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

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Helping Link, Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1032 South Jackson **C**

City or town, state or country, and ZIP + 4
Seattle, WA 98101

D Employer identification number
20 : 1988027

E Telephone number
(206) 781-4246

F Group Exemption Number . . ▶ **None**

- ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method· ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ **www.cityofseattle.net/helpinglink/**

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☑ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

L Add lines 5b, 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 I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1 **18,189**
	2	Program service revenue including government fees and contracts			2 **38,930**
	3	Membership dues and assessments			3 **0**
	4	Investment income			4 **0**
	5a	Gross amount from sale of assets other than inventory	5a **0**		
	b	Less: cost or other basis and sales expenses	5b **0**		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			5c **0**
	6	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ **18,189** of contributions reported on line 1)	6a **4,926**		
	b	Less: direct expenses other than fundraising expenses	6b **816**		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)			6c **4,110**
	7a	Gross sales of inventory, less returns and allowances	7a **0**		
	b	Less: cost of goods sold	7b **0**		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)			7c **0**
	8	Other revenue (describe ▶)			8 **0**
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶			9 **61,229**
Expenses	10	Grants and similar amounts paid (attach schedule)			10 **0**
	11	Benefits paid to or for members			11 **0**
	12	Salaries, other compensation, and employee benefits			12 **69,593**
	13	Professional fees and other payments to independent contractors			13 **7,039**
	14	Occupancy, rent, utilities, and maintenance			14 **2,225**
	15	Printing, publications, postage, and shipping			15 **139**
	16	Other expenses (describe ▶ **Program, office, travel, meetings, professional development**)			16 **15,424**
	17	**Total expenses** (add lines 10 through 16) ▶			17 **94,424**
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)			18 **-32,375**
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19 **22,750**
	20	Other changes in net assets or fund balances (attach explanation)			20 **0**
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶			21 **22,750**

Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	**0**	22	**29,999**
23	Land and buildings	**0**	23	**0**
24	Other assets (describe ▶ **Receivables, undeposited funds**)	**22,750**	24	**17,246**
25	**Total assets**	**22,750**	25	**47,245**
26	**Total liabilities** (describe ▶ **Payables, salaries payable**)	**0**	26	**56,870**
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	**22,750**	27	**-9624**

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? **To empower Vietnamese Americans.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28 **English as Second Language (Parenting, Family Life Skills, Civics Education)**
Teaching English as a second language while developing skills in parenting, family life, civics education, and citizenship.
(Grants $ **13,253**) If this amount includes foreign grants, check here ▶ ☐ — 28a **17,550**

29 **Computer skills**
Developing computer literary.
(Grants $ **18,138**) If this amount includes foreign grants, check here ▶ ☐ — 29a **31,578**

30 **Youth**
Developing positive youth behavior through mentoring, tutoring, and karate.
(Grants $ **7,000**) If this amount includes foreign grants, check here ▶ ☐ — 30a **30,888**

31 Other program services (attach schedule)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ — 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ — 32 **80,016**

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
All addresses 1032 S Jackson, Seattle, WA 98101 **Minh-Duc Nguyen**	**Executive Director**	**38,400**	**0**	**0**
Ms. Samantha Chang **Mr. Vu Do**	**Directors**	**0**	**0**	**0**
Mr. Walter Impert **Mr. Liem Nguyen**	**Directors**	**0**	**0**	**0**
Mrs. Hannah Palmer **Ms. Maureen Scott**	**Directors**	**0**	**0**	**0**

Part V Other Information (**Note** the attachment requirement in General Instruction V, page 14.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a **0**			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b **0**			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a **NA**			
b	Gross receipts, included on line 9, for public use of club facilities 39b **NA**			
40a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ **0** ; section 4912 ▶ **0** ; section 4955 ▶ **0**			
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ **0**			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ **0**			

Part V **Other Information** (**Note** the attachment requirement in General Instruction V, page 14.) *(Continued)*

41 List the states with which a copy of this return is filed. ▶ **None**

42a The books are in care of ▶ **Minh-Duc Nguyen, Executive Director** Telephone no. ▶ **(206) 781-4246**
Located at ▶ **1032 S Jackson #C, Seattle, WA 98101** ZIP + 4 ▶ **98101**

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . If "Yes," enter the name of the foreign country: ▶ **NA** See the instructions for exceptions and filing requirements for Form TD F 90-22.1.	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . If "Yes," enter the name of the foreign country: ▶ **NA**	42c	✓

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of* ***Form 1041***—Check here. . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ | 43 |

Please Sign Here

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

Signature of officer — Date: 10/28/06

Minh-Duc Nguyen, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date: 10.22.06	Check if self-employed ▶ ☑	Preparer's SSN or PTIN (See Gen Inst W): **572-60-1305**
Firm's name (or yours if self-employed), address, and ZIP + 4	**Glenn Chinn** **6036 Upland Terrace South, Seattle, WA 98118**	EIN ▶ **NA** Phone no ▶ **(206) 723-4710**	

Form **8868**
(Rev December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► ☐
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only . . . ► ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization **Helping Link, Inc.**	Employer identification number 20 1966027
	Number, street, and room or suite no. If a P.O. box, see instructions. 1032 South Jackson Street #C	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Seattle, WA 98101	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☑ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► Minh-Duc Nguijen, Executive Director

Telephone No. ► (206) 781-4246 FAX No. ► (206) 568-5160

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until ..... , 20..., to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year 20... or
► ☐ tax year beginning ..... , 20..., and ending ..... , 20....

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . $ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization HelpLink, Inc		Employer identification number 20 1988027
	Number, street, and room or suite no. If a P.O. box, see instructions 1032 South Jackson Street. #C		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Seattle, WA 98101		

Check type of return to be filed (File a separate application for each return):

☐ Form 990	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-BL	☐ Form 990-T (trust other than above)	☐ Form 6069
☒ Form 990-EZ	☐ Form 1041-A	☐ Form 8870
☐ Form 990-PF	☐ Form 4720	

ENVELOPE POSTMARK DATE AUG 14 2006

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Minh-Duc Nguyen, Executive Director
  Telephone No. ▶ (206) 781-4246 FAX No. ▶ (206) 568-5160
- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ ☐. If it is for **part** of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2006.

5 For calendar year 2005, or other tax year beginning ..... , 20.... , and ending ..... , 20.... .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension Preparer not able to complete return by due date. Professional help not secured until last week (August 7). This is the first year HelpLink will file as an independent 501c3.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ na.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . $ na

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ na

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ E.D. Date ▶ 8/9/06

Notice to Applicant—To Be Completed by the IRS

☑ 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 **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

☐ Other .....

RECEIVED AUG 21 2006 OGDEN, UT 84201 IRS OSC

_____ By _____
Director Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	**Name**
	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)