

Form

OMB No 1545-0047

2012

Department of the Treasury  
Internal Revenue Service

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

Check if applicable	Name of organization	HELP END LOCAL POVERTY	
<input type="checkbox"/> Address change	Doing Business As	HELP ONE NOW	
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	Telephone number
<input type="checkbox"/> Initial return	P O BOX 26716		26-3618295
<input type="checkbox"/> Terminated	City, town or post office, state, and ZIP code		512-212-4564
<input type="checkbox"/> Amended return	RALEIGH NC 27611	Gross receipts \$	657,368
<input type="checkbox"/> Application pending	Name and address of principal officer	Is this a group return for affiliates? <input type="checkbox"/> <input checked="" type="checkbox"/>	
	CHRIS MARLOW 608 E. FRANKLIN ST, RALEIGH, NC 27604	Are all affiliates included? <input type="checkbox"/> <input type="checkbox"/>	
	Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list (see instructions)	
	▶ www.helponenow.com	Group exemption number ▶	
Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	Year of formation	2008
		State of legal domicile	TX

Activities & Governance	Briefly describe the organization's mission or most significant activities		THE ORGANIZATION RESCUES ORPHANS BY HAVING THEM SPONSORED BY FAMILIES THROUGH MONTHLY FEES PAYING FOR THE CARE OF THE ORPHAN THE ORGANIZATION ALSO CONDUCTS FUNDRAISING AND MISSION TRIPS TO HAITI FOR CONTINUED DISASTER RELIEF.	
	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	Number of voting members of the governing body (Part VI, line 1a)			7
	Number of independent voting members of the governing body (Part VI, line 1b)			6
	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			1
	Total number of volunteers (estimate if necessary)			10
	Total unrelated business revenue from Part VIII, column (C), line 12			0
	Net unrelated business taxable income from Form 990-T, line 34			0
Revenue	Contributions and grants (Part VIII, line 1h)			173,329
	Program service revenue (Part VIII, line 2g)	365,224		484,039
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	365,224		657,368
Expenses	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	176,444		272,660
	Benefits paid to or for members (Part IX, column (A), line 4)			0
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	112,651		92,103
	Professional fundraising fees (Part IX, column (A), line 11)			0
	Total fundraising expenses (Part IX, column (D), line 25)	0		0
	Other expenses (Part IX, column (A), lines 11a-11d, 14f-24e)	40,872		210,300
	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	329,967		575,063
	Revenue less expenses Subtract line 18 from line 12	35,257		82,305
Net Assets or Fund Balances	Total assets (Part X, line 16)	63,978		150,573
	Total liabilities (Part X, line 26)	33		4,323
	Net assets or fund balances. Subtract line 21 from line 20	63,945		146,250

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

Signature of officer

Date

Type or print name and title

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Form (2012)

HTA

y17

14

Check if Schedule O contains a response to any question in this Part III ☐

Briefly describe the organization's mission

TO BE A GLOBAL TRIBE DEDICATED TO ENDING EXTREME POVERTY BY HELPING TO RESCUE ORPHANS,  
RESTORE THEIR HOPE AND RENEW THEIR COMMUNITIES

Did the organization undertake any significant program services during the year which were not listed on  
the prior Form 990 or 990-EZ? ☐ ☒

If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program  
services? ☐ ☒

If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by  
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,  
the total expenses, and revenue, if any, for each program service reported

(Code ) (Expenses \$ 96,637 including grants of \$ ) (Revenue \$ 98,637 )  
TO RESCUE ORPHANS BY HAVING THEM SPONSORED BY FAMILIES THROUGH MONTHLY AMOUNTS PAID FOR SUPPLIES  
AND CARE FOR THE ORPHANS. THE MONTHLY SPONSORSHIPS ALSO GOES TOWARD THE RESTORATION OF CURRENT  
ORPHANAGES AND THE FUTURE BUILDING OF ORPHANAGES

(Code ) (Expenses \$ 64,945 including grants of \$ ) (Revenue \$ 70,445 )  
LEGACY PROJECT IS EMPOWERING HAITI THROUGH EDUCATION, JOB CREATION, COMMUNITY DEVELOPMENT,  
LEADERSHIP TRAINING AND MORE. A SCHOOL THAT WILL SERVE UP TO 420 CHILDREN IS BEING BUILT IN  
PETION-VILLE HAITI. THE NEW SCHOOL WILL GIVE VULNERABLE CHILDREN A CHANCE TO ATTEND A GOOD SCHOOL  
IN AN ENVIRONMENT THAT IS PROTECTED. IT WILL ALLOW FUTURE GENERATIONS THE SAME OPPORTUNITY TO  
BREAK THE CYCLE OF EXTREME POVERTY

(Code ) (Expenses \$ 146,903 including grants of \$ ) (Revenue \$ 196,903 )  
FERRIER VILLAGE IS A REFUGE FOR ORPHAN CHILDREN WHO HAVE BEEN RESCUED FROM TRAFFICERS OR ARE AT A  
HIGH RISK OF BEING TRAFFICKED. IT IS A PLACE WHERE THESE CHILDREN CAN BE CARED FOR AND RESTORED TO  
PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL HELP

Other program services. (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

308,485

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

X

Is the organization required to complete (see instructions)?

X

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?

X

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

X

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

X

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?

X

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?

X

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

X

Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?

X

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?

X

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

X

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?

X

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?

X

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?

X

Did the organization report an amount for other liabilities in Part X, line 25?

X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

X

Did the organization obtain separate, independent audited financial statements for the tax year?

X

Was the organization included in consolidated, independent audited financial statements for the tax year?

X

Is the organization a school described in section 170(b)(1)(A)(ii)?

X

Did the organization maintain an office, employees, or agents outside of the United States?

X

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more?

X

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States?

X

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States?

X

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?

X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

X

Did the organization operate one or more hospital facilities?

X

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1?

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2?

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?

Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002?

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Did the organization engage in an excess benefit transaction with a disqualified person during the year?

Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

A current or former officer, director, trustee, or key employee?

A family member of a current or former officer, director, trustee, or key employee?

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?

Did the organization receive more than \$25,000 in non-cash contributions?

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?

Did the organization liquidate, terminate, or dissolve and cease operations?

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

Was the organization related to any tax-exempt or taxable entity?

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? All Form 990 filers are required to complete Schedule O

Check if Schedule O contains a response to any question in this Part V ☐

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax

Statements, filed for the calendar year ending with or within the year covered by this return.

If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

If the sum of lines 1a and 2a is greater than 250, you may be required to (see instructions)

Did the organization have unrelated business gross income of \$1,000 or more during the year?

If "Yes," has it filed a Form 990-T for this year?

At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country

See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

If "Yes," indicate the number of Forms 8282 filed during the year

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

Did the organization make any taxable distributions under section 4966?

Did the organization make a distribution to a donor, donor advisor, or related person?

Enter

Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Enter.

Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).

Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments?

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

Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

7

Enter the number of voting members included in line 1a, above, who are independent.

6

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

X

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

X

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

X

Did the organization become aware during the year of a significant diversion of the organization's assets?

X

Did the organization have members or stockholders?

X

Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

X

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

X

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

The governing body?

X

Each committee with authority to act on behalf of the governing body?

X

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?

X

Did the organization have local chapters, branches, or affiliates?

X

If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

X

Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written conflict of interest policy?

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Did the organization regularly and consistently monitor and enforce compliance with the policy?

X

Did the organization have a written whistleblower policy?

X

Did the organization have a written document retention and destruction policy?

X

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

The organization's CEO, Executive Director, or top management official

X

Other officers or key employees of the organization

X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

X

If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website

☐ Another's website

☒ Upon request

☐ Other

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CHRISTY MANGUM

512-217-5700

4305 FLAGSTAFF CIRCLE, AUSTIN, TX 78759



Form (2012)

Check if Schedule O contains a response to any question in this Part VIII ☐

		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	Federated campaigns	0			
	Membership dues	0			
	Fundraising events	173,329			
	Related organizations	0			
	Government grants (contributions)	0			
	All other contributions, gifts, grants, and similar amounts not included above	0			
	Noncash contributions included in lines 1a-1f: \$	0			
Add lines 1a-1f		173,329			
Program Service Revenue	ORPHAN SUPPORT	98,637			
	COMMUNITY DEVELOPMENT PROJ	275,956			
	MISSION TRIPS	75,537			
	MISSIONARY SUPPORT	33,909			
	All other program service revenue	0			
	Add lines 2a-2f	484,039			
Other Revenue	Investment income (including dividends, interest, and other similar amounts)	0			
	Income from investment of tax-exempt bond proceeds	0			
	Royalties	0			
		(i) Real (ii) Personal			
	Gross rents				
	Less rental expenses				
	Rental income or (loss)	0	0		
	Net rental income or (loss)				
	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	Less cost or other basis and sales expenses				
	Gain or (loss)	0	0		
	Net gain or (loss)				
	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	0			
	Less direct expenses	0			
	Net income or (loss) from fundraising events				
	Gross income from gaming activities. See Part IV, line 19.	0			
	Less direct expenses	0			
	Net income or (loss) from gaming activities				
	Gross sales of inventory, less returns and allowances	0			
	Less cost of goods sold	0			
	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue				
			0		
		0			
		0			
All other revenue		0			
Add lines 11a-11d		0			
See instructions.		657,368	0	0	0

Check if Schedule O contains a response to any question in this Part IX. ☐

	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
Grants and other assistance to individuals in the United States See Part IV, line 22	0			
Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	272,660	272,660		
Benefits paid to or for members	0			
Compensation of current officers, directors, trustees, and key employees	24,000	12,000	12,000	
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
Other salaries and wages	38,930	19,465	19,465	
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
Other employee benefits	23,550	11,775	11,775	
Payroll taxes	5,623	2,812	2,811	
Fees for services (non-employees)				
Management	0			
Legal	0			
Accounting	0			
Lobbying	0			
Professional fundraising services. See Part IV, line 17	0			
Investment management fees	0			
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )	0			
Advertising and promotion	1,418		1,418	
Office expenses	9,900		9,900	
Information technology	3,591		3,591	
Royalties	0			
Occupancy	6,863	3,432	3,431	
Travel	94,029	94,029		
Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
Conferences, conventions, and meetings	1,254		1,254	
Interest	0			
Payments to affiliates	0			
Depreciation, depletion, and amortization	0	0	0	0
Insurance	0			
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
SPECIAL EVENTS	16,698	16,698		
PARKING	255		255	
CONTRACT SVCS	56,380	39,465	16,915	
FEES	5,942		5,942	
All other expenses	13,970		13,970	
<b>Add lines 1 through 24e</b>	<b>575,063</b>	<b>472,336</b>	<b>102,727</b>	<b>0</b>
Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Check if Schedule O contains a response to any question in this Part X ☐

		Beginning of year	End of year
<b>Assets</b>	Cash—non-interest-bearing	63,978	141,617
	Savings and temporary cash investments		8,956
	Pledges and grants receivable, net	0	0
	Accounts receivable, net	0	0
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
	Notes and loans receivable, net	0	0
	Inventories for sale or use		
	Prepaid expenses and deferred charges		
	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	0	
	Less: accumulated depreciation	0	0
	Investments—publicly traded securities	0	0
	Investments—other securities. See Part IV, line 11	0	0
	Investments—program-related. See Part IV, line 11	0	0
	Intangible assets	0	0
	Other assets. See Part IV, line 11	0	0
	<b>Add lines 1 through 15 (must equal line 34)</b>	<b>63,978</b>	<b>150,573</b>
<b>Liabilities</b>	Accounts payable and accrued expenses	33	4,323
	Grants payable		
	Deferred revenue		
	Tax-exempt bond liabilities		
	Escrow or custodial account liability. Complete Part IV of Schedule D		
	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	Secured mortgages and notes payable to unrelated third parties	0	0
	Unsecured notes and loans payable to unrelated third parties	0	0
	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	0
	<b>Add lines 17 through 25</b>	<b>33</b>	<b>4,323</b>
<b>Net Assets or Fund Balances</b>	<div> <div> <div></div> <div>X</div> </div> </div>		
	Unrestricted net assets	31,687	65,263
	Temporarily restricted net assets	32,258	80,987
	Permanently restricted net assets		
	<div> <div> <div></div> <div></div> </div> <div>and</div> </div>		
	Capital stock or trust principal, or current funds		
	Paid-in or capital surplus, or land, building, or equipment fund		
	Retained earnings, endowment, accumulated income, or other funds		
<b>Total net assets or fund balances</b>	<b>63,945</b>	<b>146,250</b>	
<b>Total liabilities and net assets/fund balances</b>	<b>63,978</b>	<b>150,573</b>	

Check if Schedule O contains a response to any question in this Part XI ☐

Total revenue (must equal Part VIII, column (A), line 12)	657,368
Total expenses (must equal Part IX, column (A), line 25)	575,063
Revenue less expenses. Subtract line 2 from line 1	82,305
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	63,945
Net unrealized gains (losses) on investments	
Donated services and use of facilities	
Investment expenses	
Prior period adjustments	
Other changes in net assets or fund balances (explain in Schedule O)	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	146,250

Check if Schedule O contains a response to any question in this Part XII ☐Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

Were the organization's financial statements compiled or reviewed by an independent accountant? ☒

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basisWere the organization's financial statements audited by an independent accountant? ☒

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basisIf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☒

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☒If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits ☒

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(All organizations must complete this part.) See instructions.

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

- ☐ A church, convention of churches, or association of churches described in

☐ A school described in \_\_\_\_\_ (Attach Schedule E.)

☐ A hospital or a cooperative hospital service organization described in

☐ A medical research organization operated in conjunction with a hospital described in \_\_\_\_\_ Enter the hospital's name, city, and state: \_\_\_\_\_

☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in \_\_\_\_\_ (Complete Part II.)

☐ A federal, state, or local government or governmental unit described in

☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in \_\_\_\_\_ (Complete Part II.)

☐ A community trust described in \_\_\_\_\_ (Complete Part II.)

☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See \_\_\_\_\_ (Complete Part III )

☐ An organization organized and operated exclusively to test for public safety. See

☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See

Check the box that describes the type of supporting organization and complete lines 11e through 11h

☐ Type I      ☐ Type II      ☐ Type III—Functionally integrated      ☐ Type III—Non-functionally integrated

☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

3. A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .

A family member of a person described in (i) above?

A 35% controlled entity of a person described in (i) or (ii) above?

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

[illegible]

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	2008	2009	2010	2011	2012	Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		32,467	231,564	365,224	657,368	1,286,623
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
Add lines 1 through 3	0	32,467	231,564	365,224	657,368	1,286,623
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Subtract line 5 from line 4.						1,286,623

	2008	2009	2010	2011	2012	Total
Amounts from line 4	0	32,467	231,564	365,224	657,368	1,286,623
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
Net income from unrelated business activities, whether or not the business is regularly carried on						0
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
Add lines 7 through 10						1,286,623
Gross receipts from related activities, etc. (see instructions)						
If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <input checked="checked" type="checkbox"/>						

Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	0 00%
Public support percentage from 2011 Schedule A, Part II, line 14	0 00%

If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ☐ The organization qualifies as a publicly supported organization

If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and ☐ The organization qualifies as a publicly supported organization

If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

	2008	2009	2010	2011	2012	Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
Add lines 1 through 5 . . . . .	0	0	0	0	0	0
Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
Add lines 7a and 7b . . . . .	0	0	0	0	0	0
(Subtract line 7c from line 6) . . . . .						0

	2008	2009	2010	2011	2012	Total
Amounts from line 6 . . . . .	0	0	0	0	0	0
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
Add lines 10a and 10b . . . . .	0	0	0	0	0	0
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						0
(Add lines 9, 10c, 11, and 12) . . . . .	0	0	0	0	0	0

If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and ☐

Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .		0 00%
Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .		0 00%

Investment income percentage for (line 10c, column (f) divided by line 13, column (f)) . . . . .		0 00%
Investment income percentage from Schedule A, Part III, line 17 . . . . .		0 00%

If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization ☐

If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and The organization qualifies as a publicly supported organization ☐

If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Form 990 Part VI Section A Line 11b FORM 990 IS REVIEWED FOR REASONABLENESS, COMPLETENESS AND

ACCURACY

Form 990 Part VI Section C Line 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND

FINANCIAL INFORMATION AVAILABLE FOR INSPECTION AS REQUESTED.

Name of the organization

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Area with horizontal dashed lines for supplemental information.