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DLN: 93493072004209 OMB No 1545-0047 Return of Organization Exempt From Income Tax

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

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Department of the T
Internal Revenue Se

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Do not enter social security numbers on this form as it may be made public Open to Public reasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization D Employer identification number B Check if applicable Helping Link ☐ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☑ Amended return ☐ Application pending (206) 568-5160 City or town, state or province, country, and ZIP or foreign postal code Seattle, WA $\,$ 98104 $\,$ G Gross receipts \$ 28,641 Name and address of principal officer H(a) Is this a group return for Minh-Duc Nguyen ☐Yes ☑No subordinates? 1032 S Jackson Suite C H(b) Are all subordinates Seattle, WA 98104 ☐ Yes ☐No ıncluded? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www helpinglink org L Year of formation 1993 M State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ WA Summary 1 Briefly describe the organization's mission or most significant activities To empower Vietnamese-Americans' social adjustment, family stability, and self-sufficiency while nurturing community service and youth Activities & Governance Check this box $ightharpoonup \square$ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 56 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 96,430 28,380 Program service revenue (Part VIII, line 2g) . 5,242 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 11 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,841 0 104,524 28,641 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 78,633 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 64.001 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶10,245 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 16,341 20,628 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 80.342 99.261 $\mathbf{19}$ Revenue less expenses Subtract line 18 from line 12 . 24,182 -70,620 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 190,648 122,498 21 Total liabilities (Part X, line 26) . 3,657 6,127 Net assets or fund balances Subtract line 21 from line 20 186,991 116,371 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-03-12 Signature of officer Sign

Paid **Preparer** Use Only

Here

Prınt/Type preparer's name Samuel Dahlın Check 🗹 ıf Samuel Dahlın 2019-03-12 P01888405 self-employed Firm's EIN ▶ 81-1913490 Firm's address ► 12007 33rd Ave NE Phone no (206) 939-5442 Seattle, WA 98125 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer's signature

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

Date

Form	990 (2017)				Page 2
Par	t IIII Statement	t of Program Service	Accomplishments		
	Check if Scho	edule O contains a respoi	nse or note to any line in t	hıs Part III	🗹
1		organization's mission	•		
To er	npower Vietnamese-A	American's social adjustm	ent, family stability, and s	self-sufficiency while nurturing community	service and youth leaders
2	Did the organization	n undertake any significar	nt program services during	the year which were not listed on	
	the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe th	iese new services on Sch	edule O		
3	Did the organization	n cease conducting, or ma	ike significant changes in	how it conducts, any program	
	services?				. 🗹 Yes 🗌 No
	If "Yes," describe th	ese changes on Schedule	· O		
4	Section 501(c)(3) a		ns are required to report tl	of its three largest program services, as ne amount of grants and allocations to oth	
4a	(Code) (Expenses \$	26,523 including gi	rants of \$ 0) (Revenue \$	250)
	See Additional Data				
4b	(Code) (Expenses \$	39,138 including gi	rants of \$ 0) (Revenue \$	0)
	See Additional Data				
4c	(Code) (Expenses \$	13,907 including gi	rants of \$ 0) (Revenue \$	0)
	See Additional Data				
4d	Other program serv	rices (Describe in Schedu	e O)		_
	(Expenses \$	0 inclu	ding grants of \$	0) (Revenue \$	0)
4e	Total program ser	rvice expenses >	79,568		

or X as applicable

Checklist of Required Schedules

1

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Page 3

No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II

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,

c 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

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)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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

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 . . .

No

No	
No	
No	
No	

Nο

No

No

Nο

Nο

No

No

Nο

Νo

Νo

Nο

Nο

Nο

Nο

No

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29

Part IV	Checklist of Required Schedules (continued)		
		Yes	No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

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

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?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

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 . . .

No

Page 4

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

instructions for applicable filing thresholds, conditions, and exceptions)

20b 21

20a

Nο

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

Νo Nο

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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," 23 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 24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

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Νo

No
No
No
No

Nο

Νo

Nο

orm	990 (2017)			Page !
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 \ldots			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	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	_	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	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	3b		
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)			
	See instructions for mining requirements for finicial form 114, report of Foreign Bank and Financial Accounts (FBAK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	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			
	1098-C ⁷	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		
9a	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	1		
	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	↓		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	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	5	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		
	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?	er 2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervior of officers, directors or trustees, or key employees to a management company or other person? .	sion 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? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	ore 7a		No
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by		
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revo	enue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	s, 10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	ne 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t conflicts?	o 12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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	
	Did the process for determining compensation of the following persons include a review and approval by independer persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	it		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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)			
	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
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem status with respect to such arrangements?	pt		
		16b		
	List the States with which a copy of this Form 000 is required to be filed.			
	List the States with which a copy of this Form 990 is required to be filed	.1		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection. Indicate how you made these available. Check all that apply	ııy)		
	Own website Another's website Upon request Other (explain in Schedule O) 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			
	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			
				n (2017)

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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 /ear	e this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax	(
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid	
• List all o	of the organization's current key employees, if any See instructions for definition of "key employee "	
who receive	organization's five current highest compensated employees (other than an officer, director, trustee or key employee) Id reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the In and any related organizations	
	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 e compensation from the organization and any related organizations	
	of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the n, more than \$10,000 of reportable compensation from the organization and any related organizations	
	in the following order individual trustees or directors, institutional trustees, officers, key employees, highest Id employees, and former such persons	

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (F) (E) Estimated Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Individual trustee or director Highest compensated employee organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) (1) Marıa Ramırez Χ Χ Ω 0 0 Board Chair (2) John Phillips Χ Χ 0 Treasurer (3) Jay Gardner Χ Χ Ω n 0 Vice Chair/Secretary (4) Jennifer Parker Х 0 Director 40 (5) Minh-Duc Nguyen Χ 63,054 0 0 **Executive Director**

Part VII

(F)

Page 8

	(A) Name and Title	Average hours per week (list any hours for related corpletated for related corpletate (C) (D) Reportable compensation compensation from the from related corpletate (D) Reportable compensation from the granization (W- organizations (W- 2/1099-MISC) 2/1099-MISC)								on d (W-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-M15/		relat relat organiza	ed
c ·	Sub-Total Total from continuation sheets to P		nΑ.				*		63,054		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			oove	e) who	rece	eived more than \$1	00,000	'		
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .										3	Yes	No
4	For any individual listed on line 1a, is organization and related organization individual									n the	4		No
5	Did any person listed on line 1a recei services rendered to the organization					,			-		5		No
Se 1	ection B. Independent Contract Complete this table for your five high		d indep	ender	nt co	ntra	ctors	that	received more than	s \$100.000 of co	mpen	sation	
	from the organization Report compe	(A) and business addre	alendar	year	end	ing	with o	rwit	hin the organizatio	(B) cription of services		(C Comper	

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

compensation from the organization \blacktriangleright 0

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

	VIII Statement of Revenue							Page 9
Part	Check if Schedule O contain		onse or note to an	/ line in this Da	r+ VIII			П
	Check if Schedule & Contain	3 a respe	wise of flote to unit	(A) Total revenu	ue Rel ex fu	(B) ated or kempt nction	(C) Unrelated business	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a	456		l le	venue		312-314
nts ints	b Membership dues	1b	0					
Gra not	c Fundraising events	1c	0					
ts.	d Related organizations	1d	0					
Ela Ela	e Government grants (contributions)	1e	0					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants and similar amounts not included							
utic 1er	above	1 f	27,924					
흘충	g Noncash contributions included in lines 1a-1f \$							
Cont and	h Total.Add lines 1a-1f		•		_			
			Busines	28,38 s Code	<u> </u>		T	T
Program Service Revenue	2a Community Services			624190	250	25	0	0
₹ ×	b							
106	с —							
Serv	d							
m	e ————————————————————————————————————				0		0 0	0
ogr.	f All other program service reven			250				
<u>~</u>	9 Total. Add lines 2a-2f		<u> </u>	_				
	3 Investment income (including div similar amounts)			<u> </u>	11	О	О	11
	4 Income from investment of tax-e	xempt bo	ond proceeds	•	0	0	0	0
	5 Royalties			<u> </u>	0	0	0	0
	(ı) Re	eal	(II) Personal	_				
	oa Gross rents							
	b Less rental expenses							
	c Rental income or	0		0				
	(loss)			_				
	d Net rental income or (loss) .		· · · ▶					
	7a Gross amount	Titles	(II) Other	\dashv				
	from sales of assets other							
	than inventory							
	b Less cost or other basis and							
	sales expenses C Gain or (loss)	0		0				
	d Net gain or (loss)		>	_				
	8a Gross income from fundraising e (not including \$	events of						
Other Revenue	contributions reported on line 10	- =)						
eve	See Part IV, line 18			4				
r R	b Less direct expenses		ents 🔈					
the	9a Gross income from gaming activ							
0	See Part IV, line 19	a						
	b Less direct expenses			\dashv				
	c Net income or (loss) from gamir		les					
	10aGross sales of inventory, less							
	returns and allowances	а						
	b Less cost of goods sold	b		1				
	c Net income or (loss) from sales	of invent	ory >					
	Miscellaneous Revenue		Business Code	_				
	11a							
	<u></u>							
	b							
	d All other revenue			1				
	e Total. Add lines 11a-11d .		>	1	_			
	12 Total revenue. See Instruction	s			0			
					28,641	250	0	11 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons 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	63,054	53,596	3,153	6,305
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	10,097	8,582	505	1,010
10 Payroll taxes	5,482	4,660	274	548
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)	85		85	
12 Advertising and promotion	990	465		525
13 Office expenses	3,593	1,171	2,422	
14 Information technology	179	24	155	
15 Royalties				
16 Occupancy	9,893	8,409	495	989
17 Travel	158	7	151	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	120		120	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,940		1,940	
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 & Fundraising Supplies	3,670	2,654	148	868
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	99,261	79,568	9,448	10,245
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 ▶ ☐ If following SOP 98-2 (ASC 958-720)				
				Form 990 (2017)

2

3

Assets

21

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

End of year

Page **11**

67.053

55,445

122,498

6,127

6,127

116,371

116,371

122,498

Form **990** (2017)

0

0

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

Cash-non-intere

st-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

Loans and other receivables from other disqualified persons (as defined under Part II of Schedule L . . . Notes and loans receivable, net .

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Inventories for sale or use .

Prepaid expenses and deferred charges

10a basis Complete Part VI of Schedule D

10b Less accumulated depreciation

10a Land, buildings, and equipment cost or other Investments—publicly traded securities . Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

11 12 13 14 Intangible assets

15 Other assets See Part IV, line 11 . 16

Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34) . . 17 18 Grants payable . . 19 Deferred revenue Tax-exempt bond liabilities 20

key employees, highest compensated employees, and disqualified

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties . . .

Liabilities 22 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 25

and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 . .

26

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

3,657 26

186,991

186,991

190,648

0

24 25

(A)

Beginning of year

135,215

55.433

1

2

3

4

5

6

7

8

9

11 12

13

14

15

16

17

18

19

20

21

22 23

27

28

29

30

31

32

33

34

0 10c

190,648

3.657

2c

3a

3b

Nο

Form 990 (2017)

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID: 17005980

Software Version: v1.00

EIN: 20-1988027 Name: Helping Link

Form 990 (2017)

Form 990, Part III, Line 4a: 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 & daily life

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.

DLN: 93493072004209 TY 2017 Reasonable Cause Explanation Name: Helping Link **EIN:** 20-1988027 **Software ID:** 17005980 **Software Version:** v1.00 **Explanation:** Form 8868 was filed for a six-month extension

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493072004209
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017
•		f the Treasury	► Info	ormation abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	nie Service he organiza	tion		<u>www.iis.g</u>	<u>00/10/111990</u> .		Employer identific	
Heipir	ig Link							20-1988027	
	rt I				us (All organization e it is (For lines 1 thro			See instructions.	
1 ne c	organiz		•		•	-		/A\/:\	
_		•		ř.	sociation of churches				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
3		·	·	·	-			•	
4			esearch orga and state _	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7				mally receives (vi). (Complete	a substantıal part of ıt ! Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust descr	ibed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10	✓	from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 octions—subject to cer less taxable income (leading)	taın exceptions,	and (2) no more	than 331/3% of its su	
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
а		Type I. A so	supporting or n(s) the powe	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the supp	rganızatıon sup	ervised or controlled i				
С		Type III f	unctionally i	ntegrated. A s	supporting organizatio ions) You must com				ted with, its
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis 't IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the I		pe I, Type II, Type II	functionally
f	Enter		• •	on-functionally l organizations	integrated supporting	organization			
g			• • •	-	ipported organization(s)		_	
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed organization (v) Amount of monetary support other support						(vi) Amount of other support (see instructions)			
						Yes	No		
Tota			Lian A-t N-	: +b - - -	nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support							
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total
	(or fiscal year beginning in) ▶	(4) 2015	(5) 201	(6) 2013	(4) 2010	(0) -	01/	(1) 10ta
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							
3	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							
S	ection B. Total Support							
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2	017	(f)Total
	(or fiscal year beginning in) ▶	(4)2013	(6)2014	(6)2013	(4)2010	(0)2	017	(1)10ta1
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10								
	loss from the sale of capital assets (Explain in Part VI)							
11	, ,							
	10							
12	Gross receipts from related activities, e	tc (see instructio	ons)		1	12		
				1.6 11 601)(2)	
13	First five years. If the Form 990 is for	=			-		· · · · <u>-</u>	_
	check this box and stop here						▶∟	
S	ection C. Computation of Public	Support Perc	entage					
14	Public support percentage for 2017 (line	e 6, column (f) dı	vided by line 11,	column (f))		14		
	Public support percentage for 2016 Sch					15		
	33 1/3% support test—2017. If the			on line 13, and lin	ie 14 is 33 1/3% oi		eck this	hov
10a					16 14 13 33 1/3 /0 01	i illore, cii	IECK CIIIS	▶□
	and stop here. The organization qualif							
b	33 1/3% support test—2016. If the	organization did	not check a box of	on line 13 or 16a, i	and line 15 is 33 1	/3% or mo	ore, chec	_
	box and stop here. The organization							▶ □
17a	10%-facts-and-circumstances test-	–2017. If the ord	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line	14	
	is 10% or more, and if the organization							
	in Part VI how the organization meets t							
	organization			-	·			▶□

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified

> 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 assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2016 Schedule A, Part III, line 17

Add lines 10a and 10b

regularly carried on

11, and 12)

1975

11

14

15

16

17

20

S	ection A. Public Support				-		
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	126,536	102,154	108,789	96,430	28,284	462,193
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,250	3,280	4,238	5,242	250	14,260
3	Gross receipts from activities that 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

127,786

55,043

0

127,786

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

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

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

105,434

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

113,027

26,870

113.027

101,672

22,601

11

101.683

28,534 0

16

28,550

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2017

476,453

107,197

27

476,480

77 497 %

69 16 %

0 006 %

0 002 %

▶□

▶□

persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b 55,043 2,683 26,870 22,601 0 107,197 Public support. (Subtract line 7c 369,256 from line 6) Section B. Total Support Calendar year (a) 2013 (c) 2015 (d) 2016 **(b)** 2014 (e) 2017 (f) Total (or fiscal year beginning in) ▶ 127,786 105,434 113,027 101,672 28,534 476,453 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on 11 16 27 securities loans, rents, royalties and income from similar sources

0

105,434

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,

19a 331/3% support tests—2017. 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

h 33 1/3% support tests - 2016. 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

2.683

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

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

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

_			
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the decignation. If historic and continuing relationship, explain	 	├

describe the designation If historic and continuing relationship, explain	1	Ι
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		
ın section 509(a)(1) or (2)	2	Ι

	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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	За	
_			

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·	
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
	Old 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		
4a	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		

	determination	3b	1	
С	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		
4a	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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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		1	

		4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	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	
5a	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 amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		

```
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 the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

```
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
```

	edule A (10111 990 01 990-L2) 2017			age 3
Pa	Int IV Supporting Organizations (continued)		1	
			Yes	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		
	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		
	ection B. Type I Supporting Organizations			
_	detail of type a paper and organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Power is a supported organization 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	art		
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			
_				
5	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the		163	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection 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 tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of 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)	ın		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the toyear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
	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 instru	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 supporte 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 involvement	′s 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 the supported organizations? Provide details in Part VI. 	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>	3b		

Page **6**

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		Doub VII Coo
-	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	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		
a	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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat	ed Type III supporting or	ganization (see

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: 17005980
Software Version: v1.00

EIN: 20-1988027

Name: Helping Link

chedule A (Form 990 or 990-E2) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,
	Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS					93493072004209	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Supplemental Information to F Complete to provide information for response Form 990 or 990-EZ or to provide any a Attach to Form 990 or			r responses to specific questi ide any additional informatio n 990 or 990-EZ. 990 or 990-EZ) and its instru	ponses to specific questions on my additional information. Our 990-EZ. Or 990-EZ) and its instructions is at		
Name of the org Helping Link		olemental Informatio	n		Employer identif	fication number
Return Reference		Explanation				
Form 990, Header, Line B	Amended	return to fix Executive Cor	mpensation			

Return Explanation
Reference

Form 990,
Part III, Line
In the fall of 2017, Helping Link stopped it's Youth Link Program, and expanded it's Computers program

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990, Part VI,	Form 990 is presented to the board of directors, and questions are taken. During a board meeting, the Form 990 is approved in its entirety
Section B,	
Line 11b	

Return Explanation Reference

Line 12c

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

Section B. 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.

Helping Link's Form 990s, Form 1023, Bylaws, Conflict of Interest Policy, and Financial St atements are all available upon request. In addition, Form 990s are available on public we builted.