SCANNER

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No 1545-1150

Open to Public Inspection

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Available review Section 501(c) Cl organizations and 4947(c)(1) consumpt charitable trusts must attach Caps				_	1032 South Jackson		C	(206) 781	4246	
Section 601(c)(R) organizations and 4947(c)(11) one-exempt charitable trusts must attach a completed Schedule A (Farm 990 or 990-EZ). Website: ▶ www.cityofsaattle.nethelpinglinki Website: ▶ www.cityofsaattle.nethelpinglinki Organization type (check only one) □ 501(c) (3) + (insert no.) □ 4947(c)(11) or □ 527				_ *	TOUVOR LOWN, STATE OF COUNTRY, AND ZIF + 4			F Group	Exemp	tion	
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K Check ▶ ☐ if the origenization's gross receipts are normally not more than \$25,000. The origenization need not the a cretum with the IRS, but if the origenization chooses to file a trothing, but is the origenization chooses to file a trothing, but is the origenization chooses to file a trothing or to file a complete return. Some states requires a complete return. Add lines \$5, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 62,045 Part II Revenue, Expenses, and Changes in Net Assets or Fund Balainces (See page 38 of the instructions.) 1 Contributions, giffs, grarits, and smilar amounts received. 1 1 (although a complete for the page 38 of the instructions). 2 2 38,930 3 Membership dues and assessments	J	Organiz	zation type (c	check or	nly one)— 🗹 501(c) (3) ◀ (insert no)	4947(a)(1) or 527		•			or 990-PF)
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	1 990-EZ (2005)				 _		Page 2		
	Statement of Program Service Accom			ons.)	(Dani)	Exper			
What is the organization's primary exempt purpose? To empower Vietnamese Americans.						(4) org	or 501(c)(3) ganizations		
	cribe what was achieved in carrying out the organizers of the services provided, the number of persons be				and 4	4947(a))(1) trusts, others)		
	English as Second Language (Parenting, Family			rogram due.					
28	Teaching English as a second language while de			vics					
•	education, and citizenship.			• • • • • • • • • • • • • • • • • • • •	}				
	(Grants \$ 13,253) If this amount incl	udes foreign grants, check	here	▶ □	28a		17,550		
•	Computer skills		<u></u>	_					
	Developing computer literary.								
			^ - <i>-</i>						
!	(Grants \$ 18,138) If this amount incl	udes foreign grants, check	here	. •	29a		31,578		
30 .	o Youth								
	Developing positive youth behavior through med	ntoring, tutoring, and kara	ate.		}				
•									
•		udes foreign grants, check			30a		30,888		
	Other program services (attach schedule)								
		udes foreign grants, check	here		31a				
	Total program service expenses (add lines 28a the List of Officers, Directors, Trustees, and Key		an if not compensate	od Soo page 4	32 St the	unctru	80,016		
	List of Officers, Directors, Trustees, and Rey	(B) Title and average	(C) Compensation	(D) Contribution			Expense		
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit deferred compe	plans &	acc	ount and allowances		
All	addresses 1032 S Jackson, Seattle, WA 98101	 	 		10411011		uno maneos		
	nh-Duc Nguyen	Executive Director	38,400		0		0		
	Samantha Chang			 					
	Vu Do	Directors	1		O		0		
Mr.	Walter Impert	Directors							
Mr.	Liem Nguyen	Directors	<u> </u>		U				
	s. Hannah Palmer	Directors	n		o		0		
Ms. Maureen Scott									
Pa	Other Information (Note the attachme	ent requirement in Gene	ral Instruction V	, page 14.)			Yes No		
33	Did the organization engage in any activity not pro-	•		n a detailed					
	description of each activity					33	 		
34	Were any changes made to the organizing or gov		<u>-</u>	S? If "Yes,"		24	✓		
. -	, ,					34			
35	If the organization had income from business activities, a		•	•	not				
_	reported on Form 990-T, attach a statement explaining						a millionistic - Tarabara		
а	Did the organization have unrelated business grosproxy tax requirements?	is income of \$1,000 or mor	e or 6033(e) notice	e, reporting, a	ana	35a			
h	If "Yes," has it filed a tax return on Form 990-T for	or this vear?		• • •	• •	35b	 		
36	Was there a liquidation, dissolution, termination, of		luring the veer? ()f	· · · · · · · · · · · · · · · · · · ·	ha				
00	statement.)		iding the years (ii			36			
37a	Enter amount of political expenditures, direct or inc	lirect, as described in the in	structions. > 37	a	0	Mark 11			
	Did the organization file Form 1120-POL for this				•	37b	/		
38a	Did the organization borrow from, or make any loa	ans to, any officer, director,	trustee, or key er	nployee or w	ere	2. , , , , , , , , , , , , , , , , , , ,			
	any such loans made in a prior year and still unpa		-			38a	√		
b	If "Yes," attach the schedule specified in the line	38 instructions and enter			_				
_	involved		38	<u>a</u>	0				
39	501(c)(7) organizations. Enter:				A1 A				
	Initiation fees and capital contributions included of		39 39		NA NA				
	Gross receipts, included on line 9, for public use				AM	1 1 m			
40a	501(c)(3) organizations. Enter amount of tax impos	——————————————————————————————————————	•		n	3500 3000 3000 3000			
L	section 4911 \(\bigcep				<u>v</u> +b.a				
Ø	501(c)(3) and (4) organizations. Did the organization e year or did it become aware of an excess benefit tra			•	me	40b			
Ċ	Enter amount of tax imposed on organization mai	,	-	•	•		<u> </u>		
•	sections 4912, 4955, and 4958	•	· · · · · ·	>			0		
d	Enter amount of tax on line 40c reimbursed by th						0		

Par	t V	Other Information (No	te the attachment require	rement in General Inst	ruction V, page	e 14.) (Cont	tinued)
41	List th	e states with which a copy of	of this return is filed. ▶ Non	e			
42a	The b	ooks are in care of ► Min ed at ► 1032 S Jackson	h-Duc Nguyen, Executive #C, Seattle, WA 98101	Director	Telephone r	10. ► (206 4 ► 9810) 781-4246) 1
	over a account over a	time during the calendary financial account in a foreint)? s," enter the name of the foreint instructions for exception	reign country: NA	ank account, securities a	account, or othe	r financial	Yes No
		time during the calendar y	•		e of the U.S.?		42c ✓
		s," enter the name of the fo	.	·		· · ·	
43	Section	n 4947(a)(1) nonexempt change the amount of tax-exer	aritable trusts filing Form 9			• • 43	► □
Plea Sign Here		and belief, it is true, correct, and		rn, including accompanying so er (other than officer) is based	hedules and statemed on all information of Date	ents, and to the which prepare	best of my knowledge o-6
Paid Prepa	rer's	Preparer's signature Firm's name (or you's Classes)) n Chinn	Date 10.22.06	ciribioaeg r	572	or PTIN (See Gen Inst W) -60-1305
Use C	Only	if self-employed).	nn Chinn 5 Upland Terrace South, S	Spattle WA 08118	EIN	► 206 \ 7	23-4710
		address, and ZHP 1 4 603	opiana remace counti, c	Jealue, TIA JUI 10	Phone no		23-47 IU

Form **990-EZ** (2005)

(Rev December 2004)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of tentral Revenue	-		File a separate application	for each return		
 If-you are 	filing for a	n Automatic 3-Month Ex n Additional (not autom Il unless you have already	atic) 3-Month Extension	on, complete onl	l y Part II (on pag	ge 2, of this form).
Part I	Automa	ic 3-Month Extension	of Time—Only subr	nit original (no c	copies needed)) , -
					•	Part I only
		(including Form 990-C file and trusts must use Fort				to file income tax returns. 5, 1066, or 1041.
returns note (not automa	ed below (atıc) 3-mo	months for corporate Fo	rm 990-T filers). However must submit the fully	er, you cannot file	e it electronically	on of time to file one of the
Type or		Exempt Organization				oloyer identification number
print Cda by the	}	g Link, Inc.	i de DO hay and a			1988027
File by the due date for filing your	1032	street, and room or suite no	o. Ina P.O. box, see instruc • "SMEET #	ctions.	, , , , , , , , , , , , , , , , , ,	
return See instructions		n or post office, state, and a		dress, see instruction	ons	
Check type	e of retur	to be filed (file a separa	te application for each	return):		<u> </u>
☐ Form 99		·	rm 990-T.;(corporation)	•		☐ Form 4720
☐ Form 9	90-BL	□ Fo	rm 990-T (sec. 401(a) c	r 408(a) trust)		☐ Form 5227
✓ Form 9	90-EZ		rm 990-T (trust other th			☐ Form 6069
☐ Form 9	90-PF		rm 1041-A 1,	•		☐ Form 8870
 _					2.2	
• The book	ks are in th	e care of Minh. 7	JUC Nguijen	Execupi	SE DIFECIA	,
Telephon	e No. ► (206)781.424	7-6 FAX N	o. > (206)	568.51	60
If the org	ganization	loes not have an office o	r place of business in t	ne United States	, check this box	▶ □
is for the v	vhole grou	p Return, enter the organic p, check this box ► □. I members the extension	If it is for part of the gr	up Exemption No oup, check this I	umber (GEN) oox ▶ [] and	attach a list with the
1 I requ	est an auto	matic 3-month (6-months	for a Form 990-T corp	oration) extensio	n of time until	, 20 ,
to file	the exemp	t organization return for th				
		year 20 or				
▶ L_	tax year	beginning	,	and ending		, 20
2 If this	tax year i	for less than 12 months	, check reason: 🔲 Ini	tial return 🔲 F	inal return 🔲 C	hange in accounting period
	• -	n is for Form 990-BL, 99 redits. See instructions				<u> </u>
	• •	n is for Form 990-PF or 9 ny prior year overpaymen	-		· •	•
with	FTD coup	ubtract line 3b from line 3 on or, if required, by u	sing EFTPS (Electronic	c Federal Tax P	ayment System	ı) See
		oing to make an electronic				
for paymer	-	_	, idila tricritation to the tricritation	i Citti 0000, 3		Jana i Onii Ooi GaleO

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev	12-2004)		<u></u> _		Page 2			
Note. Only co	ling for an Additional (not automatic) 3-Month Extension, complete of mplete Part II if you have already been granted an automatic 3-month extending for an Automatic 3-Month Extension, complete only Part I (on page 1)	sion on a pre						
	Additional (not automatic) 3-Month Extension of Time—Must		al and One	Сору.				
Type or print	Name of Exempt Organization HEIDUNE, INC		Employer ide	entification no				
File by the extended due date for	Number, street, and room or suite no. If a P.O box, see instructions 1032 5044 Jackson Street.#C	~ .	For IRS use	only				
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	×	, , , , , , , , , , , , , , , , , , ,	, -	~			
Check type	of return to be filed (File a separate application for each return):		<u> </u>					
☐ Form 990	☐ Form 990-T (sec. 401(a) or 408(a) trust)		□ F	Form 5227				
☐ Form 990	-BL Form 990-T (trust other than above)		<u></u>	Form 6069				
Form 990			☐ F	Form 8870				
Form 990	-PF							
 Telephone If the organ If this is for for the whole 	are in the care of 1940-046 Nguista, Executive No. > (206) 751.4246 FAX.No. > (206) 751.4246 iization does not have an office or place of business in the United State a Group Return, enter the organization's four digit Group Exemption New group, check this box > If it is for part of the group, check this for part of the group, check this	s, check this umber (GEN)	box	If this	IS			
names and E	ins of all members the extension is for.		00 116					
4 I reques	st an additional 3-month extension of time until November		20.		00			
5 For cale	ndar year	, and endir	າg		20			
8a If this a	detail why you need the extension Proposed until return Compared with the extension proposed until file of the extension of the secured until file of the proposed until file of the pr	e tentative t	ax, less any	_	F /5 7			
	ndable credits. See instructions			\$ Ma.	,			
tax pay	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundation made. Include any prior year overpayment allowed as a cred sly with Form 8868			\$ 44				
c Balanc with FT	e Due. Subtract line 8b from line 8a. Include your payment with this form Discoupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	m, or, if requ System). See	ired, deposit instructions.	\$ 110				
Under penalties	Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedules and the complete, and that I am authorized to prepare this form Title				nd belief,			
Juliature	Notice to Applicant—To Be Completed by	, the IDS	Date					
We have		, tile ins						
We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.								
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.								
☐ We can ☐ Other	not consider this application because it was filed after the extended due date o	of the return fo			quested			
	Bv		RECE	:IVEU	اير			
Director			Date		181			
Alternate M returned to	ailing Address — Enter the address if you want the copy of this applican address different than the one entered above.	ation for	addithodati 34	— x — x t t t t t t t t t t t t t t t t	SON			
	Name		OGD	EN, UT				
Type or print	Number and street (include suite, room, or apt. no.) or a P.O. box number							
	City or town, province or state, and country (including postal or ZIP code)	}						