

20-8057969

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

B Telephone number

248-330-0723

25866 SALEM ROAD

City or town, state or province, country, and ZIP or foreign postal code

C If exemption application is pending, check here ☐

HUNTINGTON WOODS, MI 48070

D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐

Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeE If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

Fair market value of all assets at end of year

J Accounting method

☒ Cash☐ Accrual

(from Part II, col. (c), line 16)

☐ Other (specify)

\$ 1,687,925. (Part I, column (d), must be on cash basis)

## 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

116,843.

N/A

2 Check ☐ if the foundation is not required to attach Sch. B

3 Interest on savings and temporary cash investments

12,198.

12,198.

4 Dividends and interest from securities

24,281.

24,281.

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

104,944.

b Gross sales price for all assets on line 6a

878,664.

c Net gain or (loss) from sale of assets (from Part IV, line 2)

104,944.

8 Net short-term capital gain

Income modifications

Gross sales less returns and allowances

Less: Cost of goods sold

9 Gross profit or (loss)

10 Other income

12 Total. Add lines 1 through 11

258,266.

141,423.

13 Compensation of officers, directors, trustees, etc.

0.

0.

0.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees

b Accounting fees

2,335.

1,168.

1,167.

c Other professional fees

13,535.

13,535.

0.

17 Interest

18 Taxes

41.

21.

20.

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

894.

0.

894.

22 Printing and publications

23 Other expenses

10,167.

0.

9,177.

24 Total operating and administrative expenses. Add lines 13 through 23

26,972.

14,724.

11,258.

25 Contributions, gifts, grants paid

223,835.

223,835.

26 Total expenses and disbursements. Add lines 24 and 25

250,807.

14,724.

235,093.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

7,459.

b Net investment income (if negative, enter -0-)

126,699.

c Adjusted net income (if negative, enter -0-)

N/A

**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	132,764.	144,304.	144,304.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 7	352,829.	341,722.	346,667.
	b Investments - corporate stock STMT 8	547,132.	565,938.	928,128.
	c Investments - corporate bonds STMT 9	269,625.	25,276.	31,571.
	11 Investments - land, buildings, and equipment basis ▶			
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 10	0.	232,569.	237,255.	
14 Land, buildings, and equipment: basis ▶				
Less accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	1,302,350.	1,309,809.	1,687,925.	
<b>Liabilities</b>	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 <b>Total liabilities</b> (add lines 17 through 22)	0.	0.	
<b>Net Assets or Fund Balances</b>	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/>			
	and complete lines 24, 25, 29, and 30			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	2,892,977.	2,892,977.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	<1,590,627.>	<1,583,168.>	
29 <b>Total net assets or fund balances</b>	1,302,350.	1,309,809.		
30 <b>Total liabilities and net assets/fund balances</b>	1,302,350.	1,309,809.		

**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 29 (must agree with end-of-year figure reported on prior year's return)	1	1,302,350.
2 Enter amount from Part I, line 27a	2	7,459.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,309,809.
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 29	6	1,309,809.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e 878,664.		773,720.	104,944.

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			104,944.

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	104,944.
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 doesn't 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))
2018	377,063.	1,574,644.	.239459
2017	186,434.	1,859,700.	.100250
2016	261,363.	1,356,725.	.192643
2015	360,051.	1,856,252.	.193967
2014	361,079.	2,011,711.	.179489

2 Total of line 1, column (d)	2	.905808
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.181162
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,686,972.
5 Multiply line 4 by line 3	5	305,615.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,267.
7 Add lines 5 and 6	7	306,882.
8 Enter qualifying distributions from Part XII, line 4	8	235,093.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	2,534.
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	2,534.
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	2,534.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	2,218.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	2,218.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	10.	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	326.	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**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 the 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
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> MI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the 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

N/A

**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 ► <u>WWW.HERETOHELPFOUNDATION.ORG</u>	X	
14 The books are in care of ► <u>THE FOUNDATION</u> Telephone no. ► <u>248-330-0723</u> Located at ► <u>25866 SALEM ROAD, HUNTINGTON WOODS, MI</u> ZIP+4 ► <u>48070</u>		
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 2019, 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 2019?		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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		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

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

X

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

☐ Yes ☒ No

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

N/A

7b

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and 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 (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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	1,574,128.
b	Average of monthly cash balances	1b	138,534.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,712,662.
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	1,712,662.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,690.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,686,972.
6	Minimum investment return. Enter 5% of line 5	6	84,349.

**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	84,349.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	2,534.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,534.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	81,815.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	81,815.
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	81,815.

**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	235,093.
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	235,093.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	235,093.

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

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				81,815.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014	263,941.			
b From 2015	269,780.			
c From 2016	195,537.			
d From 2017	94,326.			
e From 2018	302,707.			
f Total of lines 3a through e	1,126,291.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$	235,093.			
a Applied to 2018, 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 2019 distributable amount				81,815.
e Remaining amount distributed out of corpus	153,278.			
5 Excess distributions carryover applied to 2019 (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	1,279,569.			
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7	263,941.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	1,015,628.			
10 Analysis of line 9:				
a Excess from 2015	269,780.			
b Excess from 2016	195,537.			
c Excess from 2017	94,326.			
d Excess from 2018	302,707.			
e Excess from 2019	153,278.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling

- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a** Enter the lesser of the adjusted net income from Part I or the minimum 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
- e** Qualifying distributions made directly for active conduct of exempt activities.

[illegible]

- 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(i)(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(i)(3)(B)(iii)
    - (3) Largest amount of support from an exempt organization
    - (4) Gross investment income

<b>Part XV</b>		<b>Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)</b>
----------------	--	--

## 1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

ROBERT SCHWARTZ, 248-330-0723  
25866 SALEM ROAD, HUNTINGTON WOODS, MI 48070

- b The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED.

- c Any submission deadlines:

NONE

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED.

**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
<b>a Paid during the year</b>				
246 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	223,835.
<b>Total</b>			<b>3a</b>	223,835.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			<b>3b</b>	0.






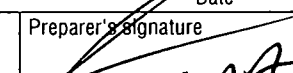
**Part XVII. Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
<b>b</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
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
<b>d</b>	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) (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		

<b>Sign Here</b>  Signature of officer or trustee	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.				May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<b>SECRETARY</b> Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES HUGUELET, CPA</b>	Preparer's signature 	Date <b>06/30/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00180157</b>
	Firm's name ▶ <b>ABRAHAM &amp; GAFFNEY, P.C.</b>			Firm's EIN ▶ <b>38-2771117</b>	
	Firm's address ▶ <b>108 SPRING ST. ST. JOHNS, MI 48879</b>			Phone no. <b>989-224-6836</b>	

HERE TO HELP FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a USB FINANCIAL #16474 NONCOVERED	P		
b USB FINANCIAL #16474 NONCOVERED	P		
c USB FINANCIAL #16477 NONCOVERED	P		
d USB FINANCIAL #16477 NONCOVERED	P		
e RAYMOND JAMES #8240H065 NONCOVERED	P		
f RAYMOND JAMES #8240H065 NONCOVERED	P		
g RAYMOND JAMES #592A4552 NONCOVERED	P		
h RAYMOND JAMES #592A4552 NONCOVERED	P		
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 94,442.		93,607.	835.
b 186,297.		134,855.	51,442.
c 140,298.		140,984.	<686.>
d 194,668.		171,227.	23,441.
e 71,446.		71,825.	<379.>
f 18,206.		15,183.	3,023.
g 35,386.		34,975.	411.
h 137,921.		111,064.	26,857.
i			
j			
k			
l			
m			
n			
o			

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			835.
b			51,442.
c			<686.>
d			23,441.
e			<379.>
f			3,023.
g			411.
h			26,857.
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	104,944.
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

**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, 2019**

**HOW DO I REQUEST HELP?**

**THE FIRST THING TO DO IS MAKE SURE YOU MEET THE REQUIREMENTS ON THE WHO CAN WE HELP? PAGE OF THIS WEBSITE.**

**A. If you meet those requirements, select our program that meets your emergency need.**

**Programs of Assistance**

**1. We have the following Programs of Assistance. Click on the Program you are interested in and follow the instructions.**

**ROOF OVER HEAD (RENT, SECURITY DEPOSIT, MOVE-IN COSTS)**

**ROAD READY REPAIRS (CAR REPAIRS)**

**WORKING CARS FOR WORKING PEOPLE (USED VEHICLES FOR THOSE WHO ARE EMPLOYED)**

**LET'S KEEP THE LIGHTS ON (ALL TYPES OF UTILITIES)**

**HOME SWEET HOME (FURNITURE)**

**OTHER PROGRAMS OF ASSISTANCE**

**AGAIN, PLEASE NOTE A REQUIREMENT IS THAT ONE MUST BE LIVING IN WAYNE OR OAKLAND COUNTY IN SOUTHEASTERN MICHIGAN.**

**B. WHAT OCCURS IF A GRANT IS AWARDED**

**The Here to Help Foundation does not provide money to the grantee directly but to the service provider or creditor (i.e. car repair shop, landlord, utility service etc.). If you have already paid the bill and are seeking reimbursement from Here to Help, then we cannot assist. We make all efforts to get payment accomplished as quickly as possible given the emergency situation involved.**

**ROOF OVER HEAD (RENT/SECURITY DEPOSIT/MORTGAGE)  
REQUIREMENTS FOR ASSISTANCE AND INSTRUCTIONS TO FOLLOW:**

**FIRST READ ALL THE GENERAL REQUIREMENTS ON THE WHO CAN WE HELP PAGE. YOU MUST MEET THESE REQUIREMENTS.**

**If you do, then read the specific requirements below. Please note our maximum grant for a Security Deposit is \$500 and for back rent or mortgage is \$750.00. DO NOT APPLY UNLESS YOU PRESENTLY HAVE EVERYTHING OWED ABOVE OUR MAXIMUM. WE CAN ONLY HELP WITH RENT OR SECURITY DEPOSIT. NOT BOTH.**

**Read everything below and you will get to the one section that indicates what information to email us now.**

**1. Past due rent or first month's rent:**

**Your current income must be enough to cover future rent and all your other monthly expenses. Please note Requirement #9 on the Who Can We Help? page.**

**Do not apply for past due rent assistance if you are unable to pay the next month's rent when it is due.**

**Only your name can be on the lease.**

**2. If you are moving and need Security Deposit help or first month's rent, please only apply AFTER you have been approved to move in (and only need to pay Security Deposit and/or First Month rent).**

**3. Security Deposit: You must be able to show why you can't afford the deposit at the present time or can't save for it.**

**4. If you have Section 8 or other rent assistance, only apply after the residence has passed inspection.**

**5. State Emergency Relief (SER) may be able to assist so you must have a reply from SER before contacting us for help. Information can be found by clicking here: [Michigan SER Assistance](#). Additionally, Wayne Metro Community Action Agency may be able to assist with rent. Please check with them first.**

**6. If you missed work and fell behind in rent, we must see that you've now returned to work for at least one pay period of full time employment.**

**7. Please note, if it is nearer to the end of the month we will require seeing that next month's rent is paid before we can assist.**



**8. PLEASE NOTE WE CAN'T BECOME INVOLVED UNLESS, WITH OUR HELP, THE BALANCE OWED WILL BE ZERO. THERE CAN BE NO ARRANGEMENT OF A PAYMENT PLAN WITH THE LANDLORD FOR ANYTHING ELSE OWED OR ANY OTHER TYPE OF ARRANGEMENT AS THE BALANCE MUST GET TO ZERO WITH OUR PAYMENT.**

**9. We can't assist if if you are moving and owe rent money to your current landlord.**

**We also can't help with rent or a security deposit if your current utilities are past due or a utility bill from a prior residence remains overdue.**

**10. PLEASE SEND US, BY EMAIL, THE FOLLOWING ANSWERS AND WE WILL BE BACK IN TOUCH PROMPTLY.**

**IN YOUR EMAIL YOU MUST TYPE A. AND THEN TYPE YOUR ANSWER FOR WHAT IS REQUESTED FOR A.**

**AND THEN THE SAME FOR B. ETC. UNTIL YOU HAVE ANSWERED ALL THAT IS REQUESTED FROM A THROUGH I.**

**IT WORKS BEST TO COPY AND PASTE THE QUESTIONS BELOW INTO AN EMAIL AND THEN ANSWER. EMAIL US BY CLICKING HERE: [Here to Help Foundation Send email Send email](#)**

**You MUST include ALL of the following information:**

**A. Please provide your name, phone number, address, date of birth and answer who referred you to us or how you found out about Here to Help.**

**If you're moving please provide current address and address of where you're moving.**

**B. Please include in your email that you are interested in the ROOF OVER HEAD program and answer whether you owe for back rent, Security Deposit or first month's rent.**

**C. Please confirm you have read and you meet ALL of our General Requirements as listed on the Who Can We Help page.**

**D. Please confirm you have read and you meet ALL the "Requirements for Assistance" for the ROOF OVER HEAD program.**

**E. Please state how much is owed in total right now and for what. If for back rent, please state what month or months is the back rent owed for and state whether current month of rent has been paid. If for deposit or first month's rent, indicate how much for each one.**

**Please also answer how any amount above our maximum amount for rent or security deposit, as stated above, will be paid. Again, it is premature to apply for our help if any amount more than our maximum is not already covered by you or another resource.**

**F. What was the response of SER and Wayne Metro? See Requirement #5 above.**

**G. Please provide detailed information as to what has caused your emergency situation and the amount needed. Please indicate why you are unable to pay your rent (or security deposit/move in costs if that is what you are requesting) at the present time and will be able to pay in the future. If for back rent, please indicate which months are owed for and whether you have will have rent money to pay on the first of the month for next month.**

**H. Please state the amount of your net monthly income if working (a four week period and after taxes, deductions etc. and you must have been working the prior four weeks) or the amount of your disability payments etc. Please also indicate the amounts of any food assistance, child support, rent assistance etc. If working, please state where you are working. If self employed, your income must be confirmed via last two years of income tax returns and you must be paying quarterly estimated taxes.**

**I. Please list the names for each of your monthly expenses AND the specific amount for each of expense per month. For example: rent, food (what you pay and not what food assistance pays) phone, heat, gas, water, electricity, cable, transportation costs, day care, medical costs, loan payments, toiletries, clothing etc.) DO NOT LEAVE ANYTHING OUT. PROVIDE THE TOTAL AMOUNT FOR EVERYTHING. WE WILL NOT BE ABLE TO PROVIDE YOU A SECOND CHANCE TO CHANGE ANY OF WHAT YOU TELL US NOW. If one or more of your bills is paid not per month but, for example, every six months (like car insurance or a water bill) then let us know the amount and how often it is paid. Also, if you receive food benefits then state the amount and how much, if any, you also pay for that monthly expense.**

**If all of this is provided, and we feel you meet ALL the Requirements, we will email you a few more questions and list of required documents. Check your spam/junk folder on your email as sometimes our emails wind up there.**

**Check your spam/junk folder on your email as sometimes our emails wind up there.**

**ROAD READY REPAIRS (CAR REPAIRS)  
REQUIREMENTS FOR ASSISTANCE:**

First read ALL the "General Requirements for Help" on the Who Can We Help page and make certain you meet these requirements.

If so, then read the specific requirements below to make sure you qualify for this program. Read everything below and you will get to the one section that indicates what information to email us now.

Read everything on this page before doing anything further.

1. With car repairs, our maximum grant is \$800.00. If your bill is more than \$800.00, and you or other sources can't pay the amount over \$800.00, then don't apply right now. Please ONLY apply now if you have an estimate for the repair from a licensed mechanic.

2. The vehicle must be registered in your name.

If it is being financed the bill payment must be up to date. You can't be behind in your car payment.

3. You must be able to show that you will be able to afford future car repairs and car maintenance.

4. We must establish that due to your unanticipated emergency you are unable to afford the current repair.

5. We can't help with: A. Purchase of tires/bearings and B. Body damage not affecting the ability of the car to be driven.

6. We will require an estimate of repair from the licensed car repair business that will be doing the repair. Please do not apply before you have the estimate.

7. We would require anything above our maximum of \$800.00 to be paid first before we could assist.

8. We cannot assist with repairs if the car was purchased within the prior few months as you would have or should have had the car checked out by a mechanic at the time of purchase. These repairs would then have been required to be made by the seller before you purchased the vehicle.

We also can't assist with a car that has too many miles or is too old and will need many repairs in the future to keep running. This will be determined by us in evaluating the information re: the car in question.

9. We cannot assist with the requested repairs unless ALL the repairs needed will be accomplished at the present time. We can't repair the car and then have it shortly break down because some additional repairs needed to be fixed right now.

10. PLEASE SEND US, BY EMAIL, THE FOLLOWING ANSWERS AND WE WILL BE BACK IN TOUCH PROMPTLY.

IN YOUR EMAIL YOU MUST TYPE A. AND THEN TYPE YOUR ANSWER FOR WHAT IS REQUESTED FOR A.

AND THEN THE SAME FOR B. ETC. UNTIL YOU HAVE ANSWERED ALL THAT IS REQUESTED FROM A THROUGH H.

IT WORKS BEST TO COPY AND PASTE THE QUESTIONS BELOW INTO AN EMAIL AND THEN ANSWER. EMAIL US BY CLICKING [HERE](#): Here to Help Foundation Send email

You MUST include ALL of the following specific information:

A. Your name, address, date of birth and phone number and that you are interested in the Road Ready Repairs program.

Please also answer who referred you to Here to Help or how you found out about us.

B. Please confirm you have read and you meet ALL of our General Requirements as listed on the Who Can We Help page.

C. Please confirm you have read and you meet ALL the "Requirements for Assistance" for the Road Ready Repairs program.

D. Please also provide information regarding why you are unable to pay for your car repair costs and how this emergency situation arose.

Please also state how much is owed (please only apply if you have an estimate from a licensed car repair shop), what repairs are required, the car's year, mileage and make and model, whether you own or you finance the car and how you will pay for any amount above our maximum of \$800.

E. By applying you are indicating you can't pay for your your car repairs presently. Please state how you will be able to pay for repair costs in the future. Your answer has to be based on your current sources of income and not what you hope will occur in the future.

**F. If you are working, please state your net income (after payroll taxes, deductions etc. - what is your take home pay) per month and where do you work (for whom) and for how long. You must have been working at your job for at least four weeks.**

**If not working, please state your monthly income and the source of that income (disability benefits etc.).**

**G. Please list the names of all of your monthly bills/expenses AND the specific amount for each of these monthly bills/expenses (including, for example: rent, food, phone, heat, gas, water, electricity, cable, day care, medical costs, loan payments, car costs including insurance, toiletries, clothing etc.) DO NOT LEAVE ANYTHING OUT. We cannot allow you a second chance to modify the information you tell us now.**

**If car insurance is paid for six months or a year at a time then provide the amount paid and for how many months. If you receive benefits to cover any of your expenses (for example food benefits) then please indicate how much and what amount you personally pay each month for that expense.**

**H. If you do not have insurance on the vehicle please answer why you don't.**

**Do not supply any information other than which is requested above and we will reply promptly.**

**Check your spam/junk folder on your email as sometimes our emails wind up there.**

**WORKING CARS FOR WORKING PEOPLE (USED VEHICLES)  
REQUIREMENTS FOR ASSISTANCE AND INSTRUCTIONS TO FOLLOW:**

First read ALL the "General Requirements for Help" on the Who Can We Help page. You **MUST** meet these requirements.

If you do, then read the specific requirements below to make sure you qualify for this program.

1. YOU MUST BE CONSISTENTLY WORKING AT LEAST 35 HOURS PER WEEK AND HAVE BEEN WORKING FOR THE PRIOR FOUR WEEKS (WITH PAY STUBS). THE PAY STUBS MUST CONTAIN ACTUAL HOURS WORKED (NOT VACATION TIME/SICK TIME ETC.) TOTALING 35 HOURS OR MORE PER WEEK. THERE ARE NO EXCEPTIONS TO THIS REQUIREMENT. IF YOUR ARE NOT WORKING DURING COVID-19 SITUATION, PLEASE APPLY WHEN YOU RETURN TO WORK.
2. You have to be working at a permanent job. The job can't be seasonal or be a temporary position or through a staffing agency. If the job may turn into a permanent position, then please wait until that occurs before applying.
3. The job cannot be self-employment or as an independent contractor, unless you can establish your income via the last two years of income tax returns and you are paying quarterly estimated taxes.
4. A. The job cannot be as a home health aide who is employed by the State of Michigan.  
  
B. The job cannot be through Uber or Lyft or other employers that have specific requirements/inspections for the type of vehicle that may be used.
5. The pay stubs **MUST** contain your name, the total hours, dates the pay stub covers, the pay rate, YTD totals, paycheck deductions (Social Security, Medicare, State Income Tax, Federal Income Tax) etc.
6. Your utility bills, rent etc. cannot be behind in payment.
7. We cannot assist at present if you are going through any bankruptcy proceedings.
8. You must be able to show that you presently have enough net monthly income, from employment wages, to afford a used vehicle.

Car expenses would include:

- A. Gas - this will be a minimum of about \$70.00 per month just driving 15 miles per day. Most people drive much more than this per day and the anticipated cost is much higher.

**B. \$100.00 to go toward your savings each month for future car repairs or maintenance.**

**C. Car insurance - In Detroit, it usually ranges from \$280-\$400 per month. Your driving record, your age, whether you have had insurance recently and where you live will determine your insurance cost. If you have any questions regarding how much insurance will cost you, then get an estimate for insurance on a 2006 Pontiac and Vehicle Identification Number 2G2WP552261252704 and this will provide you a good idea of the insurance cost for the type of car we purchase for grantees.**

**D. You have to show that you are independent and living on your own and fully paying ALL routine living expenses/bills including rent and utilities etc. You also can't be living in a temporary living situation with low rent/no utility bills etc. as that situation will change in the future. We also can't assist if you are living at home or with friends or renting a room from someone. Your name must be on the lease or mortgage agreement and all utility bills.**

**Similarly, it is often difficult for us to help with a car purchase if you are receiving any assistance with your rent (such as a Section 8 voucher etc.) as this amount will change in the future depending on your income.**

**E. If you are working in the range of minimum wage then we will likely not be able to assist you as this rate will not allow one to afford the costs associated with a used vehicle.**

**9. Lastly, you cannot be living a close distance to work where your commute is within walking distance or a short bus ride.**

**10. PLEASE SEND US, BY EMAIL, THE FOLLOWING ANSWERS AND WE WILL BE BACK IN TOUCH PROMPTLY.**

**IN YOUR EMAIL YOU MUST TYPE A. AND THEN TYPE YOUR ANSWER FOR WHAT IS REQUESTED FOR A.**

**AND THEN THE SAME FOR B. ETC. UNTIL YOU HAVE ANSWERED ALL THAT IS REQUESTED FROM A THROUGH G.**

**IT WORKS BEST TO COPY AND PASTE THE QUESTIONS BELOW INTO AN EMAIL AND THEN ANSWER. EMAIL US BY CLICKING HERE: [Here to Help Foundation Send email](#)**

**A. Please provide the following: name, phone number, complete address, email address, date of birth, who referred you to Here to Help and that you are interested in the Working Cars for Working People program.**

**B. Please confirm you have read and you meet ALL of our General Requirements as listed on the Who Can We Help page.**

**C. Please confirm you have read and you meet ALL the above "Requirements for Assistance" for the Working Cars for Working People program.**

**D. Please answer where you work (address), the name of the company, how many hours per week you work and your net pay (after taxes/deductions) per pay period (indicate whether the pay period is for a week or for two weeks). Again, this is your NET pay (take home pay only). Please also indicate how long you have been working at your current employment.**

**If your spouse works, we need ALL the same information, asked in this request of 10D, for him/her.**

**E. Please state how much you earn per hour of work (hourly rate of pay).**

**F. Please provide just a couple of sentences regarding why you need help with the purchase of a car. Please include why you are unable to afford to purchase a used vehicle and how you will be able to save each month to pay for car repairs, maintenance, car insurance and gas.**

**Please also answer how you are currently getting to/from work and, if you have/had a car, whether you were financing that car.**

**G. Lastly, help us establish that you cannot presently afford to purchase a car by telling us the name of the bills/expenses and the specific amounts for of ALL the current household monthly bills/expenses (for example: rent, food, phone, heat, gas, water, electricity, cable, day care, medical costs, transportation costs, any loans including car loan payments, car insurance, toiletries, average monthly clothing costs and ANYTHING else). Again, list the name of each expense AND the amount for of each expense per month. Please be as accurate as possible as we cannot provide you the opportunity to change the amounts of your expenses after they have been submitted.**

**If one or more of your bills is not paid monthly but, for example, every six months (like car insurance or a water bill) then let us know the amount and how often it is paid.**

**WHAT YOU TELL US WILL HELP US CONFIRM YOU CANNOT AFFORD TO CURRENTLY PURCHASE A CAR WITHOUT OUR HELP. INCLUDE EVERYTHING! YOU WILL NOT BE ABLE TO CHANGE WHAT YOU TELL US NOW.**

**Please note, we are required to run a background check and this will reveal liens, bankruptcy proceedings and judgements that you owe as well as car ownership/registration and whether you are financing a car at present.**

**Check your spam/junk folder for our reply as sometimes our emails wind up there.**

**11. The maximum amount of assistance we provide for the purchase of a used vehicle is \$3000.00. We only purchase our cars through the Volunteers of America (VOA) used vehicle**



lot (located at 618 East Walton Blvd. in Pontiac). There is no loan involved as it is a complete purchase of a used vehicle costing \$3,000 or less. That amount covers fees, plate etc. You must be able to afford car insurance, which will be required to drive the vehicle off of the lot at VOA.

Please DO NOT apply at the present time if you will be unable to afford this car insurance. If you have some savings you can contribute up to \$500 towards the purchase of a car that costs more than our maximum of \$3,000.

**LET'S KEEP THE LIGHTS ON (UTILITIES INCLUDING WATER)  
REQUIREMENTS FOR ASSISTANCE AND INSTRUCTIONS TO FOLLOW:**

**First read ALL the "General Requirements for Help" on the Who Can We Help page. You MUST meet these requirements.**

**If you do, then read the specific requirements below to make sure you qualify for this program. Read everything and you will get to the one section that indicates what information to email us now. Read everything on this page before doing anything further.**

- 1. We can only assist with payment on one utility bill and all other utility bills must be up to date. So don't apply now if, for example, you owe on your water bill AND your electric bill. We will ultimately request from you current copies of all utility bills.**
- 2. We are a resource of last resort so please make certain you have first received an answer from State Emergency Relief (SER) or, if DTE related, through DTE's Low Income Self Sufficiency Plan. Their phone number is: 800-477-4747. Additionally, Wayne Metropolitan Community Action Agency provides utility assistance.**
- 3. The maximum amount we can provide is \$500.00.**
- 4. Do not apply at at this time if the total amount you owe is above our \$500.00 maximum and you do not have the ability to pay EVERYTHING owed above our maximum at the present time. We pay our maximum amount to bring the total balance to zero.**
- 5. Do not apply, if you are behind in your rent. Our grant would go to waste if we get your utility bill paid off but you are then evicted because you can't get caught up on rent.**
- 6. Please make sure you have read all the Requirements on the Who Can We Help page and including number 9.**
- 7. If you are seeking our assistance with a utility company to get on a payment plan, then unfortunately we won't be able to assist. We can only pay to get the balance to zero.**
- 8. Again, after our assistance the balance must be zero.**
- 9. If you have any questions regarding any of the Requirements then please email us.**
- 10. PLEASE SEND US, BY EMAIL, THE FOLLOWING ANSWERS AND WE WILL BE BACK IN TOUCH PROMPTLY.**

**IN YOUR EMAIL YOU MUST TYPE A. AND THEN TYPE YOUR ANSWER FOR WHAT IS REQUESTED FOR A.**

**AND THEN THE SAME FOR B. ETC. UNTIL YOU HAVE ANSWERED ALL THAT IS REQUESTED FROM A THROUGH H.**

**IT WORKS BEST TO COPY AND PASTE THE QUESTIONS BELOW INTO AN EMAIL AND THEN ANSWER. EMAIL US BY CLICKING [HERE](#): Here to Help Foundation Send email**

**You MUST include ALL of the following specific information:**

**A. Your name, phone number, address, date of birth and answer who referred you to us or how you found out about Here to Help.**

**B. Please include in your email that you are interested in the Let's Keep the Lights On program.**

**C. Please confirm you have read and you meet ALL of our General Requirements as listed on the Who Can We Help page.**

**D. Please confirm you have read and you meet ALL the "Requirements for Assistance" for the Let's Keep the Lights On program.**

**E. Please provide just a couple of sentences regarding why you can't pay your utility bill at the present time, how much is owed currently and explain how you will be able to afford to pay your bill in the future. Please also provide your account number for your utility bill if it is DTE.**

**F. Please state the reply from State Emergency Relief (SER) and Wayne Metro and if a DTE bill, what was DTE's reply via their Assistance Programs.**

**Please also state how anything owed about our \$500.00 maximum is being paid by you or other sources.**

**G. Please state the amount of your net monthly income (after taxes, deductions etc.) and whether that comes from wages or from governmental benefits. If working, where do you work?**

**H. Lastly, please also list the name of each of your monthly expenses/bills AND the amount of each expense per month (for example: rent, food, phone, heat, gas, water, electricity, cable, transportation costs, day care, medical costs, loan payments, toiletries, clothing etc.) DO NOT LEAVE ANYTHING OUT! PROVIDE THE TOTAL AMOUNT FOR EVERYTHING. If one or more of your bills is paid not per month but, for example, every six months (like car insurance or a water bill) then let us know the amount and how often it is paid. If you receive benefits to cover any of your expenses (for example food benefits) then please indicate that amount and how much you also pay for that expense each month.**

**Please only send the above information.**

**If all of this is provided, and we feel you meet ALL the Requirements, we will email you a few more questions and list of required documents. Check your spam/junk folder on your email as sometimes our emails wind up there.**

**Check your spam/junk folder on your email as sometimes our emails wind up there.**

**HOME SWEET HOME (FURNITURE)  
REQUIREMENTS FOR ASSISTANCE AND INSTRUCTIONS TO FOLLOW:**

**First read ALL the "General Requirements for Help" on the Who Can We Help page. You MUST meet these requirements.**

**If you do, then read the specific requirements below to make sure you qualify for this program. Read everything below and you will get to the one section that indicates what information to email us.**

- 1. You must be in an emergency situation such as fleeing from a domestic violence situation or coming straight from homelessness or your furnishings were destroyed by fire.**
- 2. We use the government definition of homelessness and have included a summary of that at the bottom of this page.**
- 3. Any adult who, along with you, will be living in the apartment or house must qualify for our assistance.**
- 4. Please only apply if you can provide proof of your reason for homelessness. For example: domestic violence (legal proceedings, staying at domestic violence shelter etc.) or fire damage (fire report) or homelessness (staying at homeless shelter etc).**
- 5. We are prohibited from assisting if furniture needs to be replaced as a result of bed bugs.**
- 6. We can't assist if you are behind on any of your utility bills, including any past due bill from a prior residence. If you are moving into a new residence and are responsible for DTE, the account must have been switched into your name.**
- 7. All move in costs/rent/security deposit must have been paid to landlord.**
- 8. Please note Requirement #9 on Who Can We Help? page. We require you to be either earning income from employment or receiving state or federal assistance for a disability of yours (not for your child).**
- 9. Please note we do not help with appliances. Only furniture.**
- 10. PLEASE SEND US, BY EMAIL, THE FOLLOWING ANSWERS AND WE WILL BE BACK IN TOUCH PROMPTLY.**

**IN YOUR EMAIL YOU MUST TYPE A. AND THEN TYPE YOUR ANSWER FOR WHAT IS REQUESTED FOR A.**

**AND THEN THE SAME FOR B. ETC. UNTIL YOU HAVE ANSWERED ALL THAT IS REQUESTED FROM A THROUGH G.**

**IT WORKS BEST TO COPY AND PASTE THE QUESTIONS BELOW INTO AN EMAIL AND THEN ANSWER. EMAIL US BY CLICKING HERE: [Here to Help Foundation Send email](#)**

**You MUST include ALL of the following information:**

**A. Please provide your name, date of birth, phone number, current address (and address of where you will be moving if that is different) and that you are interested in the Home Sweet Home program.**

**Please also answer who referred you to Here to Help or how you found out about us.**

**Please also provide the date you will be moving into your residence or the date you did move in.**

**B. Please confirm you have read and you meet ALL the "General Requirements for Help" on the Who Can We Help page.**

**C. Please confirm you have read and you meet ALL the above "Requirements for Assistance" for the Home Sweet Home program.**

**D. Please provide information regarding why you cannot afford to purchase your own furniture and please list any furniture you currently have.**

**Please also answer what happened to any furniture at your most recent residence.**

**E. Please list all sources of income, including all governmental benefits, for your entire household and the specific amounts received from each source on a monthly basis.**

**If your income is from wages, please state your net income per month (take home pay).**

**If your are working, what is the name of your employer?**

**F. Please state how much is your rent (or how much it will be when you move in) and how will rent be paid for each month (wages or disability or rent subsidy etc.).**

**G. Please list the names of each of your monthly expenses AND the specific amount of each expense per month. This would be for ALL your bills/expenses that you pay each month (for example: rent, food, phone, heat, gas, water, electricity, cable, day care, medical costs, loan payments, toiletries, transportation costs, clothing etc.) Do not leave anything out as we cannot provide a second chance for you to add or remove information from what you tell us now. If you receive benefits to cover any of your expenses (for example food benefits) then**

**please indicate how much you receive and how much, if anything, you personally pay for that expense.**

**All our furniture is new and purchased through Al's Furniture & Appliances in Detroit. The maximum amount is \$860.00 which allows for one full mattress, box spring and frame, a couch, a dining room table with two chairs, a nightstand and one lamp. Other items can be substituted if requested.**

**If all of this is provided, and we feel you meet ALL the Requirements, we will email you a few more questions and list of required documents. Check your spam/junk folder on your email as sometimes our emails wind up there.**

**DEFINITION OF HOMELESSNESS:**

**A homeless individual is one who is staying at a homeless shelter or non-permanent housing (i.e. rehab center, hospital, certain transitional housing, coming from prison with no housing situation to return to etc.) or is living on the streets or in an abandoned building or a vehicle or in any other unstable situation.**

**Please note: An individual may be considered to be homeless if they are without a stable home and are staying with a series of friends and/or family members but we will have to receive information about that situation and determine if it meets our requirement of homelessness. It is difficult for us to supply furniture to everyone who is simply moving into a new residence and leaving the home of family members.**

**OTHER PROGRAMS OF ASSISTANCE  
REQUIREMENTS FOR ASSISTANCE AND INSTRUCTIONS TO FOLLOW:**

**First read ALL the "General Requirements for Help" on the Who Can We Help page. You MUST meet these requirements.**

**If you do, then read the specific requirements below to make sure you qualify for this program. MAKE CERTAIN YOU READ 2. A-K REGARDING WHAT WE ARE PROHIBITED FROM ASSISTING WITH.**

**1. We really don't do a lot of assistance outside our main programs but if you have a specific request you want to know about then email us.**

**2. There are some things we are prohibited from helping with and the list is below. Please do not apply for assistance for any of the following.**

**a. Education Costs (Tuition/Student Loans/Books etc.), Professional Tests or Certification Related Expenses**

**b. Property Tax Bills; Home Down Payment; Closing Fees**

**c. Funeral Expenses**

**d. Medical or Dental related bills (including all medical or dental equipment/devices)**

**e. Legal Fees, Traffic Tickets, Car Impounding cost, License plate or registration fees, Driver License cost, Car Registration fees, State ID fees or obtaining legal documents such as Birth Certificates.**

**f. Clothing (other than assisting with a work required uniform)**

**g. Car insurance. Under very specific circumstances we may be able to assist with one month of a car payment on a financed vehicle.**

**h. Wheelchair ramps, lifts or wheelchair accommodated vehicles.**

**i. Debts owed to the Government . Debts owed to collection agencies.**

**j. HOME REPAIR/IMPROVEMENTS, FURNACES, WATER HEATERS, SEWER LINES ETC. (THIS CATEGORY ALSO INCLUDES ROOFS, WINDOWS, ALL APPLIANCE PURCHASES OR REPAIRS, PORCH REPAIRS.) ANYTHING RELATED TO REPAIR OF THE HOME AND THE YARD.**

**k. Extermination or fumigation**



**3. Please make sure you are not applying for something that is a Program we have in place and one for which you don't meet the requirements. For example, you can't request a used vehicle when you are not working since we have the Working Cars for Working People program for which one must be employed to qualify. Or you can't request help for Appliances when it states on our Home Sweet Home page that we don't help with Appliances.**

**If there is something else for which you have a one time specific need and this is an emergency, then please go to #4 below. If you have any question as to whether we can help then first ask us in an email. Email at [Here to Help](#) Send email**

**4. PLEASE SEND US, BY EMAIL, THE FOLLOWING ANSWERS AND WE WILL BE BACK IN TOUCH PROMPTLY.**

**IN YOUR EMAIL YOU MUST TYPE A. AND THEN TYPE YOUR ANSWER FOR WHAT IS REQUESTED FOR A.**

**AND THEN THE SAME FOR B. ETC. UNTIL YOU HAVE ANSWERED ALL THAT IS REQUESTED FROM A THROUGH F.**

**IT WORKS BEST TO COPY AND PASTE THE QUESTIONS BELOW INTO AN EMAIL AND THEN ANSWER. EMAIL US BY CLICKING [HERE](#): [Here to Help](#) Foundation Send email**

**A. Your name, phone number, address and date of birth and that you are interested in the Other Programs of Assistance program. Please also answer who referred you to [Here to Help](#) or how you found out about us.**

**B. Please state you have read and you meet ALL of our General Requirements as listed on the [Who Can We Help](#) page.**

**C. You must indicate you have read and you meet ALL the above "Requirements for Assistance" for Other Programs of Assistance and your request is not one of our prohibited requests.**

**D. Please also provide full and complete information regarding why you need help and what you need help with and the amount you need. Please state how this emergency situation arose and why it will not occur in the future.**

**Any request you make must be for a specific amount and one that will completely satisfy your need.**

**E. Please state the amount of your net monthly income if working (a four week period and after taxes, deductions etc. and you must have been working the prior four weeks) or the amount of your disability payments etc. PLEASE BE ACCURATE AS WE CAN'T GIVE YOU A SECOND OPPORTUNITY. Please also indicate the amounts of any food assistance, child**

support, rent assistance etc. If working, please state where you are working. If self employed, your income must be confirmed via last two years of income tax returns and you must be paying quarterly estimated taxes.

**F. Please list the names and amounts for all of your monthly expenses/bills and the specific amount for each of your monthly expenses/bills. For example: rent, food (what you pay and not what food assistance pays) phone, heat, gas, water, electricity, cable, transportation costs, day care, medical costs, loan payments, toiletries, clothing etc.) DO NOT LEAVE ANYTHING OUT! PROVIDE THE TOTAL AMOUNT FOR EVERYTHING. WE WILL NOT BE ABLE TO PROVIDE YOU A SECOND CHANCE TO CHANGE ANY OF WHAT YOU TELL US NOW. INCLUDE EVERYTHING. If one or more of your bills is paid not per month but, for example, every six months (like car insurance or a water bill) then let us know the amount and how often it is paid.**

**Do not provide any more information than that which is requested above.**

**WE WILL REPLY QUICKLY TO YOUR EMAIL BUT CHECK YOUR SPAM/JUNK FOLDER AS SOMETIMES OUR EMAILS WIND UP IN THERE.**

**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, 2019**

**WHO CAN WE HELP?**

**A. GENERAL REQUIREMENTS FOR HELP:**

Here to Help is very unique. We are a Private Foundation who has gained IRS approval to directly assist people in need.

There are specific IRS requirements we must follow and which applicants must meet for us to help.

In general, Here to Help can assist temporarily impoverished individuals facing an unexpected emergency and who can't presently afford the basic necessities of life.

An applicant must meet ALL the General Requirements below to qualify for help:

1. You must be living in Wayne or Oakland County in Michigan and have a Michigan Driver's License or a State of Michigan issued ID Card with your current address. There are no exceptions. If you are moving, then your current address AND your new residence must be in Wayne or Oakland County. Also, if you are away at school and living in a different County we can't be of assistance.

2. Our help cannot be a temporary solution to the problem. For example, we can't pay back rent if you won't be able to pay next month's rent. You must show that, after our help, you'll be able to pay all your future monthly expenses etc.

3. You cannot be the cause or a contributing cause to your own emergency. The emergency situation must be completely outside of your control.

4. Unfortunately, the #3 requirement above includes that we are prohibited from assisting where a pregnancy or birth of a child caused a loss of income for you and was a contributing factor to your need of help.

Similarly, we can't assist if the usual costs associated with raising a child/children resulted in less available money to pay your bills.

**We previously had a ruling that in these situations the applicant is a contributing cause to the emergency.**

**5. You must be able to provide a police report if you state that a crime caused your current emergency need.**

**6. WE ARE A ONE TIME, ONE GRANT RESOURCE. IF WE HELPED YOU BEFORE THEN WE CANNOT HELP AGAIN. PLEASE DO NOT APPLY IF WE PREVIOUSLY HELPED YOU.**

**7. We can't get involved if there is a dispute between you and someone else regarding who was the cause of the emergency. For example, if you claim DTE made a mistake on your bill and DTE says we did not then we can't become involved. That's between you and DTE.**

**8. If you are capable of working, you must be employed and have received pay stubs for the prior four weeks at your current job. Your wages must be able to pay for all your monthly expenses. We cannot include any income that is coming solely to your children (such as SSI benefits). Your wages alone must cover monthly expenses.**

**The job cannot be temporary or through a staffing agency or via the State of Michigan as an Aide/Home Chore.**

**If you are incapable of working due to a disability then YOU must be receiving SSD or SSI. It must be you that is receiving the SSD or SSI and not benefits that your child is receiving.**

**If you are not currently working due to COVID-19, then we can accept unemployment benefits as a source of income for you.**

**9. If you meet all the above requirements then choose which of our emergency Programs meets your need and follow the instructions on that page. Click here for: [PROGRAMS OF ASSISTANCE](#)**

**PLEASE NOTE: IF YOUR REQUEST IS APPROVED, WE CANNOT PROVIDE MONEY TO YOU DIRECTLY BUT ONLY TO THE SERVICE PROVIDER OR CREDITOR (CAR REPAIR SHOP, LANDLORD, UTILITY SERVICE ETC.). WE CANNOT REIMBURSE YOU IF THE BILL HAS ALREADY BEEN PAID.**

**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, 2019**

<u>Date</u>	<u>Recipient</u>	<u>Amount</u>
1-Jan	Dickerson, Bobbie	\$ 1,500.00
1-Jan	Dickerson, Bobbie	\$ 3.95
3-Jan	Zarrieff, Omar	\$ 1,500.00
4-Jan	Dickerson, Bobbie	\$ 1,360.98
4-Jan	Dickerson, Bobbie	\$ 3.95
5-Jan	Spadafore, Charles	\$ 3,000.00
10-Jan	Richter, Rachel	\$ 443.00
12-Jan	Jordan, Jarvis	\$ 829.99
23-Jan	Jackson, Kanasia	\$ 600.00
23-Jan	Copeland, Marcell	\$ 3,000.00
29-Jan	Muminum, Khalil	\$ 3,000.00
30-Jan	Clark, Sylvia	\$ 500.00
31-Jan	Aaron, Alana	\$ 800.00
2-Feb	Holloway, Christian	\$ 371.40
2-Feb	Benoit, Guadalupe	\$ 3,000.00
6-Feb	Lucas, Deirdre	\$ 700.00
7-Feb	Gray, Ronnie	\$ 3,000.00
9-Feb	Allen, Shanna	\$ 3,000.00
11-Feb	Rosser, William	\$ 750.00
4-Mar	Wigley, Alvin Road Ready Auto	\$ 688.86
5-Mar	Chambers, Dallas VOA	\$ 3,000.00
5-Mar	Wormley, Annie Unique Auto Center	\$ 800.00
5-Mar	Wiley, Latoya Vehicles for Change	\$ 755.84
5-Mar	Wiley, Latoya Vehicles for Change	\$ 147.98
7-Mar	Pounds, Danise	\$ 3,000.00
7-Mar	Bailey, Suezette A&G Rental LLC	\$ 400.00
12-Mar	Scott, Dionne	\$ 500.00
13-Mar	Hillie, LaQuita	\$ 1,000.00
14-Mar	Pounds, Danise	\$ 3,000.00
14-Mar	Early, Paige \$Saturday	\$ 3,000.00
25-Mar	Johnson, Jervone Amazon	\$ 201.39
9-Apr	Wade, Sandra	\$ 750.00
18-Apr	Martin, Precious	\$ 525.00
18-Apr	Dawson, Christa	\$ 500.00
19-Apr	Evans, Dashana	\$ 500.00
23-Apr	Rhodes, Ashlee Roadway Auto	\$ 730.00
24-Apr	Tyson, Mariah	\$ 3,000.00
25-Apr	Drumm, Lynn	\$ 2,864.62

<u>Date</u>	<u>Recipient</u>	<u>Amount</u>
27-Apr	Rhodes, Ashlee Roadway Auto	\$ 70.00
1-May	Simms, Jamecca ATM withdrawal	\$ 523.00
5-May	Clark, Sylvia	\$ 740.00
6-May	Greg Piscopink	\$ 500.00
6-May	Contreras, Veronica	\$ 791.10
7-May	Paul, Chanta	\$ 61.18
7-May	Paul, Chanta	\$ 48.70
7-May	Skinner, Andito	\$ 800.00
7-May	Kelley, Charlisa	\$ 101.91
10-May	Moss, Naomi	\$ 135.00
13-May	Rogers, Paulena	\$ 500.00
14-May	McCants, Walter	\$ 3,000.00
14-May	Caldwell, Tia	\$ 212.66
16-May	Webb, Darius	\$ 1,048.00
16-May	Taylor, Jennifer	\$ 500.00
17-May	Monroe, Tenniesha	\$ 750.00
20-May	Webb, Timothy	\$ 500.00
23-May	May, Darious	\$ 821.94
23-May	Harris, George	\$ 88.66
25-May	Watson, Thomasenia	\$ 500.00
27-May	Bonnett, Nina	\$ 500.00
28-May	Siroukane, Laila	\$ 3,000.00
29-May	Sanders, Carla	\$ 203.78
29-May	Hawkins, Dashuane	\$ 500.00
31-May	White, Verlene	\$ 662.00
31-May	White, Verlene	\$ 21.00
1-Jun	Siggers, Darrel	\$ 377.75
6-Jun	Hunt, Ebony	\$ 500.00
7-Jun	Hunt, Ebony	\$ 1,000.00
7-Jun	Dooms, Dominica	\$ 500.00
7-Jun	Chambers, Leshawnta	\$ 3,000.00
9-Jun	Siggers, Darrel	\$ 119.00
11-Jun	Dawson, Porsche	\$ 750.00
14-Jun	Radford, Derrick	\$ 800.00
14-Jun	Gates, Mishioka	\$ 675.00
15-Jun	Owens, Bredan	\$ 800.00
15-Jun	Sharpe, Shanita	\$ 800.00
17-Jun	Radford, Melynda	\$ 800.00
18-Jun	Cruz, Ashely	\$ 200.00
18-Jun	Hammond, Sonya	\$ 750.00
18-Jun	Robinson, Tanisha	\$ 1,200.00
19-Jun	Baker, Alicia	\$ 756.32
18-Jun	Fordham, Gerlinda	\$ 500.00
21-Jun	Hicks, Rose	\$ 532.81
21-Jun	Long, Adrienne	\$ 2,947.70
23-Jun	Edwards, Viola	\$ 500.00
25-Jun	Simpson, Yolanda	\$ 86.70

<u>Date</u>	<u>Recipient</u>	<u>Amount</u>
25-Jun	Simpson, Yolanda	\$ 68.19
26-Jun	Watson, Taylor	\$ 3,000.00
26-Jun	Vinegar, Shana Wells	\$ 206.04
28-Jun	Thomas, Frances Cars Unlimited Auto Repair	\$ 800.00
29-Jun	Labelle, Dana Early Bird Investments Group (security deposit)	\$ 500.00
29-Jun	Jones, Darnice Going East LLC	\$ 500.00
29-Jun	Young, Evelyn,	\$ 750.00
15-Jul	Malone, Melissa	\$ 750.00
18-Jul	Howard, Corenda	\$ 750.00
23-Jul	Martin, Leanna	\$ 500.00
25-Jul	Toliba, Ephraim	\$ 400.00
26-Jul	Zarrieff, Gwendolyn	\$ 800.00
29-Jul	Simpson, Yolanda	\$ 557.00
29-Jul	Hill, Torion	\$ 204.99
30-Jul	Stubbs, Kayla	\$ 500.00
2-Aug	Hardy, Aisha	\$ 750.00
5-Aug	Taylor, Crystal	\$ 167.03
6-Aug	Smith, Lionel	\$ 3,000.00
7-Aug	Hairston, Lynn	\$ 3,000.00
7-Aug	Duggan, Alissa	\$ 493.00
8-Aug	Bartell, Eugene,	\$ 250.00
9-Aug	Cooper, Sharlene (ACH transfer) MSGCU - Auto Loan	\$ 950.00
13-Aug	Jones-Joyner, Cristal	\$ 3,000.00
14-Aug	Remsing, Sheila	\$ 750.00
19-Aug	Pearson, Dion	\$ 800.00
20-Aug	Bartos, Emerald VOA	\$ 3,000.00
20-Aug	Edwards Terrence, Fleurette	\$ 500.00
22-Aug	Stewart, Alexandra	\$ 93.49
22-Aug	Stewart, Alexandra	\$ 56.01
23-Aug	Williams, Tamara	\$ 750.00
24-Aug	Paul, Chanta	\$ 3,000.00
26-Aug	Moss, Naomi	\$ 288.23
27-Aug	Murray, Dajahnaye	\$ 800.00
27-Aug	Benson, Tanya	\$ 3,000.00
28-Aug	Billingsley, Thomas Security Deposit	\$ 300.00
29-Aug	Thrasher, Danielle	\$ 800.00
30-Aug	Turner, Carrington	\$ 815.00
3-Sep	Cheek, Mary	\$ 712.58
3-Sep	Ware, Jasmine	\$ 250.00
3-Sep	Simpson, Yolanda	\$ 100.14
5-Sep	Payne, Nicole	\$ 3,000.00
12-Sep	Chapman Paige	\$ 750.00
12-Sep	Payne, Nicole Instacart	\$ 47.01
18-Sep	Williams, Ebony	\$ 570.00
18-Sep	Jones, Michael	\$ 72.63
18-Sep	Jones, Michael	\$ 107.27
20-Sep	Williams, Ebony	\$ 36.53

<u>Date</u>	<u>Recipient</u>	<u>Amount</u>
20-Sep	Ruiz, Marie Younce Auto Repair	\$ 800.00
26-Sep	Bursy, Christine Younce Auto Repair	\$ 800.00
27-Sep	Wade, Marie	\$ 618.00
30-Sep	Fry, Serena	\$ 900.00
30-Sep	Jenkins, Aidrea	\$ 3,000.00
1-Oct	Buchanan, Jasmine	\$ 700.00
4-Oct	Fisher, Uraina	\$ 500.00
4-Oct	Hawkins, Dashay	\$ 600.00
4-Oct	Shirley, Tanisha	\$ 111.55
4-Oct	Shirley, Tanisha	\$ 77.69
17-Oct	McClendon, Lamaria	\$ 231.41
17-Oct	McClendon, Lamaria	\$ 45.74
18-Oct	Sowell, Lauren	\$ 750.00
21-Oct	Fry, Serena	\$ 147.55
22-Oct	William, Mairenis	\$ 3,000.00
25-Oct	Abrams, Holly	\$ 674.00
28-Oct	Lester, Keymontae	\$ 3,000.00
31-Oct	Bruch, Marlene	\$ 500.00
1-Nov	Williams, Tia	\$ 750.00
1-Nov	Abed, Lisa	\$ 500.00
2-Nov	Zonooz, Cryus	\$ 725.00
6-Nov	Johnson, Dwayne	\$ 358.19
11-Nov	Randle, Lasheena	\$ 41.00
11-Nov	Randle, Lasheena	\$ 3,000.00
12-Nov	Blomquist, Lyndsey	\$ 3,000.00
13-Nov	Brown, Tierra/Donald	\$ 500.00
13-Nov	Jones, Tiffany	\$ 500.00
15-Nov	Johnson, Dwayne	\$ 34.83
18-Nov	Woolbright, Heather	\$ 500.00
21-Nov	Gregory, Charles	\$ 800.00
22-Nov	Hatcher, Michelle	\$ 750.00
26-Nov	Lewis, Montrice	\$ 750.00
29-Nov	Gonzales, Irma	\$ 800.00
2-Dec	Salter, Aaron	\$ 525.41
2-Dec	Salter, Aaron	\$ 21.63
3-Dec	Walker, Gregory	\$ 754.23
3-Dec	Clay, Chad	\$ 37.98
3-Dec	Clay, Chad	\$ 177.97
4-Dec	Clay, Chad	\$ 52.02
5-Dec	Canty, Loren	\$ 20.00
6-Dec	Martinez, Candice Turn Key Property Solutions (rent)	\$ 770.51
7-Dec	Canty, Loren	\$ 700.00
9-Dec	Washington, Jasmine	\$ 750.00
9-Dec	Walker, Gregory	\$ 26.99
10-Dec	Howard, Ashley	\$ 3,000.00
19-Dec	Sellers, Gail	\$ 1,000.00
19-Dec	Stewart, Tajai	\$ 3,358.00



<u>Date</u>	<u>Recipient</u>	<u>Amount</u>
20-Dec	Jackson, Aujenae	\$ 500.00
20-Dec	Hunt, Brittany	\$ 500.00
20-Dec	Stevenson, Ureenda	\$ 772.50
26-Dec	Baldwin, Jonathan	\$ 730.00
28-Dec	Pearson, Machel	\$ 177.56
28-Dec	Pearson, Machel	\$ 52.97
28-Dec	Jackson, Tarris	\$ 500.00
30-Dec	Smith, Harold	\$ 150.56
3-Jan	Al's Furniture and Appliances LLC	\$ 3,370.00
9-Jan	Slay, Lindsey	\$ 800.00
11-Jan	Brown-Pulliam	\$ 800.00
14-Jan	Laster, Quentin	\$ 800.00
19-Jan	Adams, Damar	\$ 815.00
5-Feb	Vettraino, Brian	\$ 700.00
6-Feb	Lord, Betty	\$ 800.00
7-Feb	Payton, Lorenzo	\$ 500.00
14-Feb	Cross, Estralita	\$ 800.00
16-Feb	Lopez, Reynaldo	\$ 870.00
22-Feb	Gebremichael, Testafi	\$ 745.00
28-Feb	Dooley, Debbie	\$ 725.00
7-Mar	Reed, Tyrone	\$ 835.00
7-Mar	Atkinson, Donna	\$ 785.00
14-Mar	Rice, Elbert	\$ 840.00
16-Apr	Jones, James	\$ 645.00
23-Apr	Glover, Vivia	\$ 615.00
2-May	Smith, Tony	\$ 840.00
2-May	Paul, Chanta	\$ 840.00
7-May	Caldwell, Tia	\$ 855.00
8-May	Kelley, Charlisa	\$ 905.00
14-May	Lewis, Veier	\$ 430.00
15-May	Banks, Dennis	\$ 865.00
21-May	Singler, Michael	\$ 900.00
23-May	Sanders, Carla	\$ 1,000.00
23-May	Goody, Tanishia	\$ 885.00
23-May	Young, Keith	\$ 780.00
23-May	Harris, George	\$ 130.00
28-May	Sigger, Darrel	\$ 675.00
1-Jun	Woods, James	\$ 875.00
4-Jun	Harvell, Dewayne	\$ 745.00
8-Jun	Daniels, John	\$ 840.00
11-Jun	Hawkins, Robert	\$ 240.00
14-Jun	Maki, Scott	\$ 840.00
21-Jun	Rodovaldo, Alberto	\$ 685.00
24-Jun	Johnson, Jessica	\$ 795.00
24-Jun	Simpson, Yolanda	\$ 840.00
25-Jun	Scott, Kendrick	\$ 840.00
28-Jun	Scott, Kendrick	\$ 255.00

<u>Date</u>	<u>Recipient</u>	<u>Amount</u>
3-Jul	Brown, Nona	\$ 800.00
17-Jul	Mullen, Jerome	\$ 875.00
18-Jul	Davis, Antonio	\$ 840.00
2-Aug	Taylor, Crystal	\$ 840.00
14-Aug	Anderson, Amanda	\$ 760.00
21-Aug	Stewart, Alexandra	\$ 735.00
9-Sep	McClendon, Lamaria	\$ 455.00
11-Sep	Jones, Michael	\$ 785.00
18-Sep	Walls, Romoya	\$ 915.00
1-Nov	Al's Furniture and Appliances LLC (October Invoice)	\$ 2,355.00
19-Nov	Palmer, Tanisha	\$ 720.00
19-Nov	Averytte, Robert	\$ 810.00
24-Nov	Van Leer, Shanna	\$ 880.00
29-Nov	Cade, Frederick	\$ 895.00
2-Dec	Salter, Aaron	\$ 3,680.00
17-Dec	Smith, Harold - Al donated	\$ 840.00
20-Dec	Pearson, Machele	\$ 840.00
20-Dec	Pearson, Machele	\$ 190.00
28-Dec	Jackson, Tarris	\$ 480.00
29-Dec	Smith, Harold	\$ 195.00
		\$ 223,834.60

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545 0047

**2019**

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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) (2019)

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
<b>1</b>	<b>SCHWARTZ CHARITABLE LEAD TRUST</b> <b>25866 SALEM</b> <b>HUNTINGTON WOODS, MI 48070</b>	\$ <b>110,000.</b>	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 <b>HERE TO HELP FOUNDATION</b>	Employer identification number <b>20-8057969</b>
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**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
RAYMOND JAMES #103H8935	7.	7.	
RAYMOND JAMES #592A4552	348.	348.	
RAYMOND JAMES #592A4552-U.S.			
GOVT. OBLIGATIONS	1,734.	1,734.	
RAYMOND JAMES #7185D844	1,081.	1,081.	
RAYMOND JAMES #8240H065	157.	157.	
UBS FINANCIAL #16474	1,167.	1,167.	
UBS FINANCIAL #16474-U.S.			
GOVT. OBLIGATIONS	5,944.	5,944.	
UBS FINANCIAL #16477	651.	651.	
UBS FINANCIAL #16478	1,109.	1,109.	
TOTAL TO PART I, LINE 3	12,198.	12,198.	

## 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
RAYMOND JAMES #592A4552	2,449.	0.	2,449.	2,449.	
RAYMOND JAMES #8240H065	3,782.	0.	3,782.	3,782.	
UBS FINANCIAL #16474	45.	0.	45.	45.	
UBS FINANCIAL #16474	9,650.	0.	9,650.	9,650.	
UBS FINANCIAL #16477	35.	0.	35.	35.	
UBS FINANCIAL #16477	8,320.	0.	8,320.	8,320.	
TO PART I, LINE 4	24,281.	0.	24,281.	24,281.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX & ACCOUNTING FEES	2,335.	1,168.		1,167.	
TO FORM 990-PF, PG 1, LN 16B	2,335.	1,168.		1,167.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
UBS ADVISOR FEES #16474	6,036.	6,036.		0.	
UBS ADVISOR FEES #16477	4,042.	4,042.		0.	
RAYMOND JAMES ADVISOR FEES #8240H065	1,743.	1,743.		0.	
RAYMOND JAMES ADVISOR FEES #592A4552	1,714.	1,714.		0.	
TO FORM 990-PF, PG 1, LN 16C	13,535.	13,535.		0.	

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MICHIGAN ANNUAL REPORT	20.	0.		20.	
FOREIGN TAX-UBS #16474	12.	12.		0.	
FOREIGN TAX-UBS #16477	9.	9.		0.	
TO FORM 990-PF, PG 1, LN 18	41.	21.		20.	



FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE	5,324.	0.		5,324.	
WEBSITE MAINTENANCE/COMPUTER	2,566.	0.		2,566.	
POSTAGE/UPS	205.	0.		205.	
OFFICE SUPPLIES	1,100.	0.		110.	
DUES	435.	0.		435.	
MEALS	425.	0.		425.	
BACKGROUND CHECKS	112.	0.		112.	
TO FORM 990-PF, PG 1, LN 23	10,167.	0.		9,177.	

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
RAYMOND JAMES - LEGG MASON	X		341,722.	346,667.	
TOTAL U.S. GOVERNMENT OBLIGATIONS			341,722.	346,667.	
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS					
TOTAL TO FORM 990-PF, PART II, LINE 10A			341,722.	346,667.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	8
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
RAYMOND JAMES - ATALANTA			286,278.	399,067.
RAYMOND JAMES - LEGG MASON			279,660.	529,061.
TOTAL TO FORM 990-PF, PART II, LINE 10B			565,938.	928,128.

FORM 990-PF	CORPORATE BONDS	STATEMENT	9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
RAYMOND JAMES - RMA	25,276.	31,571.	
TOTAL TO FORM 990-PF, PART II, LINE 10C	25,276.	31,571.	

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
RAYMOND JAMES - RMA	FMV	36.	36.
RAYMOND JAMES - ATALANTA	FMV	232,533.	237,219.
TOTAL TO FORM 990-PF, PART II, LINE 13		232,569.	237,255.