IRS e-THE	Signature Authorization
for an	Exempt Organization

Form 8879-EO

OMB No. 1545-0047

Department of the Treasury	Do not send to the IRS. Keep	· · · · · · · · · · · · · · · · · · ·		
Internal Revenue Service Name of exempt organization	► Go to www.irs.gov/Form8879EO for or person subject to tax	the latest information.	Taxpaver ident	lfication number
reality of exestiple of garilled the ti	by purpose to take			
HELPLINE HOUS	Е		91-0902	2503
Name and title of officer or pe	rson subject to tax			
MARIA METZLER				
EXECUTIVE DIR	ECTOR			
	Return and Return Information (Whole Dollars C			
check the box on line 1a, blank, then leave line 1b, 2 return, then enter -0- on th	rn for which you are using this Form 8879-EO and enter the 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (does applicable line below. Do not complete more than one line below.	ne for the return being filed wit o not enter -0-). But, if you ento ine in Part I.	h this form was ered -0- on the	
	b Total revenue, if any (Form 990, Part VIII,	column (A), line 12)	10	4,092,090.
2a Form 990-EZ check h				
3a Form 1120-POL ched				
4a Form 990-PF check f	· , , ,			
5a Form 8868 check her				
6a Form 990-T check he				
7a Form 4720 check her Part II Declara	e ►	or Person Subject to Ta	7.5 ax	
	, I declare that X I am an officer of the above organizati			respect to
(name of organization)	, i deciare that Lass 1 am art officer of the above organizati			
software for payment of the a payment, I must contact (settlement) date. I also at confidential information of	onic funds withdrawal (direct debit) entry to the financial in- ne federal taxes owed on this return, and the financial insti- the U.S. Treasury Financial Agent at 1-888-353-4537 no la othorize the financial institutions involved in the processing seessary to answer inquiries and resolve issues related to as my signature for the electronic return and, if applicable	itution to debit the entry to this ater than 2 business days pric g of the electronic payment of the payment. I have selected	s account. To re or to the paymen taxes to receive a personal	voke it
X Lauthorize JE	FFIE H PIKE CPA		to enter my PIN	N 50265
	ERO firm name			Enter five numbers, but do not enter all zeros
a state agency(PIN on the retu As an officer or electronically file	on the tax year 2020 electronically filed return. If I have in es) regulating charities as part of the IRS Fed/State progran's disclosure consent screen. person subject to tax with respect to the organization, I will ded return. If I have indicated within this return that a copy of the IRS Fed/State program, I will enter my P	am, I also authorize the aforen ill enter my PIN as my signatu of the return is being filed with	nentioned ERO t re on the tax yea n a state agency(o enter my ar 2020
Signature of officer or person subject III Certification	ect to tax ► ***** THIS IS NOT A FILE ition and Authentication	SABLE COPY ***	Date 🕨	
ERO's EFIN/PIN. Enter ye	our six-digit electronic filing identification			
number (EFIN) followed by	your five-digit self-selected PIN.	91803892078 Do not enter all zeros		
I certify that the above nu that I am submitting this r IRS e-file Providers for Bu ERO's signature	meric entry is my PIN, which is my signature on the 2020 eleurn in accordance with the requirements of Pub. 4163 , National States of Pub. 4163, National States of Pub. 4163, National States of Pub. 4163, National States	electronically filed return indica Modernized e-File (MeF) Inform Date ► 8	ated above. I contact attended above. I contact attended	nfirm ized
	ERO Must Retain This Form - Do Not Submit This Form to the IRS U		n So	
	DO NOT SUBMIT THIS POINT to the INS OF	mess ricquested to De		
LHA For Paperwork Re	duction Act Notice, see instructions.		Fo	rm 8879-EO (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of thi	s form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-n	on-profits.			
Automa	tic 6-Month Extension of Time. Only subm	it oriain	al (no copies needed).			
All corpora	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification nu	mber (TIN)
print	HELPLINE HOUSE				91-0902	503
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, so 282 KNECHTEL WAY NE	ee instruc	tions.			
instructions,	City, town or post office, state, and ZIP code. For a for BAINBRIDGE ISLAND, WA 9811	10				
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	ls For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 472	0 (Individual)	03	Form 4720 (other than individual)			09
Form 990	PF	04	Form 5227			10
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above) MYRA HOWREY, OI	06	Form 8870			12
Teleph	ooks are in the care of \blacktriangleright 282 KNECHTEL Ward one No. \blacktriangleright 206-842-7621 organization does not have an office or place of business for a Group Return, enter the organization's four digit \blacksquare . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exc	Fax No. ▶	If this is fo	r the whole group	▶ □ o, check this
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization of time until organization or	anization' , ar	nd ending	e the exem		eturn for
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year overg			3b	\$	0.
est c Bal	ance due. Subtract line 3b from line 3a. Include your pa	vment wi	th this form, if required, by		-	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8			· · · · · · · · · · · · · · · · · · ·
	or Privacy Act and Panerwork Reduction Act Notice	see instr	ructions.		Form 8868	(Rev. 1-2020)

023841 04-01-20

EXTENDED TO NOVEMBER 15, 2021

Form **990**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public,

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

ΑF	or the	2020 calendar year, or tax year beginning and e	ending		
В	Check If applicable	C Name of organization		D Employer identific	eation number
	Addres change	HELPLINE HOUSE			
	Name change	Doing business as		91-09025	03
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 282 KNECHTEL WAY NE	E Telephone number 206-842-		
_	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,692,098.
	Amend return	BAINBRIDGE ISLAND, WA 98110		H(a) Is this a group re	turn
	Application	F Name and address of principal officer:MARIA METZLER		for subordinates	
	pendin	1 282 KNECHTEL WAY NE, BAINBRIDGE ISLAND	, WA	H(b) Are all subordinates in	ctuded? Yes No
1	Tax-exe	mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) c	or 527	· ·	list. See instructions
		e: ▶ WWW.HELPLINEHOUSE.ORG	. ,	H(c) Group exemption	
		organization: Corporation Trust X Association Other ▶	L Year	of formation; 1968 N	State of legal domicile: WA
P	art I	Summary		777 AD 3 AD37AY	TOD BILL
9	1 1	Briefly describe the organization's mission or most significant activities: SOCIA	AL SER	VICE AGENCY	FOR THE
Activities & Governance		Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
Ver				3	10
တ္		Number of independent voting members of the governing body (Part VI, line 1b)			1.0
જ		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			22
Œ	1	Fotal number of volunteers (estimate if necessary)		1 1	46
흉		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
₹		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		' :		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,463,084.	2,601,482.
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		96,209.	83,498.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,455.	7,118.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,556,838.	2,692,098.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	200,822.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		491,792.	610,844.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
×	b b	Total fundraising expenses (Part IX, column (D), line 25)		020 007	720 220
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		820,097. 1,311,889.	729,230.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		244,949.	1,151,202.
- 7	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	2			4,958,025.	End of Year 6,529,621.
SSE	20	Total assets (Part X, line 16)		5,000.	703.
et A	21	Total liabilities (Part X, line 26)		4,953,025.	6,528,918.
풉	22 20 th II	Net assets or fund balances, Subtract line 21 from line 20		1,300,0200	0,040,020
<u>I In</u>	art II	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
ten	nei heisa	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	,,
u u	s, con ec	t, and complete. Declaration of property (value than smoothy) seeded on an information of the	itori prapara	8/1101	2.1
e:		Signature of officer		Date / /	<u> </u>
Się He		MARIA METZLER, EXECUTIVE DIRECTOR		i	
пе	36	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Pa	id	JEFFIE H PIKE		lf self-employ	P01740418
	eparer	Firm's name JEFFIE H PIKE CPA		Firm's EIN ▶	53-2763207
	e Only	Firm's address 728 H ST RD			
	-	LYNDEN, WA 98264		Phone no. 36	0-920-0914
Ma	v the li	RS discuss this return with the preparer shown above? See instructions			X Yes No

4e

including grants of \$

1,425,813.

Form 990 (2020)

Total program service expenses

Form 990 (2020) HELPLINE HOU Part IV Checklist of Required Schedules

	·		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
	is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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 services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in]	- V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	┼
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	1	
12a	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
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	14b		X
	or more? If "Yes," complete Schedule F, Parts I and IV	140	_	+
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		000	(3030)

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Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	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," complete			Х
	Schedule J	23		Λ.
24 a	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 complete	24a		х
	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С		24c		
.4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If	00-		Х
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	71	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
32	Cabadula N. Dart II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		- V	
Б.	Note: All Form 990 filers are required to complete Schedule O	38	X	L
Ра	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	3	169	110
	Eller tile Hallings reported in pox of the literature of the state of			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
G	(gambling) winnings to prize winners?	1c		

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91-0902503	P	age 5
	Yes	No

Note: If the sum of lines 1s and 2 is greater than 250, you may be required to e-file (see instructions) 30 bit the organization havo unrelated business greas income of \$1,000 or more during the year? 40 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, sensitiles account, or other financial account); over, a financial account in foreign country (such as a bank account, sensitiles account, or other financial account); over, a financial variation in the foreign country in the same a bank account, sensitiles account, or other financial accounts; FBAR). 50 Was the organization appear to a prohibited tax shetler transaction at any time during the tax year? 51 Was the organization and the organization file Form 68867. 52 Was the organization have annual greas receipts that are rormally greater than \$100,000, and did the organization accounts of the organization file Form 68867. 53 Was the organization have annual greas receipts that are rormally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible as charitable contributions? 54 If Yea, 16th the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55 If Yea, 2 did the organization model with every solicitation and express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 56 If Yea, 3 did the organization handly the donor of the value of the poods or services provided? 57 Organizations that may receive deductible contributions under section 170(c). 58 If Yea, 6 did the organization handly the donor of the value of the poods or services provided? 59 If Yea, 6 did the organization handly the donor of the value of the poods or services provided? 50 If Yea, 6 did the organization handly the donor of the value of the organization file form	Υe	es N	No
tion for the calenciar year ending with or within the year covered by this return 2a 2.2 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a few (see instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a few (see instructions) If If Yea, "has it filled a form 950-17 for this year? If Yea? to line 3b, provide an explanation on Schedule 3 An At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see his a bank account, securities account; or other financial accountry (a financial accountry or the securities accounts or other authority over, a financial accountry (a financial accountry) and the securities accounts (a financial accountry (a financial accountry) and the securities accountry or other financial accountry (a financial accountry) and the securities and a financial accountry (a financial accountry) and accountry (a financial			
b If at least one is roported 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 260, you may be required to a Pic See instructions) 3a Did the organization have sumiletated businoss gross income of \$1,000 or more during the year? 3 If "Yea," has it flied a Form 990-1 for this year? If "No " to line 3b, provide an explanation on Schedule O. 3 At any time during the calendary 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?). 4 If "Yea," enter thin name of the foreign country See instructions for filing requirements for FinCDN Form 114. Report of Foreign Bunk and Financial Accounts (intake). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any tuxable party notify the organization file Form 8888-17. 6 If "Yes' to line 5a or 5b, did the organization file Form 8888-17. 7 Greanizations that were not tax deductible as charitable contributions? 6 If "Yes', did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review a paymoni in access of \$75 made party as a contribution appropring for which it was required to line Form 8882? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If the organization review a paymoni in access of \$75 made party as a contribution of quanty and party for goods and services provided to the paymoni in access of \$75 made party as a contribution of paymonia property for which it was required to line Form 8882? 11 If "Yes," include the unamber of Forms 8828 flied during the year. 12 If "Yes," include the organization notify the donor of the value of the good			
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91-0902503 HELPLINE HOUSE Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O. 10 b Enter the number of voting members included on line 1a, above, who are independent ______ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain on Schedule O) X Own website 19 Describe on 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 MYRA HOWREY, OFFICE MANAGER - 206-842-7621

98110

282 KNECHTEL WAY N.E., BAINBRIDGE ISLAND,

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, and 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.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization r	nor any related	orga	ıniza	tion	cor	nper	rsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i irecto	is boti r/trus	h an teel	compensation	compensation from related	amount of other
	week			I .			,	from the	organizations	compensation
	(list any hours for	Individual trustee or director				, a		organization	(W-2/1099-MISC)	from the
	related	10 98	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	Institutional trustee		эжс	ompe		* ***		and related
	below	ignal	tution	بة	Key employee	lest co	ner			organizations
	line)	擅	Insti	Officer	Key	Highest compensated employee	Former	:		
(1) MARIA METZLER	40.00							115 500	_	2 254
EXECUTIVE DIRECTOR		X					_	116,799.	0.	3,354.
(2) MICHAEL DORSEY	1.00								0	_
VICE-PRESIDENT		X		X				0.	0.	0.
(3) BARBARA DEINES	1.00			l					_	^
PRESIDENT		Х		X			<u> </u>	0.	0.	0.
(4) MARK SILER	1.00			l				_	_	^
TREASURER		X	L	X		<u> </u>	<u> </u>	0.	0.	0.
(5) MARGOT DANNEMILLER	1.00		١.					_	_	0.
DIRECTOR	1 00	Х	ļ			<u> </u>	<u> </u>	0.	0.	0.
(6) MICHAEL WRIGHT	1.00	l	l					_	_	0.
DIRECTOR		X.	ļ	_	ļ			0.	0.	V.
(7) PAMELA MCCLAREN	1.00]				_	0.	0.
SECRETARY	1 00	X		X	1	ļ	ļ	0.	U •	V.
(8) RICH GAWLOWSKI	1.00	٠.,						0.	0.	0.
DIRECTOR	1 100	X	<u> </u>	<u> </u>		ļ	<u> </u>	U •	0.	U.
(9) JOAN HEMPHILL	1.00	١,,						0.	0.	0.
DIRECTOR	1 00	X	ļ	┞—	_	_	 	U •	· ·	
(10) LAURA TESS QUINN	1.00	٠,						0.	0.	0.
DIRECTOR	1.00	X	├	<u> </u>	┢		├	V •	· ·	· ·
(11) JEFFREY S WORTLEY	1.00	x			1			0.	0.	0.
DIRECTOR		<u> </u>	ļ	\vdash	<u> </u>	-	├	0.	· ·	
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032007 12-23-20

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	ł Hi	ghe	st C	ompensated Employee	es (continued)				
(A)	(B)			(C	2)			(D)	(E)			(F)	
Name and title	Average	(do	not cl	Posi heck i	tion more	than o	one	Reportable	Reportable			imate	
	hours per	box	, unles	ss per	son i	ls boti r/trus	n an	compensation	compensation			ount c	of
	week (list any			0 4 0	10010	1,,,,,,,,	,	from the	from related organizations			other sensat	tion
	hours for	individual trustee or director						organization	(W-2/1099-MISC	۱ ا	,	m the	
	related	36 OF C	stee			Highest compensated employee		(W-2/1099-MISC)	(11 27 1505 111155	′		nizati	
	organizations	trust	al tru		yee	adus		,			and	relate	∍d
	below	idua	nstitutional trustee	EI.	Key employee	est co	Je Je				orga	nizatio	วทร
	line)	ig	Insti	Отпсет	Key	High	Former			_			
- Committee of the Comm						<u> </u>				-			
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		1		1									
1b Subtotal		i	<u></u>	1		1		116,799.		0.		3,3	54.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								116,799.		0.		3,3	54.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable				
compensation from the organization		٠.											1
										r	.	Yes	No
3 Did the organization list any former officer	, director, trust	ee,	key	emp	loye	e, o	r hig	phest compensated emp	oloyee on				77
line 1a? If "Yes," complete Schedule J for s										├	3		X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atio	n an	d at	her compensation from	the organization				х
and related organizations greater than \$15											4		
5 Did any person listed on line 1a receive or											_		Х
rendered to the organization? If "Yes," con	nplete Schedu.	le J	for s	uch	per	son					5		Λ
Section B. Independent Contractors								of the state of th	\$100,000 of same	0000	tion f	rom	
1 Complete this table for your five highest co	mpensated in	aep	enae	ent c	ont	ract	ors :	mat received more than	A LOGIOGO OL COMP	 	illon i	I GH1	
the organization. Report compensation for	the calendar	/ear	ena	ing v	MILI	OI W	/14 11	(B)	year.		(C	3	
(A) Name and business	address	N	ON:	F.				Description of s	services	Co	omper	o nsatio	n
					_								
2 Total number of independent contractors		าot I	imite	ed to			isted	d above) who received r	nore than				
\$100,000 of compensation from the organ	ization 🕨					0						200	
											Form (990 (2020\

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Par		Statement of Revenue				
rar	L VII	Statement of Nevertue	ling in this Dart VIII			
		Check if Schedule O contains a response or note to any	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Service Contributions, Gifts, Grants nue and Other Similar Amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions Included In lines 1a-1f Total. Add lines 1a-1f Business Cod	· · · 2,601,482.			
Program Service Revenue	d e f					
	<u>3</u>	Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts)	8,674	8,674.		
	4 5	Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal				
	b	Gross rents 6a 6b 6c				
	7 a	Referential income or (loss) Gross amount from sales of assets other than inventory (i) Securities (ii) Other 74,824.	·			
Revenue	ć	Less: cost or other basis and sales expenses 7b 0. Gain or (loss) 7c 74,824.	74,824	. 74,824	*	
Other R	8 8	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a7,118				
	9 á	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a 9b		•		7,118
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Co.				
Misc	12	d All other revenue	→ 2,692,098	. 83,498	. 0.	7,118

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) Program service (C) Do not include amounts reported on lines 6b, Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 200,822. 200,822. Individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 4,672. 116,799 102,783. 9,344. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 33,369. 16,684. 416,659. 366,606. Other salaries and wages _____ 7 Pension plan accruals and contributions (include 977. 489. 12,214. 10,748 section 401(k) and 403(b) employer contributions) 886. 22,154. 19,496. 1,772. Other employee benefits 3,441. 1.721. 37,856. 43,018. Payroll taxes 10 Fees for services (nonemployees): 11 5,743 5,743. Management Legal 7,000. 7,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 41,520. 4,095. 181. 37,244. 13 Office expenses Information technology 14 Royalties 15 49,413. 7,412. 42,001. 16 Occupancy 2,393. 2,393. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 1,877.13,541. 15,418 Depreciation, depletion, and amortization 22 10,954 9,859. 1,095. -----23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) IN-KIND FOOD DISTRIBUTI 507,000. 507,000. 86,518. 86,518 FOOD COSTS 3,271. 610. 1,383. 1,278. MISCELLANEOUS c d All other expenses е 25,911. 89,172 1,540,896. 1,425,813. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	509,669.	1	624,256.
	2	Savings and temporary cash investments	237,020.	2	680,014.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	: :- :	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,250,467. Less: accumulated depreciation 10b 250,671.			
	b	Less: accumulated depreciation 10b 250,671.	1,938,432.	10c	1,999,796
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,261,631.	12	3,206,825
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11	11,273.	15	18,730
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,958,025.	16	6,529,621
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			E00
		of Schedule D	5,000.	25	703
	26	Total liabilities. Add lines 17 through 25	5,000.	26	703
10		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.	4 0 0 0 0 0		6 500 010
la la	27	Net assets without donor restrictions	4,953,025.	27	6,528,918
8	28	Net assets with donor restrictions		28	
n n		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33,			
ارة 0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	- FAA A4A
Net Assets or Fund Balances	32	Total net assets or fund balances	4,953,025.	32	6,528,918
	33	Total liabilities and net assets/fund balances	4,958,025.	33	6,529,621 Form 990 (2020

arm	990 (2020) HELPLINE HOUSE	ノエ	0,002.	707	Pag	E 12
	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			2	601	3 A	0.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,692		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,54(
3	Revenue less expenses, Subtract line 2 from line 1	3		,15:		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	, 953		
5	Net unrealized gains (losses) on investments	5		424	4,6	<u> </u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_	F 0.	2 0	10
	column (B))	10		,528	8,9.	T.Q.
Pa	t XII Financial Statements and Reporting					X
	Check if Schedule O contains a response or note to any line in this Part XII				Yes	No
	real control of the				res	INO
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		_		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	j			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				77	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,			
	consolidated basis, or both:					
	X 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	e audit	1		x	
	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 on Sci	nedule	Ο,			}
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			Х
	Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	dit	01:		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 91-0902503 HELPLINE HOUSE Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported n your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received, (Do not						
	include any "unusual grants.")	1261630.	1135507.	1172517.	1463084.	2601482.	7634220.
2	Tax revenues levied for the organ-				•		
	ization'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	1261630.	1135507.	1172517.	1463084.	2601482.	7634220.
5	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.						7634220.
Sec	ction B. Total Support	<u> </u>	<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1261630.	1135507.	1172517.	1463084.	2601482.	7634220.
8	Gross income from interest,						
Ŭ	dividends, payments received on			· ·			
	securities loans, rents, royalties,			. 1.7			
	and income from similar sources	31,778.	33,440.	39,467.	54,763.	8,674.	168,122.
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7802342.
12	Gross receipts from related activities	etc. (see instructi	ons)	.,,,,		12	
	First 5 years. If the Form 990 is for the	he organization's f	irst, second, third.			501(c)(3)	
10	organization, check this box and sto						
Sei	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	97.85 %
15	Public support percentage from 2019					15	96.83 %
	33 1/3% support test - 2020. If the					nore, check this bo	ox and
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2019. If the						
•	and stop here. The organization qua						
174	10% -facts-and-circumstances tes						
176	and if the organization meets the fac-						
	meets the facts-and-circumstances to						
i	10% -facts-and-circumstances tes						
ı	more, and if the organization meets t						
	organization meets the facts-and-circ						▶ □
4Ω	Private foundation. If the organization						s
10	Thrate regulation in the organization		,, , 0, 10			edule A (Form 990	

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

Section A. Public Support	OW, prodos sorrigi					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				44		
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						
Gross receipts from activities that are not an unrelated trade or bus- iness under section 513				÷		
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			`.			
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 \$5,000 or 1% of the amount on line 13 for the year						44
c Add lines 7a and 7b		*	·			
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6		· · · · · · · · · · · · · · · · · · ·				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					- CO1/a)(0)	lon
14 First 5 years. If the Form 990 is for the						
check this box and stop here						P
Section C. Computation of Publi						0.2
15 Public support percentage for 2020 (lin						%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 202						%
18 Investment income percentage from 2	. 019 Schedule A, I	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	dstop here. The	organization qual	lifies as a publicly s	upported organi	zation	▶□
b 33 1/3% support tests - 2019. If the	organization did n	ot check a box o	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and st o	op here. The orga	anization qualifies a	ıs a publicly sup _l	ported organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th	nis box and see i	nstructions	

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 9a 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.
- b 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.
- c 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.
- 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.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	
2	
3a	
3b	
3c	
4a	
4b	
4c	
5a	
5b	
5c	
6	
7	
8	
9a	
9b	
9c	
10a	
1 174	
10b	

Par	t IV Supporting Organizations (continued)			
	The state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
Sec	tion C. Type II Supporting Organizations		1	
			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 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).	1	<u> </u>	
Sec	tion D. All Type III Supporting Organizations		1	I
			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	ļ	
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		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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		1	
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).		
а	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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		<u> </u>
b	Did the activities described in line 2a, above, 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 lines 3a and 3b below.		1	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	ļ	ļ
b			1	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a			
1 Check here if the organization satisfied the Integral Part			Part VI). See instructions
All other Type III non-functionally integrated supporting o	organizations must complete	Sections A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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, o			
maintenance of property held for production of income (see in	The state of the s		
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
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):	v.		
2 Acquisition indebtedness applicable to non-exempt-use assets	s 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use, Enter 0.015 of line 3 (for gi	reater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3	3) 5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, colu	ımn A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, c	olumn 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 sub	ject to		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first	as a non-functionally integra	ted Type III supporting or	ganization (see
instructions\	, ,	,,	

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	mizations (continue	<u>d)</u> _	
Secti	on D - Distributions		<u> </u>	_	Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	**************************************
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	T		
	(provide details in Part VI). See instructions.			8	100000000000000000000000000000000000000
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			\bot	
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			\perp	
3	Excess distributions carryover, if any, to 2020			_	V
a	From 2015				
b	From 2016				Ammuni 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	From 2017				
d	From 2018				
	From 2019			\perp	
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			\Box	
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
_	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount			\Box	
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			1	
	any, Subtract lines 3g and 4a from line 2. For result greater			ļ	
_	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h			7	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3]				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HELPLINE HOUSE

Employer identification number 91-0902503

Par	I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
•	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	only
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
	impermissible private benefit?	
Par		, line 7.
	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (for example, recreation or education) Preservation of a history	orically important land area
	Protection of natural habitat	fied historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(line)	
	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.	Cincilar Accets
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	liance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthers	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b		ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:	.
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	🏲 🍍
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	.
a		
	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Par								S (continued	d)
3	Using the organization's acquisition, accession,	and other records	, check any of the f	ollowing that	t make s	ignificant	use of its		
	collection items (check all that apply):								
a	Public exhibition	d	Loan or exch	nange progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain	how they further th	e organizatio	on's exe	mpt purpo	ose in Part	XIII.	
	During the year, did the organization solicit or re								
	to be sold to raise funds rather than to be main	tained as part of th	e organization's co	liection?			<u> </u>	Yes	No_
Par	t IV Escrow and Custodial Arrange	ements. Complet	e if the organizatior	n answered "	'Yes" on	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for contribution:	s or other as:	sets not	included	,	1 -	_
	on Form 990, Part X?						L	JYes ∟	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the folk	owing table:			F			
								Amount	
С	Beginning balance	,	,	,		1c			
d	Additions during the year					1d			
e	Distributions during the year		.,			<u>1e</u>			
f	Ending balance							 	
	Did the organization include an amount on Form						L	JYes ∐	No
b	If "Yes," explain the arrangement in Part XIII. Cl								
Par	t V Endowment Funds. Complete if the	ne organization ans	wered "Yes" on Fo					_	
		a) Current year	(b) Prior year	(c) Two year					
1a	Beginning of year balance	2,261,631.	1,969,800.	2,123	3,661.	1,8	41,873.	1,72	2,501.
b	Contributions	437,020.	3.						
С	Net investment earnings, gains, and losses	508,174.	296,514.	-75	5,300.	3	37,195.	1,6	4,604.
d	Grants or scholarships								
е	Other expenditures for facilities							_	
	and programs				L,306.		48,500.		8,951.
f	Administrative expenses	0.	4,683.		7,255.		6,907.		6,281.
g	End of year balance	3,206,825.	2,261,631.		9,800.	2,1	23,661,	1,84	1,873.
2	Provide the estimated percentage of the currer		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment >	100	_%						
b	Permanent endowment	%							
C	Term endowment >%								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	ion of the organiza	tion that are held a	nd administe	red for t	he organi:	zation	F	
	by:							Ye	s No X
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations								$\frac{\Lambda}{\Lambda}$
b	If "Yes" on line 3a(ii), are the related organization			***************************************				3b	
4	Describe in Part XIII the intended uses of the o	rganization's endou	wment funds.						
Pa	t VI Land, Buildings, and Equipme		m n. / b 4.4 //		Dod V	line 40			
	Complete if the organization answered							7-1\ E\ = = l	-1
	Description of property	(a) Cost or ot			٠,	ccumulate preciation		(d) Book va	alue
		basis (investm		9,670.	ue _l	preciation		1,619,	670.
1a	Land			$\frac{9,870.}{6,016.}$		220,6			318.
b	Buildings			0,010.		220,0		373,	<u> </u>
С	Leasehold improvements								
d	Equipment		3	4,781.		29,9	73	Δ	808.
	Other (2) I will be a fell with a second of the second of	-1 Farm 000 Ball				وررد		1,999,	
Tota	. Add lines 1a through 1e. (Column (d) must equ	iai Form 990, Part)	ч, соштт (В), тпе т	υυ.) ,				-12221	,,,,,

Schedule D (Form 990) 2020

12410720 148363 502659-1

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of		11b. See Form 990, Part X,	line 12.	fuggy market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	i; Cost or eng-o	i-year market value
1) Financial derivatives				
2) Closely held equity interests		- Marine - 11 -		
3) Other				
(A) HELPLINE HOUSE ENDOWMENT	3,206,825.	END-OF-YEAR	маркет т	VATITE
(B) FUND	3,200,023.	EMD-OF-THAIL	PIMILICE I	VILIOL
(C)		1		
(D)				
(E)				
(F)				
(G)				
(H)	3,206,825.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	3,200,023.			
	en Form OOO Dort IV line	11a Con Form QQA Part V	line 13	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation	n; Cost or end-c	f-year market value
<u> </u>	(b) Dook value	(0)		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X,	line 15.	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				THE RESERVE THE PARTY OF THE PA
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15)		. >	
Part X Other Liabilities.	5 70.)	1		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f, See Form 990,	Part X, line 25.	
(a) Description of liability		- Control - Cont		(b) Book value
11				
ACCEPTED DAVIDOLL BAVEO				703
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		>	703
1	the text of the footnote to	o the organization's financia	al statements th	at reports the
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under	r FASB ASC 740 Check h	ere if the text of the footnot	te has been pro	vided in Part XIII X
ordatilization a liability for influentatil rax hositious midel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			duta D (Farm 000) 000

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 HELPLINE HOUSE)902503 _{Page} 4
	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per F	leturn	н
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	3,116,789.
1	Total revenue, gains, and other support per audited financial statements		1	3,110,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	424,691.		
a		424,031.	- I	
b			-	
С	, , ,		-	
d			- 1	424,691.
е			2e	2,692,098
3	Subtract line 2e from line 1		3	4,034,030
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a			4	
b	Other (Describe in Part XIII.)		4 . !	0
С	Add lines 4a and 4b		4c	2,692,098
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	148. P	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements W	ıtn Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	***	1 1	1,540,896
1	Total expenses and losses per audited financial statements		 ' 	1,340,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1 1	
а			4	
Ь			-	
С			-	
d	, , , , , , , , , , , , , , , , , , , ,		- L	Λ
e	Add lines 2a through 2d		2e	1,540,896
3	Subtract line 2e from line 1		3	1,340,030
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а			-	
b	•		١ , ١	۸
	Add lines 4a and 4b		4c	1,540,896
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,340,030
	rt XIII Supplemental Information.	th and Ohi Dart V. lina	4: Bort	V line 2: Part VI
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		4, Pan	A, IIII e Z, Fart AI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	onnation.		
DAI	RT V, LINE 4:			
LAI	KI V, DIMB 4.			
ጥዠ፣	E HELPLINE HOUSE ENDOWMENT FUND IS USED FOR GEN	ERAL OPERAT	ING	PURPOSES.
PAI	RT X, LINE 2:			
THI	E ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDE	R SECTION 5	501	(C) (3) OF
THI	E INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED	BY THE INT	ERN	AL REVENUE
Circl	RVICE AS A NOT FOR PROFIT ORGANIZATION AND IS N	IOT CLASSIFI	ren 2	AS A
-				
<u>"Pl</u>	RIVATE FOUNDATION" WITHIN THE MEANING OF SECTIO	N 509 (A) C	F TI	HE INTERNAL
RE	VENUE CODE.			

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

Schedule D (Form 990) 2020

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

|--|

OMB No. 1545-0047

ž Employer identification number 91-0902503 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? HELPLINE HOUSE 1 (a) Name and address of organization or government Name of the organization Parti Part

Schedule I (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

91-0902503 HELPLINE HOUSE Schedule I (Form 990) 2020

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING	199	188,537.	.0		
UTILITIES	45	5,785.	0		
CHILDREN'S ACTIVITIES	4. SO	6,500.			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, IIn	e 2; Part III, column	(b); and any other ac	Iditional Information.	
PART I, LINE 2:				A A A A A A A A A A A A A A A A A A A	· in the second
RECIPIENTS ARE INTERVIEWED BY SOCI	SOCIAL WORKERS	ΤO	DETERMINE LEVEL	c OF	
ASSISTANCE REQUIRED. SERVICE PROVIDERS	DERS ARE	REQUIRED	TO SUBMIT	SUBMIT DOCUMENTS TO	
VERIFY AMOUNTS. SUPPORT PAYMENTS A	ARE MADE	DIRECTLY TO	i i	SERVICE PROVIDERS.	

SCHEDULE I, PART III, LINES 1-3

THE COVID-19 PANDEMIC TRIGGERED AN INCREDIBLE NEED IN THE COMMUNITY FOR

BOTH HOUSING AND UTILITIES ASSISTANCE. THIS INCREASED THE AMOUNT OF

GRANTS PROVIDED TO THE COMMUNITY, REQUIRING THE FILING OF SCHEDULE I 32

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

91-0902503 HELPLINE HOUSE Part Types of Property (d) (c) (a) (b) Noncash contribution Method of determining Number of Check if amounts reported on contributions or noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 3 Art - Fractional Interests 4 Books and publications Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other... Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 507,000.COST 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ________ 29 Yes Nο 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 Schedule M (Form 990) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

1.HA

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization 91-0902503 HELPLINE HOUSE SECTION B, LINE 11B: FORM 990, PART VI, THE 990 IS REVIEWED AND APPROVED BY THE HELPLINE FINANCE COMMITTEE. HELPLINE FINANCE COMMITTEE RECOMMENDS APPROVAL TO THE BOARD OF DIRECTORS PRIOR TO FIILING. FORM 990, PART VI, SECTION C, LINE 19: AT THE ORGANIZATION'S THE 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, AS WELL AS FROM THE STATE'S WEB SITE FOR NON PROFIT ORGANIZATIONS. OFFICE, PART XII, LINE 2C THERE HAS BEEN NO CHANGE IN THE PROCESS BY WHICH THE COMMITTEE OVERSEES THE AUDIT OF ITS FINANCIAL STATEMENTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM	990 PAGE 10							066							
Asset No.	et Description	Date Acquired	Method	Life	Ooc>	Ine Co Co	Unadjusted Cost Or Basis	Bus 8 % Exci	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL			.,											
	7AC	05/28/13	SL	10.00		9	18,766.			11:31	18,766.	12,357.		1,877.	14,234.
· · · · · · · · · · · · · · · · · · ·	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						18,766.	·			18,766.	12,357.		1,877.	14,234.
	15 LAND	12/20/08	17				.073,613				1,619,670.			.0	
	* 990 PAGE 10 TOTAL -					<u> </u>	,638,436.		· .		1,638,436.	12,357.		1,877.	14,234.
	1 BUILDING	03/01/90	SI	31.50		vo	73,396.				73,396.	69,547.		2,330.	71,877.
	2 BUILDING	03/01/90	SL	31.50		ن	6,075.	1.125			6,075.	6,075.		C	6,075.
	3 BUILDING	10/01/91	SI	31.50		9	4,872.				4,872.	4,741.		131.	4,872.
	6 WATERLINE	10/01/90	ST	31.50		9	3,675.			- 111-10	3,675.	2,837.		117	2,954.
	7 REMODEL	12/01/90	ST	31.50	Н.	9	2,345.				2,345.	1,903.		74.	1,977.
	8 FLOOR COVERING	10/01/02	SI	37.50		v	4,863.				4,863.	2,369.		130.	2,499.
	12 REMODEL	02/09/06	SL	27.50	¥	vo	14,000.				14,000.	6,847.		.608	7,356.
	14 ROOF	10/01/08	SI	40.00		٧	11,088.	·			11,088.	3,135.		277.	3,412.
	16 BUILDING	12/20/08	SI	40.00		9	398,920.				398,920.	109,703.		9,973.	119,676.
	18 BUILDING	12/31/20	SL	27.50		9	76,782.				76,782.			o	
	* 990 PAGE 10 TOTAL -					· · · · · · · · · · · · · · · · · · ·	596,016.				596,016.	207,157.		13,541.	220,698.
	5 CARPET	03/17/98	ST	10.00	<u> </u>	9	2,588.				2,588.	2,312.		o	2,312.
	10 LANDSCAPING	04/11/05	SL	10.00	4	9	6,824.				6,824.	6,824.		0.	6,824.
02811	028111 04-01-20					<u> </u>	(D) - Asset disposed	osed		*	ITC, Salvage,	Bonus, Comn	nercial Revita	*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

36.1

(D) - Asset disposed

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM	9. 9.	FORM 990 PAGE 10				ŀ	ŀ		990							
A _S N	Asset No.	Description	Date Acquired	Method	Life	آz (۵۰۲	Line No. Co	Unadjusted Cost Or Basis	Bus % Exci	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	1,1	11 PAVING	01/24/05	SL	10.00	9 日	NO.	6,603.		•	· · · · · · · · · · · · · · · · · · ·	6,603.	6,603.		Ö	6,603.
		* 990 PAGE 10 TOTAL						16,015.				16,015.	15,739.		·	15,739.
		* GRAND TOTAL 990 PAGE 10 DEPR					7	2,250,467.				2,250,467.	235,253.		15,418.	250,671.

		CURRENT YEAR ACTIVITY														
		BEGINNING BALANCE					77	2,173,685.			o	2,173,685.	235,253.			250,671.
······		ACQUISITIONS	•					76,782.	+ 3, 1		.0	76,782.	0			•0
		DISPOSITIONS/RETIRED						.0			Ó	0	.0			.0
		ENDING BALANCE					α`	2,250,467.			·	2,250,467.	235,253.			250,671.
		ENDING ACCUM DEPR											250,671.			
		ENDING BOOK VALUE			£ **		42.5						.967,666,1			
										<u>, , , , , , , , , , , , , , , , , , , </u>						
			·······													
928	111 0	028111 04-01-20]	<u>0</u>	(D) - Asset disposed	peso		7	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	Bonus, Comr	nercial Revita	alization Deduc	xtion, GO Zone

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

990

ldentifylna number

OMB No. 1545-0172

Name(s) shown on return FORM 990 PAGE 10 91-0902503 HELPLINE HOUSE Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,590,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, if married filling separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction, Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 11 Business income (imitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 15.418 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (g) Depreciation deduction (e) Convention (a) Classification of property only - see instructions) 19a 3-year property 5-year property 7-year property C 10-year property d 15-year property 20-year property 25 yrs. S/L 25-year property g MM S/L 27.5 yrs. Residential rental property h MM S/L 27,5 yrs. S/L MM 39 yrs. Nonresidential real property S/L MM Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. 12-year b 30 yrs. MM S/L 30-year С 40 yrs. ММ S/L 40-vear d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 15,418. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

(g) type of property (g) and property (g	Part V	Listed Propert				her vehic	cles, cer	tain airci	aft, an	id propert	y used fo	r				
Section A Depreciation and Other Information (Gaution: See the instructions for limits for presency—automobiles.) 49		Note: For any	vehicle for w	hich you are t	ising the	standa	rd milea	ge rate c	r dedu	icting leas	se expens	se, com	plete on	ly 24a,		
24a Dive have evidence to support the treunsex investment use claimed?																
(a) Type of property (fills vehicles first) Section 1	D									1						
Typin of property (1st vehicles in a published in the properties of the teasing o	24a Do you h	iave evidence to s	T		ent use ci	aimed?	<u> Ш Ү</u>		<u> </u>		7					<u> No</u>
used more than 50% in a qualified business use: Property used from the from 50% in a qualified business use:	Type of	property	Date placed in	Business/ investmen	t o	Cost or	flou	sis for depr isiness/inve	stment	Recovery	Meti	nod/	Depre	eclation	Elec section	cted on 179
used more than 50% in a qualified business use: Property used from the from 50% in a qualified business use:	25 Special of	depreciation alk	owance for d	ualified listed	property	v placed	in servi	ce durin	a the ta	ax vear ar	nd	T				***************************************
28 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 St.	•	•										25				
Froperty used 50% or less in a qualified business use:											.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> </u>			
1		***************************************	: :]						
27 Property used 50% or less in a qunifiled business uses: 1			: :													
Silvarian Silv			: :		%											
Silvarian Silv	27 Property	used 50% or k	ess in a qual	ified business	use:				·						-	
28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (a) (b) (c) (d) (e) (vehicle Vehicle			: :	•							S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ji), lines 25 through 27. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your dentification of the vehicle veh			: :		-					1 4.4					1	
23 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (40n*t include commuting miles driven during the year (40n*t include commuting miles driven during the year (21 other personal (noncommuting) miles driven during the year. Add lines 30 through 32 31 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Improvide more than five vehicles to your employees about the use of the vehicles, and retain the information received? 10 Department			: :												1	
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44 Total. Add amounts in column (f). See the instructions for where to report

HELPLINE HOUSE 2020 DEPRECIATION AND AMORTIZATION REPORT — CURRENT YEAR FEDERAL —

Asset No.	Description	Date Acquired Me	Method	Life No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL										
H	7	052813SL		10.0016	18,766	•		18,766.	12,357.		1,877.
	MANAGEMENT AND GEN				18,766	•	•	18,766.	12,357.		1,877.
		122008L			1619670	•		1619670.			0
	- 330 FAGE IU TUTAL				1638436		• 0	1638436.	12,357.		1,877.
	1BUILDING	030190SL	37	5016	73,396	•		73,396.	69,547.		2,330.
. 1	2BUILDING	030190SL	31	5016	6,075			6,075.	6,075.		0
V-1	3BUILDING	100191SL	31	5016	4,872	•		4,872.	4,741.		131.
	6WATERLINE	100190SL	31	5016	3,675	•		3,675.	2,837.		117.
£ -	7REMODEL	120190SL	31	5016	2,345	•		2,345.	1,903.		74.
w	8FLOOR COVERING	100102SL	•	37.5016	4,863	•		4,863.	2,369.		130.
<u> </u>	12REMODEL	020906SL		27.5016	14,000	•		14,000.	6,847.		509.
Ť	14ROOF	100108SL	٠.	40.0016	11,088	•		11,088.	3,135.		277.
Ť	16BUILDING	122008SL		40.0016	398,920			398,920.	109,703.		9,973.
ਔ —	18BUILDING	123120SL		27.5016	76,782	•		76,782.			0
	OA GERGE FO			· · · · · · · · · · · · · · · · · · ·	596,016	•	0.	596,016.	207,157.		13,541.
	SCARPET	031798SL		10.0016	2,588	•		2,588.	2,312.		o
Ť	10LANDSCAPING	041105EL		10.0016	6,824			6,824.	6,824.		0

028102 04-01-20

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2020 DEPRECIATION AND AMORTIZATION REPORT

— CURRENT YEAR FEDERAL — HE

- HELPLINE HOUSE

Current Year Deduction	o	0	15,418.				***				
						·			 - Ma		
Current Sec 179											
Accumulated Depreciation	6,603.	15,739.	235,253.		235,253.	0	0	235,253.			
Basis For Depreciation	6,603.	16,015.	2250467.		2173685.	76,782.	0	2250467.			
Reduction In Basis			0		0	0	0	0			<u>+</u>
Bus % Excl											
Unadjusted Cost Or Basis	6,603.	16,015.	2250467.		2173685.	76,782.	0.	2250467.			-
Line No.	016									 	
Life	10.00										
Method											
Date Acquired	012405SL										
Description	PAVING		* GRAND TOTAL 990 PAGE 10 DEPR	CURRENT YEAR ACTIVITY	BEGINNING BALANCE	ACQUISITIONS	DISPOSITIONS	ENDING BALANCE			01-20
Asset No.	11										 028102 04-01-20

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed