2023 Exempt Org. Return prepared for:

HELPLINE HOUSE 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 98110

Jeffie H Pike CPA

1295 Bad Route Rd Terry, MT 59349 **HELPLINE HOUSE** 282 KNECHTEL WAY NE **BAINBRIDGE ISLAND, WA 98110** 206-842-7621

FEDERAL FORMS

Form 990 2023 Return of Organization Exempt from Income Tax

Organization Exempt Under Section 501(c)(3) Schedule A

Schedule of Contributors Schedule B

Schedule D Schedule D

Fundraising or Gaming Activities Schedule G Grants and Other Assistance Inside U.S. Schedule I

Non-Cash Contributions Schedule M Supplemental Information Schedule O **Application for Extension** Form 8868 **Depreciation Schedules**

IRS e-file Signature Authorization Form 8879-TE

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FEDERAL WORKSHEETS

PAGE 1

HELPLINE HOUSE

91-0902503

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990 SOURC	E
TOTAL EXPENSES	2,634,288.	2,634,288. PART IX, LINE 25,	3, COL. B
GRANTS	191,352.	191,352. PART IX, LINES 1-	
REVENUE	0.	0. PART VIII, LINE 2	

FORM 990, PART IX, LINE 24E OTHER EXPENSES

POSTAGE AND SHIPPING

(A)	(B)	(C)	(D)
	PROGRAM	MANAGEMENT	
TOTAL	SERVICES	& GENERAL	FUNDRAISING
1 967	1 1 1 1	200	200
1,00/	1,431.	200.	200.
TOTAL \$ 1,867.	\$ 1,451.	\$ 208.	\$ <u>208.</u>

DO NOT FILE

FEDERAL FILING INSTRUCTIONS

HELPLINE HOUSE

91-0902503

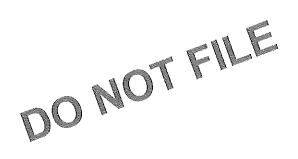
ELECTRONICALLY FILED:

FORM 990 - 2023 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.



IRS E-file Signature Authorization for a Tax Exempt Entity

avenibe minns		
, 2023, and ending	, 20	

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

For calendar year 2023, or fiscal year beginning

2023

OMB No. 1545-0047

Name of filer	EIN or SSN
HELPLINE HOUSE	91-0902503
Name and title of officer or person subject to tax	
MARIA METZLER EXECUTIVE DIR.	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and ente and Form 5330 filers may enter dollars and cents. For all other forms, ente 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return bein 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). Bu line below. Do not complete more than one line in Part 1.	er whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, ag filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, t, if you entered -0- on the return, then enter -0- on the applicable
	Part VIII, column (A), line 12)
)
	(Form 990-PF, Part V, line 5)
	5b
	e 4)
	1)
	Form 5227, Item D)
	19)9b
	sted (Form 8038-CP, Part III, line 22) 10b
Part II Declaration and Signature Authorization of Officer of Under penalties of perjury, I declare that X I am an officer of the above	entity or I am a person subject to tax with respect to
and that I have examined a copy of the 2023 electronic return and accompand belief, they are true, correct, and complete. I further declare that the a electronic return. I consent to allow my intermediate service provider, trans IRS and to receive from the IRS (a) an acknowledgement of receipt or reas processing the return or refund, and (c) the date of any refund. If applicable, had initiate an electronic funds withdrawal (direct debit) entry to the financial stitute of the federal taxes owed on this return, and the financial initiation to deb U.S. Treasury Financial Agent at 1-888-353-4537 ho also that 2 business of financial institutions involved in the processing of the electronic payment or inquiries and resolve issues related to the payment. I have selected a persecturn and, if applicable, the consent to electronic funds withdrawal.	days prior to the payment (settlement) date. I also authorize the
PIN: check one box only	00004
X authorize <u>JEFFIE H PIKE CPA</u> ERO firm name	
EKO IIIII name	Enter five numbers, but do not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated with agency(ies) regulating charities as part of the IRS Fed/State program, I als return's disclosure consent screen.	so authorize the aforementioned ERO to enter my Min on the
As an officer or person subject to tax with respect to the entity, I will enter return. If I have indicated within this return that a copy of the return is bein the IRS Fed/State program, I will enter my PIN on the return's disclosure of	nd filed with a state adency(les) requiating charities as part of
Signature of officer or person subject to tax	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	91803880490 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the am submitting this return in accordance with the requirements of Pub. 4 Providers for Business Returns.	2023 electronically filed return indicated above. I confirm that I 4163, Modernized e-File (MeF) Information for Authorized IRS e-file
ERO's signature JEFFIE H PIKE CPA	Date
ERO Must Retain This	Form – See Instructions

TEEA8800L 11/17/23

(Rev. January 2024

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request

for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I – Identification Name of exempt organization, employer, or other filer, see instructions. Type or Print 91-0902503 HELPLINE HOUSE Number, street, and room or suite number. If a P.O. box, see instructions. File by the due date for 282 KNECHTEL WAY NE filing your return, See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions, BAINBRIDGE ISLAND, WA 98110 Return Return Application Is For Application Is For Code Form 990 or Form 990-EZ 01 09 Form 4720 (other than individual) 03 10 Form 5227 Form 4720 (individual) 04 11 Form 6069 Form 990-T (section 401(a) or 408(a) trust) 05 Form 8870 12 13 Form 990-T (trust other than above) 06 Form 5330 (individual) 14 07 Form 5330 (other than individual) Form 990-T (corporation) Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330. nust enter the following information. Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MEGAN LINDGREN 282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110 Telephone No. 206-842-7621_____ Fax No.

If the organization does not have an office or place of business in the United States, check this box..... If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, the extension is for. 1 I request an automatic 6-month extension of time until $11/15_2$, 20 24_3 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning _____, 20 ___, and ending _____, 20 ___. 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

	Change in accounting period			
За	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3с	1,	0.

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 2023

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 Inspection

А	For th	e zuza calene	dar year, or tax year beg	mmg	1 2023, 6	and enamy			1 Lu	
В	Check it	f applicable:	С					D Employer id	entification number	۲
	Ad	dress change	HELPLINE HOUSE					91-090		
	H _{Na}	me change	282 KNECHTEL WA					E Telephone n	umber	
	-	tial return	BAINBRIDGE ISLA	ND, WA 98110			ŀ	206-84	12-7621	
		al return/terminated					İ			
	H-1							G Gross recelp	ts \$ 4.46	59,172.
	 	nended return	E Maria addisor of action			TH.	l(a) Is this a	group return for		es X No
	ДАр	plication pending	F Name and address of princ		PZLER	1			! '	es No
			SAME AS C ABOVE		100000		lf "No,"	subordinates inclu attach a list. See	instructions.	
1	Tax-	exempt status:	X 501(c)(3) 501(c)		4947(a)(1) or	527				
J	Wel	osite: WW	W.HELPLINEHOUSE	.ORG		н	ŧ(c) Group ∈	exemption numbe		
ĸ	Form	of organization:	Corporation Trust	X Association Other	LY	ear of formation	n: 1968	M State	of legal domicile:	WA
Pa	art I	Summar	V							
	1	Briefly descri	be the organization's mi	ssion or most significar	nt activities:SOC	IAL SER	VICE 1	AGENCY FO	OR THE	
۵.		COMMUNIT	Y OF BAINBRIDGE	ISLAND, WA						
ဗ္ဗ					_					
īa										
ē	2	Check this bo	if the organiza	tion discontinued its op	erations or dispo	sed of mor	e than 2!	5% of its net	assets,	
ဇ္ဗ	3	Number of vo	oting members of the go	verning body (Part VI, I	ine 1a)	,				9
∘ઇ	4	Number of In	dependent voting memb	ers of the governing bo	dy (Part VI, Iine	1b), , ,		4		9
ië.	5	Total number	of individuals employed	l in calendar year 2023	(Part V, line 2a)			5		18
Activities & Governance	6	Total number	r of volunteers (estimate	if necessary)				6		<u> 150</u>
Ą	7a	Total unrelate	ed business revenue from	n Part VIII, column (C),	, line 12			<u> </u>	'a	0.
	b	Net unrelated	d business taxable incon	ne from Form 990-T, Pa	ırt I, line 11				'b	0.
						_ 10 10	COR.	rior Year	Current	
٠.	8		and grants (Part VIII, li			:::\\\\::	_ 2	,126,913	. 4,3	17,933.
Revenue	9		vice revenue (Part VIII, I			4				
Š	10	Investment in	ncome (Part VIII, column	(A), lines 3, 4, and 7d)	<u>F</u>		92,352		51,239.
ж	11	Other revenu	ie (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10	(a nd//1e)					20,033.
	12	Total revenue	e – add lines 8 through	11 (must equal Pak VIII	column (A), lin	ne 12)	2	,219,265		49,139.
	13	Grants and s	imilar amounts paid (Pa	rt (X, dollumn (A), lines	1-3)			372,929	19	91,352.
	14	Benefits paid	l to or for members (Par	t IX column (A), line 4)) . <i>.</i>					
	15	Salaries, oth	er compensation, emplo	yee benefits (Part IX, c	olumn (A), lines	5-10)		654,682	8.	50,440.
es Se	162		fundraising fees (Part I)							
Expenses	100					5,846.	33333			
2	- b		sing expenses (Part IX,					016 000	1 0	40.760
щ	17		ses (Part IX, column (A)					916,209		42,762.
	18		es. Add lines 13-17 (mu					,943,820		84,554.
	19	Revenue less	s expenses. Subtract line	e 18 from line 12				275,445		64,585.
ঠ	8							g of Current Ye		
£.	20	Total assets	(Part X, line 16)				7	,094,002		69,371.
ş	21	Total liabilitie	es (Part X, line 26)		,			5,000).	165.
Net Assets or	22	Net assets o	r fund balances. Subtrac	t line 21 from line 20			7	,089,002	9,0	69,206.
		Signatu								
Line	for none	Hier of parium Ld	eclare that I have examined this	return. Including accompanying	schedules and statem	nents, and to th	ne best of m	y knowledge and	belief, it is true, cor	rrect, and
con	nplete, D	eclaration of prep	eclare that I have examined this arer (other than officer) is based	on all information of which pre	parer has any knowled	lge,		_		
C:	gn	Signature of	f officer				Date			
	ere	марта	METZLER			E	XECUTI	VE DIR.		
•			nt name and title							
_			preparer's name	Preparer's signature		Date		Check X if	PTIN	
_			,		E CDV	1		self-employed	P017404	18
	aid		E H PIKE CPA	JEFFIE H PIK	E CFA	L		oon-omployed	1101/404	
	epar							Eirmie Ein		
U	se Or	1 ly Firm's addi						Firm's EIN		
_				9349				Phone no. 36	50-920-091	7
Ma	y the	IRS discuss t	his return with the prepa	rer shown above? See	instructions				X Yes	No No

Form	990 (2023) HELPLINE HOUSE	3	91-0902503	Page 2
Par	t III Statement of Program	Service Accomplishments		
	Check if Schedule O contain	s a response or note to any line in this Part III		
1	Briefly describe the organization's n			
·		FOR THE COMMUNITY OF BAINBRIDGE	E ISLAND, WASHINGTON	
				
2	Did the organization undertake any sig	nificant program services during the year which were	not listed on the prior	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X No
	If "Yes," describe these new services			ш
3	Did the organization case conduct	ing, or make significant changes in how it conduc	ets, any program services? Yes	X No
a	If "Yes," describe these changes on S		П	[==]
4	and the same of th	the state of the Marke Section 1	argest program services, as measured by e	xnenses.
4	Section 501(c)(3) and 501(c)(4) ord	n service accomplishments for each of its tirree is anizations are required to report the amount of g am service reported.	rants and allocations to others, the total ex	penses,
	and revenue, if any, for each progra	am service reported.		
4a	(Code:) (Expenses \$	1,448,859. including grants of \$	167,243.) (Revenue \$)
	COMMUNITY SUPPORT PROF	ESSIONAL SERVICES: CRISIS INTE	RVENTION, ASSESSMENT, SHORT	TERM
	COUNSELING, RESOURCE F	REFERRAL AND ADVOCACY, & TRANSPO	ORTATION AND RENTAL ASSISTA	NCE
	(Code:) (Expenses \$	1,185,429. including grants of \$	24,109.) (Revenue \$	}
40	(Code:) (Expenses \$	INTEER SERVICES: INFORMATION &	PESOURCE REFERRAL FOOD BAN	Κ.
			MEDOCICE REFERENCE 1902 2011	
	MEDICAL EQUIPMENT LOAD			
				-
4	c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
4	d Other program services (Describe	on Schedule O.)	-	
	(Expenses \$	including grants of \$) (Revenue \$)
	(

91-0902503 Page 3 Form 990 (2023) HELPLINE HOUSE Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 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. Χ 3 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..... Х 4 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 5 Х 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, 6 Х 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........ Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III. . . 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? If "Yes," complete Schedule D, Part IV. 9 Х 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...... Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI..... Х 11a 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....... Χ 11b c 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. Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more on its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X....

f Did the organization's separate or consolidated financial statements for the Jax year include a footnote that addresses the organization's liability for uncertain tax positions under 11th 48 (ASC 740)? If "Yes," complete Schedule D, Part X... Х 11e Х 11f 12a Did the organization obtain separate, independent subtled mancial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. Х 12a 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...... Х 12b 13 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E....... Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV..... Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Х 15 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 Х

Х

Х

Х

Х

17

18

19 20a

20b

Х

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.....

Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.....

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

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

complete Schedule G, Part III.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 Schedule J	23		Х
	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 Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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		<u> </u>
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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part V	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? * "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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 Part V, line 1.	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	olf "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		Х
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		х
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check if Schedule O contains a response of 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		V 10.0 V	
k	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1,111	
BAA	TEC 401041 09/22/22	Form	990	(2023)

91-0902503 Page 5 HELPLINE HOUSE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 18 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... Зa 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). x 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5c c If "Yes." to line 5a or 5b, did the organization file Form 8886-T?..... 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible?..., 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7a services provided to the payor?..... b If "Yes," did the organization notify the donor of the value of the goods or services provided?..... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7¢ Form 8282?..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... **7**f g If the organization received a contribution of qualified intellectual property, did the organization file Fourth 8899 7g as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, di 7h Form 1098-C?

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds.
 Did the sponsoring organization make any axadic distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9b 10 Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . | 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... b If "Yes," enter the amount of tax-exempt interest received or accrued during the year..... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans..... c Enter the amount of reserves on hand X 142 14a Did the organization receive any payments for indoor tanning services during the tax year?...... b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O..... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year?.....

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?......

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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would

result in the imposition of an excise tax under section 4951, 4952, or 4953?.....

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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Х

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Form 990 (2023)

Par	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan- Schedule O. See instructions.	ges .	on	_
	Check if Schedule O contains a response or note to any line in this Part VI			, <u>X</u>
Sec	ion A. Governing Body and Management		V I	NI -
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		NA)	
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents	_]		
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7a	Did the organization have members or stockholders?	о 7а		X
		<u>-"</u>		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	444.55	Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	V	
	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	verit	Yes	No
	Did the survey in the base level shorters bronches or offiliates?	10a	165	X
iua b	Did the organization have local chapters, branches, or affiliates?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	15.7.4	1905	MARK
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		Х_
	Did the organization have a written whistleblower policy?	13	X	<u> </u>
	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
	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?	W.		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	****	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	1 (c) (3	B)s on	ly)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	le to		
20	the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.			
	MEGAN LINDGREN 282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110 206-842-7621			

2	Page	•

	2023) HELPLINE HOUSE	91-0902503	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors	hest Compensated Employees	s, and
	Check if Schedule O contains a response or note to any line in this Part VII		<u>L</u>

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any r	elated organiz	ation	com	pen	sate	d any	/ cu	rrent officer, direct	or, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	e s e Individual trustee		Posineck in second and Officer	tion nore son i	than the structure of t		(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-271099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARIA METZLER EXECUTIVE DIR.	40	Х						133,787.	0.	583.
(2) TOM CROKER DIRECTOR	1	Х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4	Ç	0.	0.	0.
(3) MEV HOBERG DIRECTOR	<u>1</u>	×	7() \		188	0.	0.	0.
		X	98	Х				0.	0.	0.
	1 0	Х						0.	0.	0.
(6) LINDA STRANAHAN SECRETARY	$-\frac{1}{0}$	Х		Х				0.	0.	0.
(7) RICH GAWLOWSKI DIRECTOR	$-\frac{1}{0}$	Х		l				0.	0.	0.
(8) JOAN HEMPHILL PRESIDENT		х		Х				0.	0.	0.
(9) JULIE MATTHEWS DIRECTOR	_ 1	х						0.	0.	0.
(10) ANNIE HODGES VICE PRESIDENT	$ \frac{1}{0} -$	Х		Х				0.	0.	0.
(11)										
(12)										
(13)										
(14)										
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Form 990 (2023) HELPLINE HOUSE									91-090250	
Part VII Section A. Officers, Directors, Tru	ıstees,	Key	Em	plo	ye	es, a	nd	Highest Com	pensated Emp	loyees (continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	l box.	unless er and	Post eck r	rson i irecto	than or s both ritruste Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)			10	-		æd				
(16)										
(17)										
(18)										
(19)										
(20)										
(21)	 									
(22)										
(23)		-								
(24)		-					1			
(25)						(B)				
1b Subtotal		. , ,						133,787.	0	
c Total from continuation sheets to Part VII, So							• •	0.	0	
d Total (add lines 1b and 1c)	d to those	liotor			who	rocoi	vod	133,787.		
2 Total number of individuals (including but not limite from the organization 1	a to those	BSIE	i abo	ve)	WIE	ICCCI	AGU	more than proofe	oo or reportable con	periodori
 3 Did the organization list any former officer, dire on line 1a? If "Yes,"complete Schedule J for su 4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual. 5 Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yes" 	of reporta ter than \$	<i>uai.</i> . ble c 150,6	ompe 300?	ens; If	atior "Yes	n and , " <i>coi</i>	oth mple	ner compensation ete Schedule J fo	from or	Yes No
Section B. Independent Contractors										¥] A
 Complete this table for your five highest compe compensation from the organization. Report compe 	ensation to	depe r the	nden caler	it co ndar	ontra yea	ctors r endi	tha ing v	With or within the c	rganizations tax ye	ar. (C)
(A) Name and business ad	dress							Description	of services	Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization)	but not lir	nited	to th	ose	liste	d abo	ove)	who received mor	e than	
BAA	U	TEE	A0108I	L 08	3/23/2	3				Form 990 (2023)

ı arc		Check if Schedule O contains a re	sponse or note to any	/ line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts		Federated campaigns					
Amo Gr	С	Fundraising events 1					
Gift		Related organizations					
ions,		All other contributions, gifts, grants, and					
ot of	a	similar amounts not included above 1 Noncash contributions included in					
and	h	lines 1a-1f1 Total. Add lines 1a-1f1		4,317,933.			
	- 11	Total, Add lilles ra-re-	Business Code	4,51,,555.			
Program Service Revenue	2a						
ě.	b						
ěrvi	d						
ams	е		_				
rogu	t n	All other program service revenue. Total. Add lines 2a-2f					
-	3	Investment income (including dividende	, interest, and	474 000	151 000		
	4	other similar amounts)		151,239.	151,239.		
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents			3111-1-		
		Rental income or (loss) 6c					
	_	Net rental income or (loss)				41 22 45 77 74 74 74 74 74	
	7a	Gross amount from					
	Ь	other than inventory /a		•			
		and sales expenses 7b		The company that the section is			
	ŧ	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Revenue	8a	Gross income from fundraising events (not including \$ $\frac{116,169}{}$. of contributions reported on line 1c).					
		See Part IV, line 18	8a 20,033.				
Othe		Net income or (loss) from fundraising		-20,033.			
J	l	Gross income from gaming activities. See Part IV, line 19	9a				
		Less: direct expenses	9b			STATE OF THE STATE	
	1	Net income or (loss) from gaming a	ctivities				
		Gross sales of inventory, less returns and allowances	10a				
		Less: cost of goods sold Net income or (loss) from sales of i	nventory	The state of the s	100000000000000000000000000000000000000	100000000000000000000000000000000000000	
<u>ν</u>	Ľ		Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	6) 					
isce Reg	C	All other revenue					
Σ	-	Total. Add lines 11a-11d		4 440 100	151 220	0	0.
RΔ	12	Total revenue. See instructions		4,449,139. (A0109L 08/23/23	151,239.	<u> </u>	Form 990 (2023)

orm 990 (2023) HELPLINE HOUSE			91-090	2503 Page 10
Part IX Statement of Functional E	xpenses		(1)	
Section 501(c)(3) and 501(c)(4) organizations mi	ust complete all columns. All oti	ner organizations must co	mplete column (A).	
Check if Schedule O conta	ins a response or note to any	line in this Part IX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,
Do not include amounts reported on lines Bb, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
Grants and other assistance to domestic organizations and domestic government See Part IV, line 21	s.			
2 Grants and other assistance to domestic individuals, See Part IV, line 22		191,352.		
3 Grants and other assistance to foreign organizations, foreign governments, and fo eign individuals. See Part IV, lines 15 a	nd 16			
4 Benefits paid to or for members	ors.	117,733.	10,703.	5,351
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons describe in section 4958(c)(3)(B)	ed	0.	0.	0
		496,723.	45,157.	22,579
mtt		4.70,123.	40,101.	22,010
(include section 401(k) and 403(b) employer contributions)		16,725.	1,520.	760
9 Other employee benefits	74,279.	65,366.	5,942.	2,971
10 Payroll taxes		51,841.	4,713.	2,356
11 Fees for services (nonemployees): a Management	3,079.		3,079.	
b Legal				
c Accountingd Lobbying	10,700.		10,700.	
e Professional fundraising services. See Part IV, line		. 44 10		
f Investment management fees				
g Other, (If line 11g amount exceeds 10% of line 25, (A), amount, list line 11g expenses on Schedule 0.	column)			
12 Advertising and promotion			6 000	
13 Office expenses	v 20 20 20 20 20	63,082.	6,938.	
14 Information technology				
15 Royalties		F4 4.66	0.000	
16 Occupancy		51,166.	9,029.	
17 Travel	4,355.	4,355.		
18 Payments of travel or entertainment expenses for any federal, state, or loca public officials				
19 Conferences, conventions, and meeting20 Interest				
21 Payments to affiliates			10.001	
22 Depreciation, depletion, and amortization		1,407.	13,681.	
23 Insurance	15,557.	14,001.	1,556.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenson line 24e. If line 24e amount exceeds 10 of line 25, column (A), amount, list line 24 expenses on Schedule O.))% le			
a IN KIND FOOD DISTRIBUTIO		1,444,522.		
b FOOD COSTS	109,878.	109,878.		
c FUNDRAISING COSTS	101,621.			101,623
d MISCELLANEOUS	5,880.	4,686.	1,194.	
e All other expenses	1,867.	1,451.	208.	208
25 Total functional expenses. Add lines 1 through 2		2,634,288.	114,420.	135,84
26 Joint costs. Complete this line only if the organization reported in column (B joint costs from a combined educations campaign and fundralsing solicitation. Check here if following) al			:
SOP 98-2 (ASC 958-720)				
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Pa	rt 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	416,017.	1	1,689,195.
	2	Savings and temporary cash investments		2	1,626,560.
	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	
			144 44 4 4 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6	3	
	6	Loans and other receivables from other disqualified persons (as defined under	190000	6	
	!	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
	7	Notes and loans receivable, net			10 100
Assets	8	Inventories for sale or use		8	12,100.
8	9	Prepaid expenses and deferred charges	•	9	
•	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		A SE	
	b	Less: accumulated depreciation	. 2,037,586.	10c	2,180,656.
	11	Investments – publicly traded securities	,	11_	
	12	Investments - other securities. See Part IV, line 11	. 3,037,865.	12	3,525,731.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	. 26,686.	15	35,129.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	. 7,094,002.	16	9,069,371.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	n n 	18	
	19	Deferred revenue	· Harris	20	
	20	Tax-exempt bond liabilities	. 3	21	
<u>v</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D	• 432143	1.000	
Labilities	22	Loans and other payables to any current or former officer, director trustee, key employee, creator or founder, substantial contributor, a 35% controlled entity or family member of any of these persons	•	22	
	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 of Schedule D		25	165.
	26	Total liabilities. Add lines 17 through 25,	. 5,000.	26	165.
alances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	7,669,357.
Ω	28	Net assets with donor restrictions	2,000.	28	1,399,849.
Net Assets or Fund		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Ö	29	Capital stock or trust principal, or current funds		29	
Ş	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
4	32	Total net assets or fund balances		32	9,069,206.
Š	33	Total liabilities and net assets/fund balances	. 7,094,002.	33	9,069,371.
B		TEEA0111L 08/23/23			Form 990 (2023

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	_	н	u	e		_

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)			49 <u>,1</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	·		84,5	
3	Revenue less expenses. Subtract line 2 from line 1			<u>64,5</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			89,0	
5	Net unrealized gains (losses) on investments5		4	15,6	19.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
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, column (B))		9,0	69,2	06.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. X
				Yes	No
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 on Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	. , , , , , ,	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis				
(of f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant.		2c	Х	
	If the organization changed either its oversight process or selection process during the tall year, explain on Schedule O.				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni Guidance, 2 C.F.R. Part 200, Subpart F?	ITORM	За		<u> </u>
į	b If "Yes," did the organization undergo the required qualt or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BA/	7 7-1401101 0010000		Form	990	(2023)

SCHEDULE A (Form 990)

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

Employer identification number

Open to Public Inspection

Name of the organization 91-0902503 HELPLINE HOUSE Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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).) 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 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Х A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(bX1)(A)(ix) operated in conjunction with a land-grant college 9 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 10 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). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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. 12 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported organization (ii) EiN support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

Scher	lule A (Form 990) 2023	HELPLINE	HOUSE			91-0902503	Page 2		
Part	II Support Schedule for (Complete only if you checked	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)		
	(Complete only if you checked organization fails to qualify t	the box on line 5, ander the tests list	ed below, please	complete Part II	i.)	uoi i ait iii. Ii tilo			
Sect	ion A. Public Support				r				
begir	dar year (or fiscal year ning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,463,084.	2,601,482.	2,068,361.	2,126,913.	4,317,933.	12,577,773.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	1,463,084.	2,601,482.	2,068,361.	2,126,913.	4,317,933.	12,577,773.		
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)						0.		
6	Public support. Subtract line 5 from line 4						12,577,773.		
Sec	tion B. Total Support					T			
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	1,463,084.	2,601,482.	2,068,361.	2,126,913.	4,317,933.	12,577,773.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54,763.	8,674,	76,127	76,969.	151,239.	337,772.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					The state of the s	0.		
11	Total support. Add lines 7 through 10						12,915,545.		
12	Gross receipts from related acti	vities, etc. (see in	structions)			12	0.		
13	First 5 years. If the Form 990 is organization, check this box and	for the organizatid stop here	on's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)			
Sec	tion C. Computation of Pu	ıblic Support F	Percentage						
14	Public support percentage for 2	023 (line 6, colum	n (f), divided by	line 11, column (t))	14	97.38 %		
	Public support percentage from						97.66%		
1 6 a	a 33-1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box								

16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....

Sche	dule A (Form 990) 2023	HELPLINE	HOUSE			91-0902503	Page 3
Parl	t III Support Schedule for	r Organization	s Described i	n Section 509	(a)(2)		
	(Complete only if you chec fails to qualify under the te				n failed to qualify	under Part II. If the	organization
200		ests listed below,	Diease Complete	r art ii,)			
	tion A. Public Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	(b) 2020	(5) 2021	(u) 2022	(6) 2020	(i) Total
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.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	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						
	Total. Add lines 1 through 5 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				Altison		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		<u> </u>				
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020\ \	(c) 2021	(d) 2022	(e) 2023	(f) Total
_	Amounts from line 6	D					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12							
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					,
	tion C. Computation of Pu						^
15	Public support percentage for 20	023 (line 8, colum	n (f), divided by I	ine 13, column (f)))	15	ફ

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))...... 18 Investment income percentage from 2022 Schedule A, Part III, line 17.....

16 Public support percentage from 2022 Schedule A, Part III, line 15.....

19a 33-1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20

Section A. All Supporting Organizations

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

			Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		Mini
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		30000
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 organizatio made the determination.	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure the all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	t 4c		
5а	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 Elix numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	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 .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yo complete Part I of Schedule L. (Form 990).	es," 8		\$4.1 min
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 .	, 9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	915		
c	Did a disqualified person (as defined on 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.	90	1 101.0	
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 "Yo	∌s, " 10a		
b	answer line 10b below. 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.)	106	12,225	
BAA	School	le A (For	m 990) 2023

	edule A (Form 990) 2023 HELPLINE HOUSE 91-09025	03	F	age 5
Par	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		I	l
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
1	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.			
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			- N-
		11.5	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		
Sec	ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent of praviously provided?	1	165	
2	Were any of the organization's officers, directors, or trustees of the (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working realitionship with the supported organization(s).	2		
3	By reason of the relationship described on 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 supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).			
4	The organization satisfied the Activities Test. Complete line 2 below.			
ı	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
•	c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to the supported organizations, and how the organization determined that these activities constituted	2a		
I	substantially all of its activities. b Did the activities described on 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	Estat Villa	
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	NEW Y	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
DA	A TEFAMASI 08/14/23 Scheduli	A (For	m 990	2023

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1 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	ov. 20, 1970 (explain in st complete Sections A t	Part VI). See hrough E.
Sect	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
а	Average monthly value of securitles	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_ 3	Subtract line 2 from line 1d.	18		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	14		
5	Net value of non-exempt-use assets (subtract line 4 from line 1)	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	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	egrate		
BAA			Sche	edule A (Form 990) 2023

Schedule A (Form 990) 2023 HELPLINE HOUSE			902503	Page 7
Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Section D - Distributions			Cur	rent Year
 Amounts paid to supported organizations to accomplish exempt 	purposes		1	
2 Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity	es of supported organizations		2	
3 Administrative expenses paid to accomplish exempt purposes or	f supported organizations		3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - prov	ide 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 organization Part VI). See instructions.	zation is responsive (provide		8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			0	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	i Di: Amo	(iii) stributable ount for 2023
1 Distributable amount for 2023 from Section C, line 6				
 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions. 				
3 Excess distributions carryover, if any, to 2023				
a From 2018	Emphasian Andrews			
b From 2019				
c From 2020				
d From 2021				
e From 2022	The state of the second st			
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years			AMMAN	
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
J Remainder, Subtract lines 3g, 3h, and 3i from line 3f.		THE HEALTH		
4 Distributions for 2023 from Section D, line 7:				
a Applied to underdistributions of prior years			A A STORY	
b Applied to 2023 distributable amount			NAVI	
c Remainder, Subtract lines 4a and 4b from line 4.			44 553444	
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			4 74 13 4 4 4 5 5 1 5 5 5	
7 Excess distributions carryover to 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
b Excess from 2020,				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				
RAA		Sch	edule A (Fo	orm 990) 2023

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Part VI

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DO NOT FILE

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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
Employer identification number

HEL	PLINE	E HOUSE			91-0902503
Par	t i	Organizations Maintaining Do	nor Advised Funds or Oth	ner Similar Funds	s or Accounts
<u></u>		Complete if the organization ar	nswered "Yes" on Form 99	30, Part IV, line 6	
			(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total n	number at end of year,			
,		te value of contributions to (during year)			
3	50 0	te value of grants from (during year)			
4		gate value at end of year			
5	are the	e organization inform all donors and dol e organization's property, subject to the	organization's exclusive legal c	01111017	🗀 103
6	Did the	e organization inform all grantees, dono aritable purposes and not for the benefi nissible private benefit?	ors, and donor advisors in writing t of the donor or donor advisor,	that grant funds car or for any other purpo	n be used only ose conferringYes No
D	• •				
Par	TII	Conservation Easements Complete if the organization a	newered "Yes" on Form 9	90 Part IV line 7	1
		se(s) of conservation easements held b	the expenientian (check all the	t anniv	
1					a historically important land area
		eservation of land for public use (for exam	ple, recreation or education)	[a certified historic structure
		otection of natural habitat		Preservation of	a certined instolic structure
		eservation of open space			
2	Comple last da	ete lines 2a through 2d if the organization ay of the tax year.	held a qualified conservation contr	ibution in the form of a	
					Held at the End of the Tax Year
a	a Total ı	number of conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2a
i	Total a	acreage restricted by conservation ease	ments		Žb
	. Numb	er of conservation easements on a cert	ified historic structure included	on line 2a	2c
,	a histo	er of conservation easements included oric structure listed in the National Regi	ster.		2d
3	Numbe tax ye	er of conservation easements modified, tra	matered, released, extinguished, o	r terminated by the org	ganization during the
А	Numh	er of states where property subject to	onservation easement is located	j	
7	Door	the organization have a written policy re	egarding the periodic monitoring	inspection, handling	g of violations.
5	and e	nforcement of the conservation easeme	ents it holds?		ino ino
6	Staff a	and volunteer hours devoted to monitoring,	inspecting, handling of violations,	and enforcing conserva	ation easements during the year
٥	Olan C	FIG VOIGHTOON NOW, O GOVERNOUS,		-	
7	Amour	nt of expenses incurred in monitoring, insp	pecting, handling of violations, and	enforcing conservation	easements during the year
8	Does	each conservation easement reported o	on line 2d above satisfy the requ	irements of section 1	70(h)(4)(B)(i)
Ŭ	and s	ection 170(h)(4)(B)(ii)?		, , , , , , , , , , , , , , , , , , , ,	les 100
9	includ	rt XIII, describe how the organization re le, if applicable, the text of the footnote rvation easements.	ports conservation easements in to the organization's financial s	its revenue and exp tatements that descri	ense statement and balance sheet, and bes the organization's accounting for
D-		Organizations Maintaining Co	Mections of Art Historics	Treasures, or O	ther Similar Assets
1 34,500	rt III	Complete if the organization a	answered "Yes" on Form 9	90, Part IV, line 8	3.
	histor Part >	organization elected, as permitted unde ical treasures, or other similar assets he KIII the text of the footnote to its financi	eld for public exhibition, education is a statements that describes the	ese items.	merance of public service, provide in
1	follow	organization elected, as permitted unde ical treasures, or other similar assets held ring amounts relating to these items.			
	A) R	evenue included on Form 990, Part VIII	l, line 1		\$
	/ii\ A	ssets included in Form 990, Part X			\$
2	If the	organization received or held works of art, ints required to be reported under FASE	historical treasures, or other simils 3 ASC 958 relating to these item	ar assets for financial g	gain, provide the following
	- Dava	ous included on Form 990 Part VIII lin	1 عا		
•	h Deept	s included in Form 990, Part X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$
		· · · · · · · · · · · · · · · · · · ·			

Part III Organizations Maint		·					lacuj		
3 Using the organization's acquisition,	accession, and other	records, check any of t	he following that ma	ike signifi	icant use of its co	llection			
items (check all that apply). a Public exhibition		d Loan or exc	hange program	•					
a H other									
B Contract C									
c Preservation for future general4 Provide a description of the organization	ation's collections and	explain how they furth	er the organization's	exempt	purpose in				
Part XIII.									
5 During the year, did the organizat to be sold to raise funds rather th			orical treasures, or zation's collection?	r other si	milar assets	Yes	No		
Part IV Escrow and Custod Complete if the orga	nization answere	s d "Yes" on Form	990, Part IV, li	ne 9, o	r reported an	amount o	n		
Form 990, Part X, lir 1a Is the organization an agent, trus	too purtadian or at	ner intermediary for o	ontributions or oth	er assets	not included		—		
on Form 990, Part X?						_Yes [No		
b If "Yes," explain the arrangement in	Part XIII and complet	e the following table.			1				
					P	mount			
c Beginning balance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1c					
d Additions during the year		, , , , , , , , , , , , , , , , ,		1d					
e Distributions during the year									
f Ending balance		Day V line 01 for a	corour or oustadial		liability?	Yes	No		
2a Did the organization include an a b If "Yes," explain the arrangemen	mount on Form 990,	Part X, line 21, lor e	scrow or custodial	account ad in Par	+ XIII		- "		
b If "Yes," explain the arrangemen	t in Part XIII, Uneck i	here ii the explanatio	II has been provide	JU ATT OF					
Part V Endowment Funds									
Part V Endowment Funds Complete if the orga	nization answere	ed "Yes" on Form	990, Part IV, I	ine 10.					
Complete if the orga					T i	/s\ Faurus			
	(a) Current year	(b) Prior year	(c) Two years back		Three years back	(e) Four yea			
1a Beginning of year balance	3,037,865.	3,603,588.	3,206,82	5 2	2,261,631.	1,969	,800.		
b Contributions		10,000.	- 44		437,020.				
c Net investment earnings, gains, and losses	487,866.	-575,728v	396,76	3.	508,174.	296	,514.		
d Grants or scholarships			P						
e Other expenditures for facilities					0.				
and programs						A	,683.		
f Administrative expenses	0 500001	2 227 065	3,603,58	0 .	3,206,825.		,631.		
g End of year balance2 Provide the estimated percentag	3,52 3,7 31.	3,037,865.	column (a)) held	as:	3,200,023.	2,201	,		
Provide the estimated percentage Board designated or quasi-endor		0.00 %	, 00/4/11/1 (4)/ 1/0/4						
-	Willell 201	<u>, 00</u> °							
b Permanent endowment c Term endowment									
The percentages on lines 2a, 2b, a	nd 2c should equal 10	0%.							
			atal and administrators	t for the					
3a Are there endowment funds not in organization by:	the possession of the	organization that are in	eju aliu auministeret	1 101 1116		Yes	No		
(i) Unrelated organizations?		,				3a(i)	X		
(ii) Related organizations?						3a(ii)	X		
b If "Yes" on line 3a(ii), are the re	lated organizations li	sted as required on S	Schedule R?			3b			
4 Describe in Part XIII the intende	d uses of the organiz	ation's endowment for	unds. SEE PAR	IIX T	I				
Part VI Land, Buildings, an	d Equipment								
Complete if the organizat	ion answered "Yes" o	n Form 990, Part IV, I	ine 11a. See Form 🤉	990, Part	X, line 10.				
Description of property	(a) Cos		b) Cost or other basis (other)	(c) A	ccumulated preciation	(d) Book v	/alue		
1a Land			1,619,670.	WARRED			9,670.		
b Buildings			819,650.		263,451.	556	5 <u>,199.</u>		
c Leasehold improvements									
d Equipment									
e Other			41,074.		36,287.		<u> 1,787.</u>		
Total. Add lines 1a through 1e. (Colum	mn (d) must equal Fo	rm 990, Part X, line	10c, column (B))				0,656.		
BAA					Sched	ule D (Form 9	ð0) 2023		

BAA

Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other HELPLINE HOUSE ENDOWMENT FUND	3,525,731.	END OF YEAR MARKET VALUE	
(A)			
(B)			
(c)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))	3,525,731.		
Part VIII Investments — Program Related Complete if the organization answered "Yes" on	From 000 Bad IV line	N/A	
Complete if the organization answered "Yes" on (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	of-vear market value
	CD) DOOR VAIGE	(c) Wellion of Valuation Cost at site	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))			
	NW.	A	
Part IX Other Assets Complete if the organization answered "Yes" or (a) December 2	Form 990. Part M. line	11d. See Form 990, Part X, line 15.	(b) Book value
(2)	scription		(b) Dook value
(1)	<i>)</i>		
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, line 15, o	column (B))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part X Other Liabilities Complete if the organization answered "Yes" or	ı Form 990. Part IV. lin	e 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description	ription of liability		(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL TAXES			165.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (h) must equal Form 990, Part X, line 25, o	olumn (B))		165.
2 the life for uncortain toy positions in Bort VIII provide the tayt of the f	notnote to the organization's	financial statements that reports the organization's	liability for uncertain
tax positions under FASB ASC 740, Check here if the text of the footnote has	ns been provided in Part XIII.		<u>ь, харх , андн. [6]</u>
BAA	TEEA3303L 07/20/23	Sche	dule D (Form 990) 2023

TEEA3303L 07/20/23

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	4,864,758.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
а	Net unrealized gains (losses) on investments).	
þ	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	24.5	
е	Add lines 2a through 2d	. 2e	415,619.
3	Subtract line 2e from line 1,	3	4,449,139.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	NAT	
	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,449,139.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Returi	1
ļ <u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,884,554.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1,13	
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	l Other (Describe in Part XIII.)	14.4	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1,	3	2,884,554.
4			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) 44		
a b	Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) 4b Add lines 4a and 4b.	4c	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) 44	4c	2,884,554.

Provide the descriptions required for Part II, lines 3.5, and 3. Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE HELPLINE HOUSE ENDOWMENT FUND IS USED FOR GENERAL OPERATING PURPOSES.

PART X - FASB ASC 740 FOOTNOTE

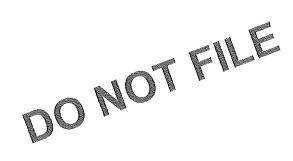
THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A NOT FOR PROFIT ORGANIZATION AND IS NOT CLASSIFIED AS A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509 (A) OF THE INTERNAL REVENUE CODE.

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.



SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Go to www.lrs.gov/Form990 for instructions and the latest information. Name of the organization

Open to Public Inspection Employer identification number

HELPLINE HOUSE			91-090250	3
Fundraising Activities. Complete if the orga	nization answered "Yes"	on Form 990, Part IV, lin	e 17.	
Form 990-EZ filers are not required to confide the confidence whether the organization raised funds	mpiete this part. through any of the following	owing activities. Check	all that apply.	
a Mail solicitations		X Solicitation of non-		
b Internet and email solicitations		X Solicitation of gove		
c Phone solicitations	g	Special fundraising	events	
d X In-person solicitations		\		
2 o Did the except attention being a written as arel agreen	nent with any individual (i	including officers, directo	rs, trustees, or key	VV Du
employees listed in Form 990, Part VII) or ent	ity in connection with p	rotessional fundraising	services (, . ,	XYes No
b If "Yes," list the 10 highest paid individuals or ent compensated at least \$5,000 by the organizat	ities (fungraisers) pursua ion.	nt to agreements under v	Allicia die Indicasser is to	pe
			(v) Amount paid to (or retained by)	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser) (ii) Activi	- Illiane custous of collison	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or energy (identification)	of contributions?	non doawy	column (i)	organization
OSTARA CONSULTING GROUP	Yes No			
1 4616 25TH AVE NE STE 754 CONSULT AND GRAN	T			
SEATTLE WA 98105 WRTING	X		78,596.	
2				
3				
		TFIL		
4		LEVEL IN THE		
_				
5		-		
6				

7				
8				
9				
•				
10				
_			50 506	_
Total	rad or tippogad to callett	ontributions or bookson	78,596.	0.
List all states in which the organization is registe or licensing.	red or licensed to solicit (пөөа гын то гионичинис.	nomed it is exempt from	i registi atteri
WA				
				

Sche	dule	G (Form 990) 2023 HELPLIN	E HOUSE		91-090	
Parl	t II	Fundraising Events. Complete if t reported more than \$15,000 of fun and 6b. List events with gross received.	idraising event cor	itributions and gros	orm 990, Part IV, I ss income on Form	ine 18, or 990-EZ, lines 1
. [and obtained over the trial great and	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
			OTHER EVENTS	ANNUAL MAILING	NONE	through column (c)
ପ୍			(event type)	(event type)	(total number)	
Sevenue	1	Gross receipts	83,228.	32,941.		116,169.
~	2	Less: Contributions	83,228.	32,941.		116,169.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes,				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ΚĎ	7	Food and beverages				
rect	8	Entertainment				
Ճ	9	Other direct expenses	20,033.			20,033.
	10		ough 9 in column (d) .			20,033.
	11	Net income summary. Subtract line 10 fro	om line 3, column (d).	- II F 000 D	ort IV line 10 or re	-20,033.
Par	<u>t III</u>	Gaming. Complete if the organizathan \$15,000 on Form 990-EZ, lin	ition answered "Ye	s" on Form 990, P	artiv, line 19, or re	sported more
	1	man \$15,000 on 1 on 1 550-22, m	C 04.	(b) Pull tabs/instant		(d) Total gaming
Revenue			(a) Bingo	bingo/progressive	(c) Other gaming	(add column (a) through column (c))
Re	1	Gross revenue				
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	rough 5 in column (d) .			
	8	Net gaming income summary. Subtract I	ine 7 from line 1, colur	nn (d)	,	
	1 4	The garring mount out in any construction				
	a Is	iter the state(s) in which the organization of the organization licensed to conduct gamin "No," explain:	g activities in each of t	these states?		
	II	"No," explain:				
		ere any of the organization's gaming licenson				
			TEEA3702L			edule G (Form 990) 202
BA	Α		, 10 / VEI		Julia	

Schedule G (Form 990) 2023 H	ELPLINE HOUSE	91-0902503	Page 3
	g activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiar administer charitable gaming?	y or trustee of a trust, or a member of a partnershi	p or other entity formed to	No
13 Indicate the percentage of gaming activ	ity conducted in:	;	
a The organization's facility		13a	% %
b An outside facility	son who prepares the organization's gaming/specia	al events books and records:	
Name			
Address			
15a Does the organization have a contra b If "Yes," enter the amount of gaming of gaming revenue retained by the to c If "Yes," enter name and address of the		n receives gaming revenue? Yes	No
Name			
			į
16 Gaming manager information:			
Name			
Gaming manager compensation	\$		
Description of services provided			
Director/officer	Employee Independent of	contractor	
17 Mandatory distributions:			
state gaming license?	e law to make charitable distributions from the gam	res	i No
organization's own exempt activities			
Part IV Supplemental Information and Part III, lines 9, 9b, information. See instruction	on. Provide the explanations required 10b, 15b, 15c, 16, and 17b, as applications.	by Part I, line 2b, columns (iii) and able. Also provide any additional	(v);
			b
		0.1.1.0.7	000\ 0000
RΔΔ	TEEA3703L 06/08/23	Schedule G (For	m 550) 2025

OMB No. 1545-0047	2023	Open to Public		Employer identification number	91-0902503	
Grants and Other Assistance to Organizations.	Governments, and Individuals in the United States	Complete it the organization answered the Soft Form 550, Fart IV, fine £1 of £2. Attach to Form 500.	GO TO WWW.115.gov/r-Oringso Tot Life latest Infolliation.	Employe		art le General Information on Grants and Assistance
COMEDIII EI	(Form 990)	Department of the Treasury	Internal Revenue Service	Name of the organization	HELPLINE HOUSE	Part General

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	anization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of noncash (f) Method of valuation (g) Description of or assistance (fook, FMV, appraisal, noncash assistance or assistance or assistance or assistance						nt organizations listed in the line 1 tableline 1 table.	in Act Notice, see the Instructions for Form 990. TEFA3901L 06/12/23 Schedule I (Form 990) 2023
Partil 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization (b) EIN (c) IRC or government (f apr	i i	***				2 Enter total number of section 501(c)(3) and government organizatio 3 Enter total number of other organizations listed in the line 1 table.	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

91-0902503

Page 2

Part III | 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. HELPLINE HOUSE Schedule I (Form 990) 2023

(f) Description of noncash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 29,946. 139,665. 17,578. 4,163. (c) Amount of cash grant 105 70 164 75 (b) Number of recipients (a) Type of grant or assistance 3 CHILDREN'S ACTIVITIES 4 TRANSPORTATION 2 UTILITIES 1 HOUSING ល ø

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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.

OMB No. 1545-0047

Open to Public Inspection

HELPLINE HOUSE Part I Types of Property Employer identification number

91-0902503

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of c contri	d) determir bution a	ning Imounts
1	Art – Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests.							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution - Other							
	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory	X 🗞		1,347,902.	COST		-	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GIFT CARDS)	Х		80,440.	COST			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Dones				29			
							Yes	No
30a	During the year, did the organization receive by contri it must hold for at least 3 years from the date of the							
	for exempt purposes for the entire holding period?					30 a		Х
b	If "Yes," describe the arrangement in Part II.						signaji	
31	Does the organization have a gift acceptance police	cy that requ	ires the review of any n	onstandard contribution	ns?	31		Х
32a	Does the organization hire or use third parties or contributions?	-				32 a		Х
ь	If "Yes," describe in Part II.					BAS		
	If the organization didn't report an amount in columbscribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

DO NOT FILE

SCHEDULE O (Form 990)

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 Form 990-EZ,

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

OMB No. 1545-0047 2023

Open to Public Inspection

HELPLINE HOUSE

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 91-0902503

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

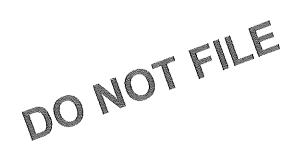
THE 990 IS REVIEWED AND APPROVED BY THE HELPLINE FINANCE COMMITTEE. THE HELPLINE FINANCE COMMITTEE RECOMMENDS APPROVAL TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE, AT THE ORGANIZATION'S OFFICE, AS WELL AS FROM THE STATE'S WEBSITE FOR NON-PROFIT ORGANIZATIONS.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THERE HAS BEEN NO CHANGE IN THE PROCESS BY WHICH THE COMMITTEE OVERSEES THE AUDIT OF ITS FINANCIAL STATEMENTS.



PAGE 1

HELPLINE HOUSE

91-0902503

SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

SCHEDULE I, PART 1, LINE 2:

RECIPIENTS ARE INTERVIEWED BY SOCIAL WORKERS TO DETERMINE LEVEL OF ASSISTANCE REQUIRED. SERVICE PROVIDERS ARE REQUIRED TO SUBMIT DOCUMENTS TO VERIFY AMOUNTS. SUPPORT PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS.

