*** PUBLIC DISCLOSURE COPY ***

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2022 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

		nue Service Co to www.iis.gov/i of iiist actions and the late		2022	mspection
<u>A</u> F	or the	2022 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ and ending	SEP 30,	2023	
B c	heck if pplicable	C Name of organization	D Employer	r identific	cation number
	Addres change Name			2002	1.0
<u> </u>	_chang	, , , , , , , , , , , , , , , , , , ,	52-1	.3223	17
]lnitial return]Final return/	Number and street (or P.0. box if mail is not delivered to street address) 2 RADNOR CRP CTR, 100 MATSONFORD RD		e number - 6 4 2 – 1	
	⊐return/ termin ated		G Gross receip		10,215,880.
	Amend	RADNOR, PA 19087	H(a) Is this a		
	Applic tion pendir		for subo	ordinates	? Yes X No
	-	SAME AS C ABOVE			cluded? Yes No
			 1		list. See instructions
	Vebsit		H(c) Group e		
			ear of formation: 1	.983 N	State of legal domicile: DE
Pa	ırt I	Summary	V DAGED E	TTATE OF	ATGING HOD
Activities & Governance		Briefly describe the organization's mission or most significant activities: COMMUNIT UNMET MEDICAL AND RELATED EXPENSES	Y-BASED F	UNDRA	AISING FOR
¥rn8	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of	its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
ه ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	23
Σį	6	Total number of volunteers (estimate if necessary)		6	70
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			Prior Yea		Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	8,168,		9,562,804.
ē		Program service revenue (Part VIII, line 2g)	1 020	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,238,		306,007.
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		450.	-39,238.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,393,		9,829,573.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,353,		6,508,297.
	١	Benefits paid to or for members (Part IX, column (A), line 4)	1,368,	0.	1,634,861.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,300,	0.	0.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		٠.	0.
Ä			922	047.	1,007,089.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,644,		9,150,247.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		218.	679,326.
es es	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Curre		End of Year
Net Assets or Fund Balances	20	Total accepts (Part V. line 16)	21,287,		24,530,433.
Asse Bal	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		219.	371,730.
Net /	22	Net assets or fund balances. Subtract line 21 from line 20	20,947,		24,158,703.
Pa	rt II	Signature Block	20/52//	0001	21/200//001
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the	best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		-	,
		, , , , , , , , , , , , , , , , , , , ,			
Sigi	า	Signature of officer	Date		
Her		KELLY L. GREEN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid	ı	STEVEN M GLUECK STEVEN M GLUECK	05/06/24	if self-emplove	□ ₽00856557
Prep	arer	Firm's name BBD, LLP	Firm'	s EIN 2	3-2896692
Use	Only	Firm's address 1835 MARKET STREET, SUITE 300			
		PHILADELPHIA, PA 19103	Phon	e no.21	5-567-7770
May	the IF	RS discuss this return with the preparer shown above? See instructions	'		X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HELP HOPE LIVE IS A NATIONAL NONPROFIT THAT SUPPORTS COMMUNITY-BASED
	FUNDRAISING FOR PEOPLE WITH UNMET MEDICAL EXPENSES AND RELATED COSTS
	DUE TO CELL AND ORGAN TRANSPLANTS OR CATASTROPHIC INJURIES AND
	ILLNESSES.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$ 6,508,297. including grants of \$ 6,508,297.) (Revenue \$
	APPROXIMATELY 893 PATIENTS AND FAMILIES WERE ASSISTED WITH UNINSURED
	MEDICALLY RELATED EXPENSES, INCLUDING HOSPITAL BILLS, MEDICAL
	INSURANCE, HOME HEALTH CARE EXPENSES, MEDICATIONS, TEMPORARY
	SUBSISTENCE, ACCESSIBLE TRANSPORTATION, ACCESSIBLE HOME MODIFICATIONS,
	MEDICAL TRAVEL AND TEMPORARY RELOCATION EXPENSES, REHABILITATION AND
	OTHER POST-CARE, MEDICAL EQUIPMENT, AND MORE.
415	(Code:) (Expenses \$ 765,612 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ /65,612. including grants of \$) (Revenue \$) FUNDRAISING GUIDANCE, RESOURCES, AND SUPPORT (INCLUDING NETWORK
	IDENTIFICATION, EVENT HOW-TOS, MEDIA OUTREACH, ONLINE AND SOCIAL
	FUNDRAISING, PARTNER BENEFITS) AVAILABLE TO 5,580 CLIENTS.
	FUNDRATISING, FARINER DENEFITS/ AVAIDABLE TO 3,300 CDIENTS.
	055 500
4c	(Code:) (Expenses \$ 255,793. including grants of \$) (Revenue \$)
	PUBLIC EDUCATION ON ISSUES FACING TRANSPLANT, CATASTROPHIC INJURY, AND
	CATSTROPHIC ILLNESS PATIENTS PROVIDED NATIONWIDE THROUGH MONTHLY
	E-NEWSLETTER, BLOG, SOCIAL MEDIA, WEBSITE, AND WEBINARS
	FOLLOWED/ATTENDED BY THOUSANDS OF PATIENTS, PATIENTS FAMILIES, HEALTH
	CARE PROFESSIONALS, COMMUNITY SUPPORTERS, AND FUNDRAISING VOLUNTEERS.
	ORGAN AND TISSUE DONOR AWARENESS THROUGH THE DISTRIBUTION OF DONOR
	CARDS AND FACT SHEETS AT CLIENT FUNDRAISERS. REGULAR IN-SERVICES AT
	HOSPITALS AS WELL AS EXHIBITING AND SPEAKING ENGAGEMENTS AT
	PROFESSIONAL HEALTH CARE CONFERENCES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,529,702.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			_V
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١		_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2022) HELPHOPELIVE, INC. Part IV Checklist of Required Schedules (continued)

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	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? If "Yes," complete			
	Schedule J	23	Х	
24a	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? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		Α_
	Did the organization mivest 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	240		
Ü	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	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? If "Yes," complete Schedule R, Part VI	37	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	х	
	/O O/G F			

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1022) HELPHOPELIVE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
_	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	50		
6a	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organizations maintaining donor advised funds	8		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: 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			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization 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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Х
	taxable entity during the year?	16a		
b	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	4Ch		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, DC, FL, GA, IL, KS, KY	MD	MΔ	мт
17 10	· · · · · · · · · · · · · · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	is Utily	, avalla	auie
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	acial	
19	statements available to the public during the tax year.	u iiiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KELLY L. GREEN, EXECUTIVE DIRECTOR - 800-642-8399			
	TWO RADNOR CORPORATE CENTER, 100 MATSON FORD ROAD, RADNOR, PA	190	87	
23200	SEE SCHEDULE O FOR FULL LIST OF STATES		990	(2022)
			-	,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	aniza			mpe	nsat	· ·		
(A)	(B)				C)	_		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	\vdash					<u> </u>	from the	from related organizations	other
	hours for	direct				L,		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	nest c	ner			organizations
	line)	ibu	Inst	Officer	Key	Highest compensated employee	Forr			
(1) KELLY L. GREEN	40.00	1		l				455 644		
EXECUTIVE DIRECTOR	1000			Х				177,641.	0.	6,931.
(2) DAVID CAHILL	40.00	1		l				404 555		
DIRECTOR OF FINANCE	1			Х				131,557.	0.	7,229.
(3) RON SIGGS	1.00	ļ		l						•
CHAIRMAN	1 00	Х		Х		_		0.	0.	0.
(4) LIAM MURRAY	1.00	١								•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(5) KAUSHIKA KANSARA	1.00	١								•
SECRETARY	1 00	Х		Х				0.	0.	0.
(6) JANET GOLD	1.00	١,,		,,						0
ASSISTANT SECRETARY	1 00	Х		Х				0.	0.	0.
(7) ERIC ERICKSON	1.00	١								•
TREASURER	1 00	Х		Х				0.	0.	0.
(8) LAUREN ENLOW	1.00	١								•
DIRECTOR	1 00	Х				1		0.	0.	0.
(9) CHRISTINE KANTER	1.00	١,,								0
DIRECTOR	1 00	Х				1		0.	0.	0.
(10) LANGSTON LAURY	1.00	٠,,								0
DIRECTOR	1 00	Х				-		0.	0.	0.
(11) REV DR LORINA MARSHALL-BLAKE	1.00	X						0.	0.	0.
DIRECTOR	1.00	^				-		0.	0.	0.
(12) STEPHANIE MCALAINE DIRECTOR	1.00	X						0.	0.	0.
(13) TARYN MCCARTY	1.00	^				\vdash		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) JEFFREY MERSCHEL	1.00	<u> </u>				\vdash		•	•	•
DIRECTOR	1.00	X						0.	0.	0.
(15) BRIAN MESSNER	1.00	 ^ `		\vdash		\vdash	\vdash		0.	•
DIRECTOR	1.00	x						0.	0.	0.
(16) ALEX REED	1.00	+	\vdash	\vdash	\vdash	+	\vdash		.	•
DIRECTOR	1100	x						0.	0.	0.
(17) DAVID RUFF	1.00	ᢡ		\vdash		t				
DIRECTOR		x						0.	0.	0.
	1				1	1				

232007 12-13-22

Form 990 (2022) HELPHOPEI									52-1	322	317	Pa	ige 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck i ss per id a di	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio	n	an	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	frorgand	pensatom the anization relate anization anizat	e on ed
(18) NICK RYDER DIRECTOR	1.00	x						0.		0.			0.
(19) LYNN SAMSON, ESQ.	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								309,198.		0.	1.	4,10	50.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								309,198. received more than \$100	0.000 of reportab	0 . le	1.	4,10	50.
compensation from the organization									,			Yes	2 No
3 Did the organization list any former officer,												res	
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•							•	npens	ation f	rom	
(A) Name and business	•		ONI					(B) Description of s		C	(C comper		า
Total number of independent contractors (ii \$100,000 of compensation from the organize)	•	ot li	mite	d to		se lis	stec	d above) who received m	nore than				
+											Form 9	990 (2	(022)

232008 12-13-22

Form						LIV	Έ,	INC.			52-1322	317	Page 9
Pa	rt V	<u> </u>											
			Check if Schedule O	conta	ains a	respo	nse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D	-
									Total revenue	Related or exempt function revenue	Unrelated	Revenue e	xcluded under
nts nts	1	а	Federated campaigns			1a		4,053.					
ara our			Membership dues			1b							
s, (Am			Fundraising events			1c		154,857.					
Gift		d	Related organizations			1d							
JS, imi		е	Government grants (conti	ributi	ons)	1e							
tioi S S		f	All other contributions, gifts,	grant	s, and								
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	l abov	'e	1f		9,403,894.					
		g	Noncash contributions included in	lines	1a-1f	1g \$		157,117.					
<u>a</u> C		h	Total. Add lines 1a-1f						9,562,804.				
							,	Business Code					
ice	2	а					_						
Program Service Revenue		b					_						
		С					_						
		d					_						
Pro		e	All alla and an annual an annual and an annual an annual and an annual and an annual and an annual and an annual				_						
_			All other program service										
	3		Total. Add lines 2a-2f Investment income (include										
	3								525,109.			52	5,109.
	4		Income from investment						020,200.			"	<u> </u>
	5		Royalties				-	F					
	Ū		110yanioo) Real		(ii) Personal					
	6	а	Gross rents	6a									
		b	Less: rental expenses	6b									
			Rental income or (loss)	6с									
		d	Net rental income or (loss	s) <u></u>									
	7	а	Gross amount from sales of		(i) S	ecuriti	es	(ii) Other					
			assets other than inventory	7a	:	117,0	48.						
•		b	Less: cost or other basis										
nne				7b		336,1							
eve			Gain or (loss)	7с		219,1							
Ä			Net gain or (loss)						-219,102.			-21	9,102.
Other Revenue	8		Gross income from fundraisi										
0					857.	-							
			contributions reported on				0-	10,919.					
			Part IV, line 18				8a 8b	50,157.					

12 To

Miscellaneous Revenue

Form **990** (2022)

266,769.

-39,238.

Business Code

c Net income or (loss) from fundraising events

and allowances 1

b Less: cost of goods sold 1

c Net income or (loss) from sales of inventory

9 a Gross income from gaming activities. See
Part IV, line 19
9a
b Less: direct expenses
9b
c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns

d All other revenue _____e Total. Add lines 11a-11d

Total revenue. See instructions

9,829,573.

0.

-39,238.

Form 990 (2022)	HELPHOPELIVE,	INC.	52-
Part IX Statemen	t of Functional Expenses		
Section 501(c)(3) and 501	(c)(4) organizations must complete	e all column	s. All other organizations must complete column (A).

Δ.	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	6,508,297.	6,508,297.		
_	individuals. See Part IV, line 22	0,300,497.	0,300,237.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	425 210	E0 422	206 474	EO 422
	trustees, and key employees	425,318.	59,422.	306,474.	59,422
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.66 225	F00 F00	000 200	150 150
	Other salaries and wages	966,335.	508,788.	298,389.	159,158
8	Pension plan accruals and contributions (include	42 254	2 4 5 4	2 (5.4)	0 150
	section 401(k) and 403(b) employer contributions)	13,954.	2,150.	9,654.	2,150 2,604
9	Other employee benefits	20,280.	2,604.	15,072.	
10	Payroll taxes	208,974.	97,090.	77,189.	34,695
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	119,433.		119,433.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	278,466.	115,288.	119,452.	43,726
12	Advertising and promotion	29,244.	11,940.	12,711.	4,593
13	Office expenses	4,817.	1,984.	2,487.	346
14	Information technology	86,577.	35,349.	37,630.	13,598
15	Royalties				
16	Occupancy	95,415.	39,079.	41,315.	15,021
17	Travel	54,098.	50,573.	2,747.	778
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,525.	17,363.	18,483.	6,679
23	Insurance	6,632.	3,010.	2,465.	1,157
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLIENT CAMPAIGN EXPENSE	174,667.	0.	0.	174,667
b	CREDIT CARD PROCESSING	85,076.	70,077.	0.	14,999
	MISCELLANEOUS	18,500.	581.	9,852.	8,067
_	REGISTRATIONS	6,327.	3,938.	0.	2,389
	All other expenses	5,312.	2,169.	2,309.	834
25	Total functional expenses. Add lines 1 through 24e	9,150,247.	7,529,702.	1,075,662.	544,883
<u> </u>	Joint costs. Complete this line only if the organization			. ,	, , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments		1,447,137.	2	1,892,157	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			120,753.	9	74,284
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,012,803.			
	b	Less: accumulated depreciation	10b	834,447.	101,846.	10c	178,356
	11	Investments - publicly traded securities			19,618,118.	11	22,349,515
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	36,121		
	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	3)	21,287,854.	16	24,530,433
	17	Accounts payable and accrued expenses		190,219.	17	183,576	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offic	er, director,			
≣		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ted third p	parties	150,000.	24	150,000
	25	Other liabilities (including federal income tax, p	oayables t	to related third			
		parties, and other liabilities not included on lin	es 17-24).	. Complete Part X			
		of Schedule D			0.	25	38,154
	26	Total liabilities. Add lines 17 through 25			340,219.	26	371,730
s		Organizations that follow FASB ASC 958, c	heck here	e X			
ဥ		and complete lines 27, 28, 32, and 33.					
alar	27				3,989,510.	27	6,140,755
ĕ	28	Net assets with donor restrictions	16,958,125.	28	18,017,948		
Ĕ		Organizations that do not follow FASB ASC	958, che	ck here			
ř		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund			29		
sse	30	Paid-in or capital surplus, or land, building, or	equipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F		31	
Š	32	Total net assets or fund balances			20,947,635.	32	24,158,703
	33	Total liabilities and net assets/fund balances			21,287,854.	33	24,530,433

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,15		
3	Revenue less expenses. Subtract line 2 from line 1	3			9,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4),94		
5	Net unrealized gains (losses) on investments	5		2,41	2,3	09.
6	Donated services and use of facilities	6				
7	Investment expenses	7		11	9,4	33.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	24	1,15	8,7	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization HELPHOPELIVE , INC .

 $Employer\ identification\ number \\ 52-1322317$

Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructions.	
		ı nization is not a private found			-			
	ligai							
1	H	A church, convention of ch	•)(a)U\1 n	I)(A)(I).	
2	Н	A school described in sect						
3	Щ	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma						nublic described in
•		section 170(b)(1)(A)(vi). (C	•	artial part of its support	rom a gov	orriin iorrica	arm or normano goriorar	pasio accorisca in
				(4)(A)(vi) (Complete Dord	. II \			
8	\vdash	A community trust describe						
9		An agricultural research org						
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized		ively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	•	,	•		•	• •
		lines 12a through 12d that	-					
а		Type I. A supporting orga				-	•	, aivina
٠	· -	the supported organization	•	•	•	-		
		• • • • •			a majority	or the dire	ctors or trustees or the s	supporting
		organization. You must o						
k) [•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus						
C	: L	☐ Type III functionally integrated	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		_ its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
C	ıL	☐ Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	er the number of supported of	organizations					
c		vide the following information	-					
_		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
Tota	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	etion A. Public Support	71	•	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(,	(10) 2010	(0) = 0 = 0	(4) 202 :	(5) = 5 = =	(1)
-	membership fees received. (Do not						
	include any "unusual grants.")	6536051.	5391428.	7942526.	8168565.	9418673.	37457243.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	6506054	5004400	5040506	04.605.65	0.110680	0.01.000
	Total. Add lines 1 through 3	6536051.	5391428.	7942526.	8168565.	9418673.	37457243.
5	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)						25455042
	Public support. Subtract line 5 from line 4.						37457243.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2018 6536051.	(b) 2019 5391428.	(c) 2020 7942526.	(d) 2021 8168565.	(e) 2022	(f) Total 37457243.
	Amounts from line 4	0230021.	3391420.	7942320.	0100303.	94100/3.	3/43/243.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	122 540	157 510	250 275	E2E 601	E2E 100	2000044
	and income from similar sources	432,549.	157,510.	358,275.	535,601.	525,109.	2009044.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	63,643.	48,680.	27,760.	3,910.		143,993.
	assets (Explain in Part VI.)	03,043.	40,000.	27,700.	3,910.		39610280.
	Total support. Add lines 7 through 10	-1- (!11				12	59010200.
	Gross receipts from related activities,	•	,				
ıs	First 5 years. If the Form 990 is for the organization, check this box and stop						
Sec	tion C. Computation of Publ						<u></u>
	Public support percentage for 2022 (I			column (f))		14	94.56 %
	Public support percentage from 2021					15	94.32 %
	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. 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 stop here. The organization qual	•		,		,	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te				- ·	g	
b	10% -facts-and-circumstances tes	-	•	* '	-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization				· · · · · ·		
							(Form 000) 2022

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	and the line of 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
ŀ	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20							

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	9b		
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Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	organization accepted a gift or contribution from any of the following persons?			
а	A person	who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	organization was responsive to those supported organizations, and how the organization determined			
	that these	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 HELPHOPELIVE, INC.		Ţ	52-1322317 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

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Schedule	A (Form	9901	2022

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

Schedule A (Form 990) 2022

e Excess from 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Part VI

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: SPECIAL EVENTS 2018 AMOUNT: \$ 63,643. 2019 AMOUNT: 48,680. 27,760. 2020 AMOUNT: 3,910. 2021 AMOUNT: 2022 AMOUNT: 0.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

F	52-1322317						
Organization type (check one):							
Filers of:	ilers of: Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (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						
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributo						
Special Rules							
sections 509(a)(contributor, duri	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), 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.						
contributor, duri literary, or educa	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributio is checked, ente purpose. Don't c	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), 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).							

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

Schedule B (Form 990) (2022) Page

Name of organization

Employer identification number

52-1322317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Noncash (Complete Part II for			

Page 3

Name of organization Employer identification number

HELPHOPELIVE, INC.

52-1322317

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 52-1322317 HELPHOPELIVE, 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

4194 1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

HELPHOPELIVE, INC.

Employer identification number 52-1322317

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411654 141165	(2) - 2.120 2.12 2.110 2.20
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures,	or Other	Similar A	Assets	continue	<u>d)</u>
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following tha	t make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations								,	
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exem	pt purpose i	in Part X	III.	
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			<u> </u>	Yes [No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990, Pa	art IV, line	e 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributior	ns or other as	sets not ir	ncluded		-	_
	on Form 990, Part X?							└── \	Yes L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:						
								A	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on Fo						y?	└── Ƴ	Yes L	No
	If "Yes," explain the arrangement in Part XIII.							<u></u>	<u></u> L	
Par	t V Endowment Funds. Complete in							haal. (1 Farmers	aua baali
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	I) Three years	Dack (e	Four yea	ars dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr			g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho									
за	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are neld a	ind administe	erea for the	9		Ye	o No
	organization by:							Г		s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
D 4	If "Yes" on line 3a(ii), are the related organiza							L	3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	iunas.						
ı uı	Complete if the organization answered) Part I\	/ line 11a 9	See Form 990) Part X li	ne 10			
	Description of property	(a) Cost or of			or other		umulated	16	l) Book va	aluo
	Description of property	basis (investn			(other)	. ,	eciation	") DOOK VE	alue
12	Land	- ` `		24010	(асрі	- 3.4.311			
	Buildings									
	Leasehold improvements			1	6,344.		10,743		5 -	601.
	Equipment				6,459.		23,704			755.
	Other				., ====		-,	+		
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			+	178,	356.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	a, inc.	34	-тэддэт/ Page 3
Part VII Investments - Other Securities.	n Form 000 Port IV line	.11h Con Form 000 Dort V line 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(5) 25511 14145	(5)	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	n Form 000 Port IV line	11a Saa Farm 000 Part V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Lof-vear market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			38,154.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25.)		38,154.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		50,154.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	12,241,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		2,412,309.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				0 410 200
	Add lines 2a through 2d			2e	2,412,309.
3	Subtract line 2e from line 1			3	9,829,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b	-			
	Other (Describe in Part XIII.)			٠,	0
_	Add lines 4a and 4b Table reverse Add lines 2 and 4a. (This must asked Form 900, Part I line 12)			4c	9,829,573.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Statem			5 Retu	
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		vitii Experises per	Hett	4111.
1	Total expenses and losses per audited financial statements			1	9,030,814.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	3,030,011
	Donated services and use of facilities	2a			
	Prior year adjustments			_	
	Other losses				
	Other (Describe in Part XIII.)		-119,433.		
	Add lines 2a through 2d			2e	-119,433.
3	Subtract line 2e from line 1			3	9,150,247.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	$\overline{}$			
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,150,247.
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Parl	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional in	formation.		
DNE	RT X, LINE 2:				
PAI	XI A, DINE 2:				
GAZ	AP REQUIRES ENTITIES TO EVALUATE, MEASURE,	REC	OGNIZE AND F	TSC	LOSE ANY
0717	T REQUIRED ENTITIES TO EVAPORIE, MERSONE,	ILLIC.	OGNIZE AND E	7100	LODI MII
TINC	CERTAIN INCOME TAX POSITIONS TAKEN ON THEIR	R ТА	X RETURNS.	GAA	P
			11210111701		
PRE	SCRIBES A MINIMUM THRESHOLD THAT A TAX PO	SITI	ON IS REQUIF	RED	TO MEET IN
			~ -		
ORI	DER TO BE RECOGNIZED IN THE FINANCIAL STAT	EMEN'	TS. THE ORG	ANI	ZATION
BEI	LIEVES THAT IT HAD NO UNCERTAIN TAX POSITION	ONS .	AS DEFINED E	BY G	AAP.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
					440 400
TN	VESTMENT MANAGMENT FEES				-119,433.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	HELPHOPELIVE,	INC.	52-1322317 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	mation (continued)		<u> </u>
	(1111)		
			_

4194___1

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

HELPHOP	ELIVE, INC.				52-1322	317
Part I Fundraising Activities	Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiccompensated at least \$5,000 by the	sed funds through any of the following set of the following set of the solicitate of	tion of tion of fundra I (inclue profess	non-g gover aising ding o ional t	overnment grants rnment grants events officers, directors, tru fundraising services	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraise have custo or control contribution		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-		
_						
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit			s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule	G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on For	m 990	-EZ, lines	1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1		(b)	Event #2	(c) Other events	(d) Total events
				3.T. 3	HODE	mp a treet o	1	(add col. (a) through
			VIRTUAL G (event type)			ent type)	(total number)	col. (c))
ne			(event type)		(ev	ен туре)	(total number)	
Revenue	1	Gross receipts	124,5	33.		35,545.	5,698.	165,776.
	2	Less: Contributions	113,6	14.		35,545.	5,698.	154,857.
	3	Gross income (line 1 minus line 2)	10,9	19.				10,919.
	4	Cash prizes						
S	5	Noncash prizes	11,0	85.				11,085.
xpense	6	Rent/facility costs	2,5	00.				2,500.
Direct Expenses	7	Food and beverages	21,4	82.		232.		21,714.
	8	Entertainment	6.2	00.				6,200.
	9	Other direct expenses	8,0	39.		619.		8,658.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)					50,157.
		Net income summary. Subtract line 10 from li						-39,238.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" o	n Form	1 990, Pa	rt IV, line 19, or	reported more than	
		\$15,000 off Form 990-E2, line oa.			(h) Pu	II tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo			ogressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve								
_	1	Gross revenue						
	_	Ocale anima						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes	_ %	Ye		Yes %	
	6	Volunteer labor	∟∟ No		∟∟ No		No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, colum	nn (d)				
		,	,					
		ter the state(s) in which the organization condu						
		the organization licensed to conduct gaming ac	ctivities in each of	these	states?			Yes No
b	It "	No," explain:						
10a	We	ere any of the organization's gaming licenses re	evoked, suspende	d, or te	erminated	during the tax	year?	Yes No
b	If "	Yes," explain:						_

232082 10-27-22

Schedule G (Form 990) 2022

Scł	nedule G (Form 990) 2022	HELPHOPELIVE,	INC.		52-13	22	317	Page 3
11	Does the organization conduct ga	aming activities with nonmen	nbers?		[Yes	No No
				ber of a partnership or other entity formed				
	to administer charitable gaming?				[Yes	☐ No
13	Indicate the percentage of gamin							
	The organization's facility				L	13a		%
						13b		%
14	Enter the name and address of the	ne person who prepares the	organizat	on's gaming/special events books and record	ds:			
	Name							
	Name							
	Address							
15	a Does the organization have a cor	ntract with a third party from	whom the	e organization receives gaming revenue?	[Yes	☐ No
ı	o If "Yes," enter the amount of gam		organiza	tion \$ and the amo	ount			
	of gaming revenue retained by th			-				
•	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee	Ind	ependent contractor				
17	Mandatory distributions:							
	Is the organization required unde	er state law to make charitable	e distribu	tions from the gaming proceeds to				
	retain the state gaming license?				<u> </u> [Yes	└─ No
ı	Enter the amount of distributions	required under state law to I	oe distrib	uted to other exempt organizations or spent i	n the			
_	organization's own exempt activi							
Pa		•		equired by Part I, line 2b, columns (iii) and (v);	and Part	III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide an	y additior	nal information. See instructions.				

Schedule (G (Form 990)	HELPHOPELIVE,	INC.	52-1322317 _{Pag}	ge 4
Part IV	Supplemental Info	rmation (continued)			
		,			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number 52-1322317 HELPHOPELIVE, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE FOR MEDICALLY RELATED EXPENSES	873	6,046,026.	0.	501(C)(3)	
EMERGENCY GRANTS	20	17,476.	0.		
ALTRUISTIC GRANTS	1	3,298.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CLIENTS APPLY FOR MEDICAL ASSISTANCE GRANTS FOR UNINSURED MEDICALLY RELATED

TRANSPLANT AND CATASTROPHIC INJURY RELATED EXPENSES. GRANTS ARE GIVEN

BASED ON AN APPLICATION DEMONSTRATING MEDICAL AND FINANCIAL NEED. UPON

APPROVAL, A CLIENT SUBMITS A REQUEST FOR MEDICAL ASSISTANCE ALONG WITH

PROPER DOCUMENTATION FOR MEDICALLY RELATED EXPENSES AS OUTLINED IN OUR FUND

DISBURSEMENT GUIDELINES. PAYMENTS ARE MADE IN THE FORM OF CHECKS, DIRECT

DEPOSIT OR WIRE TRANSFER PAYABLE TO THE MEDICAL PROVIDER OR TO REIMBURSE

THE CLIENT FOR ALLOWABLE EXPENSES REQUIRED TO BE PAID OUT-OF POCKET.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

HELPHOPELIVE, INC.

 $Employer\ identification\ number \\ 52-1322317$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
9		5a		х
h	The organization? Any related organization?	5b		X
J	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
9		6a		х
a h	The organization? Any related organization?	6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	JD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	<i>I-</i> 2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KELLY L. GREEN	(i)	171,531.	0.	6,110.	0.	6,931.	184,572.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

HELPHOPELIVE, INC. **Employer identification number** 52-1322317

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contri amounts report		Method of de		-	_
		applicable		Form 990, Part VII		noncash contribu	ition a	mount	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	6	146	.031.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock		<u> </u>		, , , , ,				
11	Securities - Closely field stock Securities - Partnership, LLC, or								
• • •									
10	trust interests								
12	Securities - Miscellaneous Qualified conservation contribution -								
13									
44	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	v	26	11	005	FAIR MARKET	177	TITE	
25	Other (NON-CASH PRIZES)	X	40		,005.	FAIR MARKET	VA	тое	
26	Other ()								
27	Other ()								
28	Other ()		<u> </u>	1					
29	Number of Forms 8283 received by the organi		•						
	for which the organization completed Form 82	83, Part V, L	Jonee Acknowledg	jement[29				
								Yes	No
30a	During the year, did the organization receive b								
	must hold for at least 3 years from the date of		•						v
	exempt purposes for the entire holding period	?					30a		X
	b If "Yes," describe the arrangement in Part II.						31		37
31									<u> </u>
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								77
	contributions?								X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column	(a) is che	cked,			
	describe in Part II.								
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022								

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

HELPHOPELIVE, INC. **Employer identification number** 52-1322317

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS PRESENTED TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW IN ADVANCE OF THE FINANCE COMMITTEE MEETING. ONCE THE FINANCE COMMITTEE HAS REVIEWED THE FORM 990 AND ALL MEMBERS ARE SATISFIED, VOTE ON WHETHER TO APPROVE IT OR NOT. ONCE APPROVED, THE FORM IS PRESENTED TO THE FULL BOARD FOR APPROVAL WITH THE FINANCE COMMITTEE'S RECOMMENDATION. THE APPROVED FORM 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH BOARD MEMBER AT THE FIRST BOARD MEETING OF THE FISCAL YEAR. THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE ARE RESPONSIBLE FOR ALL OPERATING AGREEMENTS AND ATTEMPT TO AVOID AGREEMENTS THAT MAY LEAD TO A CONFLICT OF INTEREST. IF A CONFLICT WILL EXIST, THEY WILL GET PRIOR BOARD APPROVAL TO ENTER INTO A CONTRACT WITH A RELATED PARTY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR IS EVALUATED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THEIR COMPENSATION RECOMMENDATIONS ARE BASED ON COMPARABLE SALARY DATA AND THEN PRESENTED TO THE FULL BOARD FOR APPROVAL. THE EXECUTIVE DIRECTOR OR APPROPRIATE SENIOR STAFF CONDUCT EMPLOYEE EVALUATIONS ON AN ANNUAL BASIS WITH SALARY ADJUSTMENTS BASED ON VERIFIABLE COMPARABLE SALARY DATA AND THE CURRENT ECONOMIC CONDITION OF THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CO,CT,DC,FL,GA,IL,KS,KY,MD,MA,MI,MN,MO,NE,NJ,NH,NY,NC,ND,OH,OK,OR,PA,SC LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 52-1322317 HELPHOPELIVE, INC. TN, VA, WA, WV, WI, AL, AK, AR, ME, MS, NM, RI, UT, HI, NV, DE FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS POSTED ON THE WEBSITE. FORM 1023 WOULD BE AVAILABLE UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE POSTED ON THE WEBSITE. THE CONFLICT OF INTEREST POLICIES WOULD BE MADE AVAILABLE UPON REQUEST.