Department of the Treasury

DLN: 93493319076298

2016

Open to Public

OMB No 1545-0047

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

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

								Inspection		
A F	or the 2	2016 ca		ing 01-01-2016 , and ending 12-3	1-2016					
	eck if appli Idress cha		C Name of organization Helping Link			D Employe	er identii	ication number		
	iaress cna ime chang	_				20-1988	3027			
☐ In	ıtıal returr		Doing business as							
	nal rn/termina	ated	Number and street (or D.O. how if man	Lip not delivered to street address.) Deem/s	uto	E Telephon	E Telephone number			
☐ An	nended re	eturn	Number and street (or P O box if mai 1032 S Jackson St Suite C	I is not delivered to street address) Room/su	uite	(206) 5	(206) 568-5160			
	plication p	pending	City or town, state or province, count	ry, and ZIP or foreign postal code		(200) 30	30-3100	<u>'</u>		
			Seattle, WA 98104			G Gross red	ceipts \$ 1	12,018		
			F Name and address of principal	officer	H(a) is	this a group ret	•	•		
			Minh-Duc Nguyen 1032 S Jackson Suite C			ubordinates?		□Yes ☑ No		
			Seattle, WA 98104		Н(b) А	re all subordinat	es	☐ Yes ☐No		
I Ta	x-exempt	status	✓ 501(c)(3)	nsert no) 4947(a)(1) or 527		cluded? "No," attach a l	ist (see			
J W	ebsite:	▶ wwv	w helpinglink org	1317(4)(1) 61 2 327	1	roup exemption	•	•		
K For	m of orgar	nızatıon	☑ Corporation ☐ Trust ☐ Associ	ation ☐ Other ▶	L Year of f	ormation 1993		of legal domicile		
							WA			
Pa	rt I	Sumi								
			cribe the organization's mission or er Vietnamese-Americans' social ac	most significant activities ljustment, family stability, and self-suff	ficiency wh	ıle nurturına con	nmunity	service and youth		
Ce		ders						<u> </u>		
Ě	_									
(ell)	_									
Activities & Governance				ontinued its operations or disposed of r			ssets	1		
ઋ				body (Part VI, line 1a)			3	5		
e s			·	he governing body (Part VI, line 1b)			4	5		
¥				endar year 2016 (Part V, line 2a) .			5	1		
Act			,	ssary)			6	87		
				/III, column (C), line 12			7a	0		
	b Ne	et unrela	ated business taxable income from	Form 990-T, line 34			7b	0		
						Prior Year		Current Year		
<u>a</u> i			ons and grants (Part VIII, line 1h)			108,7	789	96,430		
Ravenue		-	service revenue (Part VIII, line 2g)		4,2	238	5,242			
Ę.			nt income (Part VIII, column (A), li	• •			53	11		
			enue (Part VIII, column (A), lines 5				0	2,841		
			<u></u>	t equal Part VIII, column (A), line 12)		113,0	_	104,524		
			d sımılar amounts paıd (Part IX, co	, ,,			0			
		•	paid to or for members (Part IX, col				0			
&				efits (Part IX, column (A), lines 5–10)		56,3		64,001		
Expenses	16a Pr	ofessio	nal fundraising fees (Part IX, colum	ın (A), lıne 11e)		5,4	105			
â			aising expenses (Part IX, column (D), lin	· -						
ш			enses (Part IX, column (A), lines 1	•		19,2	_	16,341		
			enses Add lines 13–17 (must equa	, , , , , ,		81,0	_	80,342		
	19 Re	evenue	less expenses Subtract line 18 from	n line 12	<u> </u>	32,0		24,182		
Net Assets or Fund Balances					Begini	ning of Current Y	еаг	End of Year		
Set	20 To	tal asse	ets (Part X, line 16)			181,5	578	190,648		
A As			lities (Part X, line 26)			3,4		3,657		
ξĒ			s or fund balances Subtract line 2:			178,1	.09	186,991		
Pa	rt II		ature Block					,		
Unde	r penaltı	es of pe	erjury, I declare that I have examır	ed this return, including accompanying						
	ledge an knowledg		f, it is true, correct, and complete	Declaration of preparer (other than offi	icer) is base	ed on all informa	ation of	which preparer has		
<u>u.i., i.</u>	omcag	,-								
		Comment				2018-11-14				
Sign		y Signatu	ire of officer			Date				
Here	e		uc Nguyen Executive Director							
			print name and title							
_	_		nt/Type preparer's name amuel Dahlın		Date 2018-11-14		TIN 0188840	5		
Paid		<u> </u>				self-employed				
	parer		rm's name ► Rising Sun Accounting rm's address ► 12007 33rd Ave NE			Firm's EIN ► 81- Phone no (206) 9				
Use	Only	' [''				FIIONE 110 (200) S	,,,,-,442			
			Seattle, WA 98125							
May t	the IRS o	discuss	this return with the preparer showi	n above? (see instructions)			✓ 、	∕es 🗆 No		

Check if Sche	of Program Servic	e Accomplis	hments						
	dule O contains a respo								
		nse or note to a	any line in this Part III	1	🗆				
	rganization's mission		•						
ower Vietnamese-Ar	merican's social adjustr	nent, family sta	bility, and self-sufficie	ency while nurturing community serv	ice and youth leaders				
Old the organization									
he prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No				
f "Yes," describe the	se new services on Sch	edule O							
Did the organization cease conducting, or make significant changes in how it conducts, any program									
services?	🗌 Yes 🗹 No								
f "Yes," describe the	se changes on Schedul	e O							
Section $501(c)(3)$ an	d 501(c)(4) organizatio	ns are required	to report the amount						
Code) (Expenses \$	22,153	ıncludıng grants of \$	0) (Revenue \$	1,747)				
See Additional Data									
Code) (Expenses \$	22,154	including grants of \$	0) (Revenue \$	1,748)				
See Additional Data									
Code) (Expenses \$	22,153	including grants of \$) (Revenue \$	1,748)				
See Additional Data									
Other program service	ces (Describe in Schedi	ıle O)							
(Expenses \$	0 incl	uding grants of	\$	0) (Revenue \$	0)				
Total program serv	/ice expenses ►	66,4	60						
	old the organization the prior Form 990 o f "Yes," describe the old the organization ervices? f "Yes," describe the olescribe the organization the organization ervices, and reven of "Yes," describe the olescribe the organization ol	Did the organization undertake any significate he prior Form 990 or 990-EZ?	Old the organization undertake any significant program service prior Form 990 or 990-EZ?	Old the organization undertake any significant program services during the year the prior Form 990 or 990-EZ?	f "Yes," describe these new services on Schedule O Old the organization cease conducting, or make significant changes in how it conducts, any program ervices?				

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

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No

Form 990 (2016)

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

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

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

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

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 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

Yes

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12a

12b

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Yes

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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

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

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20b 21 22

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24a

24b

24c

24d

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Page 4

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		No
		No
	Yes	
F	orm 99	0 (2016)

٥rm	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
h	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		
4a	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)?	4a		No
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If res, to fine 3a of 3b, did the organization me Form 6660-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	79		110
	1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
Q =	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	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)			
22	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			
	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
C	Enter the amount of reserves of fland	, ,		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	No

Form	990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	;	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? \cdot	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe in 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	00		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Minh-Duc Nguyen 1032 S Jackson St Suite C Seattle, WA 98104 (206) 568-5160			

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any holded		ne bo	ox, ι n of or/t	t cho unles ficer	ss pers	son	from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) John Phillips President	0	Х		х				0	0	0	
(2) Joanne Lee Secretary	1 0	Х		x				0	0	0	
(3) Phong Dang Director	1 0	Х						0	0	0	
(4) Andrew Ang Director	1 0	Х						0	0	0	
(5) Aaron Chan Director	1 0	Х						0	0	0	
(6) Mınh-Duc Nguyen Executive Director	40			×				51,054	0	0	
										Form 990 (2016)	

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Tıtle	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-		(F) Estima amount o compens from t	ited f other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1033-MI3C)	2/1099-MISC)		organizati relate organiza	ed
		<u> </u>											
	Sub-Total						>						
	Fotal from continuation sheets to P Fotal (add lines 1b and 1c)	•			٠.	•	-		51,054	()		0
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	rec	eived more than \$10	00,000	•		
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .						oyee, d		ghest compensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization									the			
	individual		• •	•	•	•					4		No

С	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	51,054		
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization \blacktriangleright 0	e) wł	no received more than	\$100,000

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Section B. Independent Contractors

compensation from the organization ▶ 0

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

5

(B)

Description of services

Νo

(C)

Compensation

Form 990 (2016)

Part	<u> </u>	II Statement of	Revenue										- Tage 3
		Check if Schedul	e O contains a	a respo	nse or n	ote to any			Ι.	<u></u>		<u> </u>	<u> </u>
								(A) revenue	f	(B) elated or exempt unction	Unre busi reve	lated ness	(D) Revenue excluded from tax under sections
	12	a Federated campaig	ns	1a		<u> </u> 24			r	evenue			512-514
nts nts		b Membership dues		1b		0							
irai 10 u		c Fundraising events		1c		36,802							
ons, Gifts, Grants Similar Amounts		d Related organizatio		1d		0							
計画		_											
s, (e Government grants (co		1e		0							
oution her Si		 All other contributions, and similar amounts n above 	ot included	1 f		59,604							
Contributions, Giffs, Grants and Other Similar Amounts		g Noncash contribution in lines 1a-1f \$											
	<u>_</u>	Total.Add lines 1a-1	.r			Business	Codo	96,430					
Program Service Revenue	3-					Dusiness	624190		5,242	5	,242		0 0
2	Za	Community Services					024190		3,242	3	,242		0
υ OE	b	. "											
ر ح	c												
ૐ	d	!											
ran	e f	All other program se							0		0		0 0
₹ og					_		5,242						
		Total.Add lines 2a-2f			<u> </u>		_				Ι		
		Investment income (ii similar amounts) .			nterest,	and other	•	1	.1	0		0	11
		Income from investme			ond proc	eeds 🕨	•		0	0		0	0
	5	Royalties				. •	•		0	0		0	0
			(ı) Rea		(II) P	ersonal							
	6a	Gross rents											
	b	Less rental expenses					\dashv						
	c	Rental income or (loss)		0			0						
	d	Net rental income o	r (loss)			• •	-						
			(ı) Securit	ies		Other	1		+				
	7a	Gross amount from sales of assets other than inventory											
	b	Less cost or other basis and sales expenses											
		Gain or (loss)		0			<u> </u>						
		Net gain or (loss) .		•		>							
Other Revenue	Вa	Gross income from form form form form for the contributions reported See Part IV, line 18	36,802 ed on line 1c)	of		10,335	5						
e Se	b	Less direct expense		b		7,494	_						
7		: Net income or (loss)		ing ev	ents .	· •		2,84	1			0	2,841
ţ.	9a	Gross income from g See Part IV, line 19		es									
		See Fare IV, IIIe IS		а									
		Less direct expense Net income or (loss)		b activit	ies	• •							
	10	aGross sales of invent returns and allowand	cory, less	a									
		Less cost of goods s		b									
		Net income or (loss) Miscellaneous		invent		• Pess Code			+				
	11		110701100		Dusin		\dashv						
	b												
	c	:							+				
											<u> </u>		
		All other revenue .											
	e	Total. Add lines 11a	-11d			>			0				
	12	Total revenue. See	Instructions					104,52	4	5,242		0	2 852
								104,32	· 11	3,242	<u> </u>	<u> </u>	2,852 Form 990 (2016)

Lairty	Statement of Functional Expenses	
Section 5010	c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	51,054	43,396	2,553	5,105
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	8,386	7,128	419	839
10 Payroll taxes	4,561	3,877	228	456
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	300		300	
13 Office expenses	1,863	511	1,340	12
14 Information technology				
15 Royalties				
16 Occupancy	9,209	7,828	460	921
17 Travel	116	115	1	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	135		135	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	973		973	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Program Supplies	3,745	3,605	140	
b				
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	80,342	66,460	6,549	7,333
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Juffollowing SOR 98-2 (ASC 958-720)				

Form **990** (2016)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX .			<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		110,856	1	135,215
	2	Savings and temporary cash investments		55,422	2	55,433
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		-1,829	4	
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L	ted employees Complete Part		5	
ş	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9)		6	
Assets	7	Notes and loans receivable, net		7		
AS	8	Inventories for sale or use		8		
_	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	o		
	b	Less accumulated depreciation	10b	17,129	10 c	0
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equa	al line 34)	181,578	16	190,648
	17	Accounts payable and accrued expenses		3,469	17	3,657
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees				
abi		persons Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrela	ted third parties		23	

24

25

26

27

28

30

31

32

33

34

3,657

186,991

186,991

190.648 Form **990** (2016)

0

0

3,469

178,109

178,109

181,578

0 29

and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

Total net assets or fund balances

Total liabilities and net assets/fund balances

24

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Unrestricted net assets

Organizations that follow SFAS 117 (ASC 958), check here > \square and complete lines 27 through 29, and lines 33 and 34.

check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Temporarily restricted net assets

Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties,

Permanently restricted net assets

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958),

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
	Tabel course (court area) Bart VIII aslesses (A) less 12)				104 534
1	Total revenue (must equal Part VIII, column (A), line 12)	1			104,524
2	Total expenses (must equal Part IX, column (A), line 25)	2			80,342
3	Revenue less expenses Subtract line 2 from line 1	3			24,182
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			178,109
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			-15,300
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) t XII Financial Statements and Reporting	10			186,991
	Check if Schedule O contains a response or note to any line in this Part XII		· ·	 Yes	No No
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2016)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 20-1988027

daily life

Form 990, Part III, Line 4a:

Name: Helping Link

Form 990 (2016)

The ESL program matches native English speakers with students, placing an emphasis on conversational practice, and social interaction. Volunteer tutors serve as facilitators to help each student reach their particular goals. The topics covered are emergency situations, family & home life, body & health, job interview & application, and schedule &

Form 990, Part III, Line 4b: The computer programs are meant to teach both unemployed and employed individuals the computer skills necessary to find and maintain a job Participants will learn all

the basic information needed about computer technology so that they can communicate, regulate, and present information. Our goal is to empower the immigrant community through providing access to the latest computer technology. Fundamental computer skills are taught with bilingual instructions. The topics covered are typing skills, resume formatting, search engines, emails, software, and social media.

Form 990, Part III, Line 4c:

Youth Link includes two parts—after school and summer youth programs. The after school program runs during Fall, Winter, and Spring quarters and provides efficient tutoring services to students of all ages in the community that we support. Our goal is to enhance academic achievement through the completion of a student's school work, the furthering of knowledge through learning activities/worksheets, the development of confidence, responsibility, and enjoyment towards learning within an education-

focused environment. Volunteer tutors encourage all students' independence, confidence, enjoyment, and responsibilities towards their academics by helping them complete their homework. After homework is completed, extra study time can be used to do worksheets, activities, or reading to help strengthen a student's skills. All tutors are dedicated to building relationships with the students and helping them succeed. In the summer, the summer youth program provides students with the opportunity to

maintain a high level of educational engagement while out of school. Curriculum focuses on reading, writing, and math, with work geared towards the students' appropriate levels. Students are additionally involved in projects that parallel their studies, and educational lessons are integrated with field trips to various Seattle attractions in order to engage students outside of the classroom.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493319076298 TY 2016 Reasonable Cause Explanation Name: Helping Link **EIN:** 20-1988027 **Software ID:** 16000425 **Software Version:** v1.00 **Explanation:** Helping Link has had a number of transitions of both paid and volunteer accounting professionals over the last couple years. Because of these transitions, Helping Link did not have the capacity to file their 2016 990 on time. In the fall of 2018, an accountant was hired to file both the 2016 and 2017 990s. The 2017 990, as well as future 990 forms, will be submitted on time.

efile	GRA	APHIC prin	nt - DO NOT PROC	ESS	As Filed Data -	<u> </u>		DLN: 9	3493319076298
SCH	IED	ULE A	Puh	lic C	harity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
(Forr	n 990				ganization is a sect				2016
990E	Z)			•	4947(a)(1) nonexe ▶ Attach to Form 9				2010
-		the Treasury	► Information	about	Schedule A (Form			ıctions is at	Open to Public Inspection
lame	of th	ue Service ne organiza	tion		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		Employer identific	<u> </u>
lelping	LINK							20-1988027	
Par			for Public Charity a private foundation be					See instructions.	
1 o	yanızı		onvention of churches,		•	•	,	(A)(i)	
2		,	scribed in section 170					(4)(1):	
3			or a cooperative hospit			·	• • • • • • • • • • • • • • • • • • • •	::::	
4		•	esearch organization o		-				ntor the becoutal's
•	Ш		and state	perated	——————————————————————————————————————	a nospital descri	bed iii section	170(D)(1)(A)(III). E	——————————————————————————————————————
5			ation operated for the laction (Iv). (Complete Part II		of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local governm	•	governmental unit de	scribed in sectio	on 170(b)(1)(A	۸)(v).	
7			ation that normally reco			s support from a	governmental u	unit or from the gener	al public described in
8		A communi	ty trust described in s e	ection	170(b)(1)(A)(vi)	Complete Part I	I)		
9			ural research organizat ant college of agriculti						ege or university or a
LO	✓	from activit	ation that normally rec les related to its exem income and unrelated see section 509(a)(2	pt func busine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1		•	ation organized and op		•	public safety S	ee section 509	(a)(4).	
12		more public	ation organized and op ly supported organizal through 12d that desc	ions de	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization n(s) the power to regu Part IV, Sections A a	opera larly ap	ted, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization of the supporting or plete Part IV, Section	n supe ganızat	tion vested in the san				
С		Type III f	unctionally integrate organization(s) (see ins	d. A su	ipporting organization				ted with, its
d		functionally	on-functionally integrated The organ) You must complet	ızatıon	generally must satisf	y a distribution i	requirement and		
e		Check this	box if the organization	receive	ed a written determin	ation from the II		/pe I, Type II, Type II	I functionally
f	Enter		or Type III non-function of supported organiza		ntegrated supporting	organization			
			ing information about		pported organization(5)		_	
		f supported ((iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			<u>'</u>						
<u> </u>									
<u>Γotal</u>	.ne=	vork Bodu-	tion Act Notice, see	the Tr	structions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	on line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea	se complete Par	t III.)	
<u>S</u>	Section A. Public Support		ı				
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grant ")						
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3						
	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 Section B. Total Support						
	Calendar year	1					
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
11	_ _						
	10 Gross receipts from related activities,	etc (see instruction	l ne)			12	
13	First five years. If the Form 990 is fo					_	
_	check this box and stop here					<u> ▶ L</u>	
	Section C. Computation of Public	• •					
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16a	a 33 1/3% support test—2016. If the				ne 14 is 33 1/3% o	r more, check this	
	and stop here. The organization qual						▶□
b	• • •				and line 15 is 33 i	1/3% or more, chec	_
	box and stop here. The organization				13 16 16-		▶□
17a	a 10%-facts-and-circumstances test is 10% or more, and if the organizatio						
	in Part VI how the organization meets						
	organization						►□
h	10%-facts-and-circumstances tes	st—2015. If the o	rganization did not	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circumst	ances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization	on meets the "fact	s-and-circumstanc	es" test. The orga	inization qualifies	as a publicly	_
	supported organization						▶□
18	Private foundation. If the organizati	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	c and see	
	instructions						▶⊔
					Schodu	le A (Form 990 o	r 000_F7\ 2016

Gifts, grants, contributions, and membership fees received (Do not

are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of

13 for the year

from line 6)

1975

10a

С

11

14

17

20

c Add lines 7a and 7b

Section B. Total Support Calendar year

> Amounts from line 6 Gross income from interest,

Add lines 10a and 10b

regularly carried on

\$5,000 or 1% of the amount on line

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business

activities not included in line 10b. whether or not the business is

Other income Do not include gain or loss from the sale of capital

557,329

22,630

579,959

(f)Total

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

(a)2012

the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

123,420

132,040

62,082

62,082

132,040

(a)2012

Calendar year (or fiscal year beginning in) ▶

Part III

	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,620	
3	Gross receipts from activities that		

include any "unusual grants") Gross receipts from admissions,

1,250

(b)2013

126,536

127,786

58,241

58,241

127,786

(b)2013

3,280

(c)2014

102,154

105,434

3,482

3,482

105,434

105,434

(c)2014

113,027

(d)2015

108,789

4,238

30,069

30,069

113,027

(d)2015

101,672 25,000

(e)2016

101,672

11

11

(e)2016

96,430

5,242

25,000

178,874 178,874 401,085 (f)Total 579,959 11

11

579,970

69 156 %

99 99 %

0 002 %

▶□

0 01 %

assets (Explain in Part VI) Total support. (Add lines 9, 10c, 127,786 132,040 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

15 Public support percentage from 2015 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

113,027

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2016

Investment income percentage from 2015 Schedule A, Part III, line 17 18 19a 331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10b

Schedule A (Form 990 or 990-EZ) 2016

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2016

Section A. All Supporting Organizations Yes No 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below 3a 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 3b

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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b

supervised by or in connection with its supported organizations 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a amendment to the organizing document) 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? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

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.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

the organization had excess business holdings)

Did a disqualified person (as defined in 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.

9с

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 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

0	art IV Supporting Organizations (continued)				
	Supporting Organizations (continued)		Yes	No	
			res	NO	
	Has the 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 in (b) and (c) below, the governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
S	Section B. Type I Supporting Organizations			1	
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year				
•		1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization	2			
S	Section C. Type II Supporting Organizations				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		Yes	No	
		_			
		1			
S	Section D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard				
		3			
S	Section E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)			
	a The organization satisfied the Activities Test Complete line 2 below	-			
	b The organization is the parent of each of its supported organizations Complete line 3 below				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported 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 activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the				
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.				
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its				
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b			

_	Add lifes 1 through 5			
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		
	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 1-1/2% of line 3 (for greater amount, see instructions)	4		

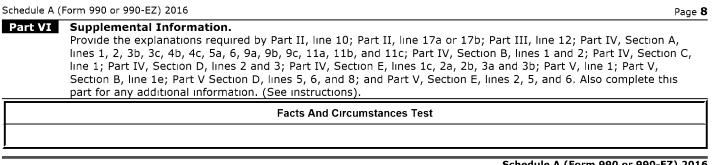
а	Average monthly value of securities	la	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	

Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-FZ) 2016

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



SCHEDULE G
(Form 990 or 990-EZ)

SCHEDULE G
Fundraising or 6

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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

2016

DLN: 93493319076298OMB No 1545-0047

Open to Public Inspection

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Department of the Treasury

Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

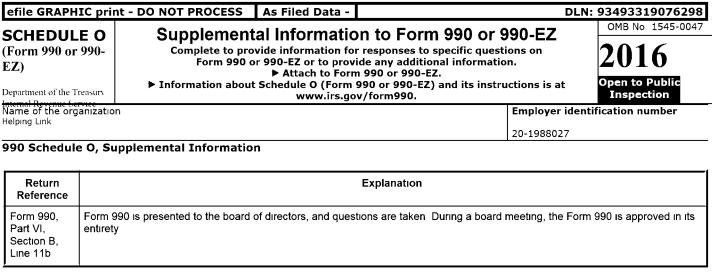
Employer id

Attach to Form 990 or Form 990-EZ.

Name of the organization Helping Link				Employer id	lentification number
neiping Link				20-1988027	
Part I Fundraising Activities.Complete Form 990-EZ filers are not required	_		Form 990,	Part IV, line	17.
1 Indicate whether the organization raised funds	through any of th	ne following activities Che	ck all that ap	ply	
a Mail solicitations		e Solicitation of n	on-governme	ent grants	
b Internet and email solicitations		f Solicitation of g	overnment g	rants	
c Phone solicitations		g 🔲 Special fundrais	ing events		
d In-person solicitations					
Did the organization have a written or oral agr or key employees listed in Form 990, Part VII) b If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the orga	or entity in conne entities (fundrais	ection with professional fur	ndraising ser	vices?	Yes No
to be compensated at least \$5,000 by the orga	anization				
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(or ret fundrais	ount paid to ained by) er listed in l (i)	(vi) Amount paid to (or retained by) organization
1	Yes No	-			
·					
2					
3					
4					
5					
6					
_					
7					
8					
9					
0					
otal	•				
3 List all states in which the organization is registe licensing	red or licensed to	solicit contributions or has	s been notifie	ed it is exempt	: from registration or

Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
Revenue		(a)Event #1 Gala (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	47,137			47,137
	2 Less Contributions	36,802			36,802
	3 Gross income (line 1 minus line 2)	10,335			10,335
	4 Cash prizes	C			0
S	5 Noncash prizes	C			0
Expenses	6 Rent/facility costs	623			623
ă ă	7 Food and beverages	3,580		0	3,580
Direct	8 Entertainment	C		O	0
ā	9 Other direct expenses	3,291			3,291
	10 Direct expense summary Add lines 4 t	7,494			
Dat	11 Net income summary Subtract line 10 11 Saming. Complete if the organization			>	2,841
	on Form 990-EZ, line 6a.	real real real real real real real real		rv, mie 19, or reported	Thore than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
۵	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)		
9 a b	Enter the state(s) in which the organization licensed to conduct gas If "No," explain	aming activities in each of	f these states?		☐ Yes ☐ No
10a b	Were any of the organization's gaming lic	censes revoked, suspende	d or terminated during th	e tax year?	Yes No

sche	dule G (Form 990 or 990-EZ) 2016					F	age		
L1	Does the organization conduct gaming a	ctivities with nonmembers	5?		Yes	□No			
L2	Is the organization a grantor, beneficiar formed to administer charitable gaming		member of a partnership or other entity		□Yes	□No			
L3	Indicate the percentage of gaming activ	ity conducted in							
а	The organization's facility			13a					
b	An outside facility			13b			(
4	Enter the name and address of the pers	on who prepares the orga	nization's gaming/special events books and re	cords					
	Name •								
	Address >								
5a	Does the organization have a contract wrevenue?	oth a third party from who	om the organization receives gaming		□Yes □N				
b			anızatıon ▶ \$ and th	ne					
	amount of gaming revenue retained by	the third party 🏲 \$							
С	If "Yes," enter name and address of the third party								
	Name ▶								
	Address►								
6	Gaming manager information								
	Name ▶								
	Gaming manager compensation ► \$								
	Description of services provided ►								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
7	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	law to make charitable di	stributions from the gaming proceeds to						
b		ed under state law distribi	ited to other exempt organizations or spent		☐ Yes	∐ No			
U	in the organization's own exempt activit								
ar	t IV Supplemental Information	1. Provide the explanat c, 16, and 17b, as app	ions required by Part I, line 2b, column licable. Also complete this part to provid						
	Return Reference		Explanation				_		
	l		<u>'</u>	ule G (F	orm 990 or	990-F7)	201		



Return Explanation
Reference

Line 12c

Form 990,
Part VI,
Section B,
Helping Link has a written conflict of interest policy which board members review annually
Board members are requested to disclose, on an ongoing basis, any potential conflicts of interest

Return Explanation

Form 990,
Part VI,
Section B,
Line 15

The Executive Director compensation is set by the board of directors, all of whom are inde pendent, using data on compensation rates for comparable positions in organizations of sim lar size and scope, as well as consideration for budget constraints. This process is done annually and was last undertaken in 2018. There are no other paid employees.

Return Explanation
Reference

Line 19

Form 990, Part VI, Section C, Section C, Helping Link's Forms 990, Form 1023, Bylaws, Conflict of Interest Policy, and Financial St atements are all available upon request. In addition, Forms 990 are available on public we builted by the stress of the property of the pr

Return Explanation

Reference	
Form 990, Part XII, Line	The accounting method was incorrectly reported as Accrual Basis on the 2015 Form 990, when Cash basis has always been used
1	