SCANNED SEP 1 7 2010,

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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

Ā	For th	e 2009 calendar year, or tax year beginning and ending		
B	Check i applical Addre	lie Please • **********************************	ployer	identification number
	chang Name chang	label or point or HELPING LINK, INC		988027
	Initia retur	n ISee Harris and the Control of t	•	number
	Term ated	Instruction 1002 0 0110110011 D2 1/ 0	<u>:06</u>	781-4246
	Ame retur	Indeed tons City or town, state or country, and ZIP + 4	oup Exe	emption
	Applic pendi		mber	
	• Se	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting in		Cash X Accrual
		Schedule A (Form 990 or 990-EZ). Other (specific control of the c		
		he: ► www.cityofseattle.net/helpinglink/ H Check ►		the organization is not
				dule B (Form 990, 990-EZ, or 990-PF)
K	Check		tiian ⊅	25,000 A FORM 990-EZ OF
_	A alal lu	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	93,443.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction		
	1	Contributions, gifts, grants, and similar amounts received	1	76,479.
	2	Program service revenue including government fees and contracts	2	3,745.
	3	Membership dues and assessments	3	,
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory		
	b	Less cost or other basis and sales expenses 5b]	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
e	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶		
Revenue	a	Gross revenue (not including \$ of contributions		
æ		reported on line 1) Less direct expenses other than fundraising expenses 6a 13,179 6b 2,039	<u>.</u>	
	b	Less direct expenses other than fundraising expenses 6b 2,039	<u>.</u>	
	6	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,140.
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold	-	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► TRANSLATION FEE)	8	40.
_	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	91,404.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	40,680.
enses	12	Salaries, other compensation, and employee benefits	12	9,070.
	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance See Statement 4	13	8,918.
Ä	14		15	429.
	15	Printing, publications, postage, and shipping Other expenses (describe ► See Statement 1)	16	13,587.
	16 17	Total expenses. Add lines 10 through 16 RECEIVED	17	72,684.
	18	The state of the state of Coult we then 17 from the O	18	18,720.
ets	19		1.5	
\ss('	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) AUG 17 2010	19	26,783.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	
Ž	21	Net assets or fund balances at end of year Combine lines 18 through 20 OGDEN UT	21	45,503.
P	art I		30-EZ	
		(See the instructions for Part II) (A) Beginning of year		(B) End of year
22	2 Ca	sh, savings, and investments	2 . 22	71,932.
23		nd and buildings	23	
24	Oth	er assets (describe ► See Statement 2) 1,229		
2		al assets 81,673		
2 1		al liabilities (describe ► See Statement 3) 54,888		
<u></u>		assets or fund balances (line 27 of column (B) must agree with line 21) 26,783	5 • 27	
62	03-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions		Form 990-EZ (2009)

For	m 990-EZ (2009) HELPING LINK, INC			<u> 20-</u>	<u>-19880</u>) 2 7 Page 2
	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		E	xpenses
	at is the organization's primary exempt purpose? See Statement		· · · · · · · · · · · · · · · · · · ·		-1	or section 501(c)(3)
					1	4) organizations and
Des	scribe what was achieved in carrying out the organization's exempt pur	rposes. In a clear and conc	ise manner, descr	ıbe	section 494	17(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevan	nt information for each prog	gram title.		for others)	
28	Youth and after school tutoring.					
						
						05 005
	(Grants \$) If this amount includes foreign		>		28a	25,225.
29	Computer skills - developing comput	er and librar	'y			
	skills.					
	DKITID.					
	(Grants \$) If this amount includes foreign	grants, check here	>	لا	29a	11,001.
30	Technology, Civics Education					
-		-				
				_		
	(Grants \$) If this amount includes foreign	grants, check here	•		30a	21,854.
31	Other program services (attach schedule)	- -				
٠.	, ,	-	_		24.0	
	(Grants \$) If this amount includes foreign	grants, cneck nere		<u> </u>	31a	FO 000
	Total program service expenses (add lines 28a through 31a)			<u> </u>	10-	58,080.
P	art IV List of Officers, Directors, Trustees, and Key E	Employees. List each one ex	ven if not compensated	(See the	instructions	for Part IV)
				(d) Co	ontributions	
		(b) Title and average hours	(c) Compensation	, ,	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
МТ	NH DUC NGUYEN	EXECUTIVE DIR	ECTOR			
			[- ·		0.	0
		40.00	35,200.			0.
	M DINH, 2122 SW 336TH ST, FEDERAL	CHAIR				1
WZ	AY, WA 98023	2.00	0.		0.	0.
	HERYL ZEUNERT	BOARD MEMBER		-		
					^	
72		2.00	0.		0.	0.
RY	AN DAVIS, 4017 WHITMAN AVE N #302,	BOARD MEMBER				
SF	EATTLE, WA 98103	2.00	0.		0.	0.
	RETCHEN KORB-NICE	BOARD MEMBER				
					^	
86	325 29TH AVE NE, SEATTLE, WA 98115	2.00	0.	<u> </u>	0.	0.
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932	172 18-10				Form	990-EZ (2009)
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PE	TY Other Information (Note the statement requirements in the instructions for Part V.)			1
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	_33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34_		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
_	and proxy tax requirements?	35a		Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
36		36		X
	complete applicable parts of Sch. N Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	30		^
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 outstanding at the end of the period covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
U	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	İ		
		406		х
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •O .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter]		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed WA			
42 a	The organization's books are in care of ► MINH DUC NGUYEN Telephone no ► 206 78	1-4	246	
	Located at ► 1032 S JACKSON ST #C, SEATTLE, WA ZIP+4 ► 9	810	4	
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		Yes	No
	account)?	42b	-	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
C		426		<u> </u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NT / TA		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		,,,,,	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	}		
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u> </u>
		Form 0	00.F7	(2009)

	EZ (2009) HELPING LINK, INC			<u> 20–1988</u>		Page
Part V	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.					
6 Did t	he organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to o	candidates for public	C	Y	es No
	9º If "Yes," complete Schedule C, Part I		·		46	X
	he organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47	X
	e organization a school as described in section 170(b)(1)(A)(II)? If "Ye				48	Х
	he organization make any transfers to an exempt non-charitable relate	•			49a	X
	es," was the related organization a section 527 organization?				49b	
0 Com	plete this table for the organization's five highest compensated employ	•	s, trustees and key e	employees) who e		ved more
tnan	\$100,000 of compensation from the organization. If there is none, ent	er None		—	1	
		(b) Title and average hours	(c) Compensation	(d) Contribution to employee	is (e) f	Expense
	(a) Name and address of each employee paid more	per week devoted to	(b) componsuiton	benefit plans 8	, , ,	unt and
	than \$100,000	position		deferred		llowance
	NONE			compensation		
	<u> </u>					
					+	
				1	_	
	I number of other employees paid over \$100,000		l	.1		
	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None" NONE	·	ī			
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of se	rvice (c) Compe	nsation
					<u>-</u> -	
			-			
d Tota	number of other independent contractors each receiving over \$100,0	 nn	<u> </u>			
1000						
Sign Here	Under penalties of penjury, I declare that I have examined this return, including correct, and demplete Declaration of preparer (other than officer) is based on a Signature of officer	accompanying schedules and statemer	knowledge		010	e, —-—
	TAM DINH, PRESIDENT Type or print name and title					
aid	Preparer's signature			parer's identifying n	umber (See	instr)
Preparer's Use Only	Marion Head	07/29/10 emi	oloyed 🕨 🗓		•	
	Firm's name (or yours street-employed), 1 Self-employed), 1 Self-employed), 2 3 6 3 2 HWY 99 STE F PM	в #196	EIN Phoi			
	address, and ZIP+4 Edmonds, WA 98026	<i>D ((1)</i> 0	no	425-2	10-3	981
May the IE	25 discuss this raturn with the preparer shown above? See instruction	£		▶ [Voc	. □ N

932174 02-08-10

Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Employer identification number

			HELPING								0-1900	027	
	art I			ity Status (All organiz					tructions.				
he	organı	zation is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					
1		A church, coi	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's name	θ,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a govern	mental uni	t describ	ed in		
		_	(b)(1)(A)(iv). (Comple		-	·	_	-					
6				ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
	X		•	eives a substantial part					or from the	general	public desc	ribed in	1
section 170(b)(1)(A)(vi). (Complete Part II.)													
8		•		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	\sqcap			eives: (1) more than 33 1			rom contri	butions, n	nembershii	o fees, ai	nd aross re	ceipts f	rom
Ĭ	_	_	=	nctions - subject to certa									
			· · · · · · · · · · · · · · · · · · ·	axable income (less sect									
			509(a)(2). (Complete			· ,			, o. g			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10				perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	4).				
11	\equiv	-	•	perated exclusively for the	•	-			-	v out the	nurnoses d	of one o	r
• •	_	_		ations described in section									•
				organization and comple				.,. 000 00.		-,,(-,: -,			
		a Type I	· · · · · ·	¬ ~		e III - Func		tegrated		d 🗌	Type III - 0	Other	
е				at the organization is not			-		r more disc				,
Ĭ			•	han one or more publicly		•	•	•		•			•
f			•	ten determination from t	• •	-				(4)(1)		· (/(-/·	
•			ganization, check th				po ., . , po	., ., .,					
g		•	•	organization accepted an	v aft or co	ontribution	from any	of the foll	owing pers	sons?			
9	,	•		lirectly controls, either al								Yes	No
		• •	•	upported organization?	c. tog		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(, (.	,	11g(i)	1	
			- ·	n described in (i) above?							11g(ii)		
		•	•	person described in (i) o		a?					11g(iii)		
h	1	• •	•	about the supported org	• •						<u> </u>	11	
•				and the compositor of	gui ii	(-)							
	Nama	of supported	(ii) EiN	(iii) Type of	(Iv) is the o	rganization	(v) Did you	ı notify the	(vi) Is	the	(vil) An	nount of	:
Ų,		nization	(II) EIN	organization		sted in your			organization (i) organization	n in col	. ,	port	
	orgu	rii Lucion		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	2	000	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					ĺ								
			·						1				
							-						

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 HELPING LINK, INC 20-19880

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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	36,767.	46,750.	78,559.	112,086.	76,479.	350,641.
2	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf		l	:		_	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	36,767.	46,750.	78,559.	112,086.	76,479.	350,641.
	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)						
6	Public support. Subtract line 5 from line 4						350,641.
	etion B. Total Support	<u></u>			ii		000/0120
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	36,767.	46,750.	78,559.	112,086.	76,479.	350,641.
	Gross Income from Interest,				,		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	· ·						
40	business is regularly carried on					<u> </u>	
10	Other income. Do not include gain or loss from the sale of capital						
	•						
	assets (Explain in Part IV.)						350,641.
	Total support. Add lines 7 through 10					12	45,468.
12	•			ما والمارية			43,400.
13	First five years. If the Form 990 is for	=	nrst, second, third	u, tourth, of that ta	ax year as a section	1 50 1 (0)(3)	▶[]
Sec	organization, check this box and stop ction C. Computation of Publi		centage				
	Public support percentage for 2009 (I		·	olumn (fl)		14	100.00 %
	Public support percentage from 2008		•	Oldfill (1))			100.00 %
	33 1/3% support test - 2009. If the or			line 13 and line 1	l/ is 33 1/3% or m		
IVa	· · · · · · · · · · · · · · · · · · ·			•	14 15 33 1/3 /0 01 111	ore, check this bo.	× and ► X
	stop here. The organization qualifies 33 1/3% support test - 2008. If the or		-		lina 15 in 33 1/304	ar mara abaak th	
b	and stop here . The organization quality	-			IIIIe 13 IS 33 1/370	or more, check in	IS DOX
47.			• • •		12 160 or 16b o		
1/8	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac					t iv now the organ	iization
	meets the "facts-and-circumstances"					7	100/
Þ	10% -facts-and-circumstances test						
							,
40	•						
18	Private foundation. If the organization	n ala not check a t	oox on line 13, 16a	a, 100, 1/a, or 1/b			
	more, and if the organization meets the organization meets the "facts-and-circ Private foundation. If the organization	ne "facts-and-circur cumstances" test.	mstances" test, ch The organization o	neck this box and a qualifies as a public	stop here. Explain cly supported orga o, check this box a	in Part IV how the	b □ s ▶ □

932022 02-08-10

	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) 2.000	(5) 2000	(0) 2007	1,4,200	(0) 2.000	(v) i o i a
•	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						
J	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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
C	: Add lines 7a and 7b				,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ	
	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support	<u>.</u> .	·		,		,
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						ĺ
_	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)				-	 	
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		L	<u> </u>	
14	First five years. If the Form 990 is for	the organization'	's first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2009 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	
16	Public support percentage from 2008	Schedule A, Part	t III, line 15			16	
	ction D. Computation of Inves						
_	Investment income percentage for 20			ne 13, column (f))		17	
18	Investment income percentage from 2			,		18	
	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than		17 is not
196	more than 33 1/3%, check this box ar						., is iiot ▶[
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2008. If the	-		• •			and .
		organization did i	HOL CHECK A DOX OF	imie 14 Oriine 198	a, and line to is m	iore man 33 1/3%,	anu
t	• •	-		- بالمار حريم مرافع سرم			
	line 18 is not more than 33 1/3%, che Private foundation. If the organization	ck this box ands	top here. The orga	•	as a publicly supp	oorted organization	

Form 990-EZ Other Expenses		Statement	1
Description		Amount	
INSURANCE SUPPLIES			10.
LICENSES & PERMITS PARKING STAFF DEVELOPMENT PROGRAM SUPPLIES		12 4,15	
PAYROLL TAXES Total to Form 990-EZ, line 16		13,58	
Form 990-EZ Other Assets		Statement	2
TOTAL JOURNAL CONTROL ASSECTS		- Bcacemenc	
Description	Beg. of Year	End of Yea	ar
PREPAID EXPENSES Other Depreciable Assets	523. 706.		23. 20.
Total to Form 990-EZ, line 24	1,229.	84	43.
Form 990-EZ Other Liabilities		Statement	3
Description	Beg. of Year	End of Yea	ar
ACCOUNTS PAYABLE DEFERRED SALARY PAYROLL TAXES PAYABLE	606. 54,282. 0.	1,52 14,80 10,95	00.
Total to Form 990-EZ, line 26	54,888.	27,27	72.
Form 990-EZ Occupancy, Rent, Utilities and Ma	intenance	Statement	4
Description		Amount	
Depreciation Other Expenses		38 8,53	86. 32.
Total to Form 990-EZ, line 14		8,93	18.

6

990-EZ Pg 2

Statement

To provide educational services and social services for Vietnamese refugees and immigrants.

Form **8868**

*(Rev April 2009)

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 Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form), not complete Part II unless you have already been granted an automatic 3-month extension on a previously fled Form 8868. Part II Automatic 3-Month Extension of Time. Only submit original (no copies needed). Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete int I only in the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time file morom tax returns. Sectionic Filing (-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the return ted below (6 months for a corporation required to file Form 9868. For more details on the form 990-T (19) you file Form 98051, (1908), e 8707, group returns, or a composite or consolidated Form 990-T (instead, urinus taubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic lifting of this form, vist works and click on e-file for Charines & Montrofits. Part Form 990		e filing for an Automatic 3-Month Extension, complete only Part I and check this box	۲\		► X
Automatic 3-Month Extension of Time. Only submit original (no copies needed). corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete int lonly corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. certonic Filing of Filip. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the return teld below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the addition. If you are the addition. If you want the fully completed and signed page 2 (Parl II) of Form 8868. For more details on the electronic filing of this form, visit was a public and click on e-file for Charletes & Nonprofits. In the fully completed and signed page 2 (Parl II) of Form 8868. For more details on the electronic filing of this form, visit was a public and click on e-file for Charletes & Nonprofits. In the full Year Parl Corporatation Same of Exempt Organization Employer identification numbic received and page 2 (Parl II) of Form 8868. For more details on the electronic filing of this form, visit with a government of the profit of the form 990-1 (corporation) Form 990	-			m 8868.	
topoporation required to file Form 990-T and requesting an automatic 8-month extension - check this box and complete int lonly Cether corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time file income tax returns. Cether corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time file income tax returns. Cether corporation required to file Form 980-Thomeware, you cannot file Form 8868 electronically if (1) you want the addition of automatic) 3-month extension or (2) you file Form 980-Thomeware, you cannot file Form 8868 electronically if (1) you want the addition of automatic) 3-month extension or (2) you file Form 980-Thomeware, you cannot file form 8868 electronically if (1) you want the addition of automatic) 3-month extension or (2) you file form 980-Thomeware (3) you fi		<u> </u>			
the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. settronic Filing (e-file), Generally, you can electronically file Form 8688 if you want a 3-month automatic extension of time to file one of the return to be all the file of the form 100 file form 990-T). However, you cannot file Form 8888 electronically if (1) you want the addition of automatic) 3-month extension or (2) you file Forms 990-BL, 6093, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, unsul submit the fully completed and signed age? (Part II) of Form 8868. For more details on the electronically if (1) you want the addition in the file of Charites & Nonzorofits. Part					
tite in come tax returns. Interception Exercises		ion required to file Form 990-1 and requesting an automatic 6-month extension - check this box and com	piete		▶ □
ted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8686 electronically if (1) you want the addition at automatic 3-month extension or (2) you (if Form 990-T). However, you cannot file Form 8688. For more details on the electronic filing of this form, visit with automatic 3-month (6-months for a corporation required to file Form 8868. For more details on the electronic filing of this form, visit with a government of the for Charties & Nonprofits. Mame of Exempt Organization Employer identification number of the properties of the form of		• • • • • • • • • • • • • • • • • • • •	exten	sion of time	
HELPING LINK, INC Winter	ted belo ot autom u must s	w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic latic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cor submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fill	cally if isolida	(1) you want the ated Form 990-T.	additional
HELPING LINK, INC 20-1988027	. I	Name of Exempt Organization	Empl	oyer identificati	on number
Number, street, and room or suite no. If a P O. box, see instructions. 1032 S JACKSON ST #C City town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98104 **Reck type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 990-BL Form 990-F (see: 401(a) or 408(a) trust) Form 990-F (see: 401(a) or 408(a) t	int	HELPING LINK, INC	2	0-198802	7
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98104 reck type of return to be filed (file a separate application for each return): Form 990	e date for	Number, street, and room or suite no. If a P O. box, see instructions.			
Form 990		City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
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 MINH DUC NGUYEN The books are in the care of 1032 S JACKSON ST #C - SEATTLE, WA 98104 Telephone No. 1026 781-4246 FAX No. 1046 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 dight Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four dight Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four dight Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a different form 990-T) extension of time until August 15, 2010 , to file the exempt organization return for the organization named above The extension is for the organization's return for: X Calendar year 2009 or If this tax year is for less than 12 months, check reason: Initial return 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. X 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 See 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. X In this application is make an electronic fund withdrawal with this form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	neck typ	e of return to be filed (file a separate application for each return):			
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Form 990-EZ	= ' '	, soo			
MINH DUC NGUYEN The books are in the care of ▶ 1032 S JACKSON ST #C — SEATTLE, WA 98104 Telephone No. ▶ 206 781—4246 FAX No. ▶ 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 this 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 the organization's return for a corporation required to file Form 990-T) extension of time until August 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting per an if this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ nonrefundable credits. See instructions. 3b \$ sealance 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. 3c \$ N/A suttion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instruction.					
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