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Internal Revenue Service

AMENDED

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-0047

A F	or the 2	009 calendar year, or tax year beginning and ending		
Вс	heck if pplicable	Please use IRS	D Employer identifi	cation number
X	Address change Name	label or print or type CENTERLINK, INC.		202725
늗	_change _Initial	Doing Business As		292725
<u> </u>	_return Termin-	See Number and street (or P.O. box if mail is not delivered to street address) Room/s		
<u> </u>	_ated _Amended	I 20 WALL STREET, SUITE 1500		824-0450
بما	⊒return ∏Applica-	City or town, state or country, and ZIP + 4	G Gross receipts \$	354,297.
L	Lion pending	NEW YORK, NY 10005	H(a) Is this a group re	
4	⊋	F Name and address of principal officer. TERRY STONE 120 WALL STREET, SUITE 1500, NEW YORK, NY	for affiliates?	Yes X No
	<u> </u>		H(b) Are all affiliates inc	
		pt status: LX 501(c) ( 3 ) ◀ (insert no.) L 4947(a)(1) or L 527  ► WWW LGBTCENTERS ORG	<del>_</del>	list. (see instructions)
			H(c) Group exemption	M State of legal domicile: FL
		Summary	ear or formation. 2001 p	W State of legal dofficile. 1 11
ļ.,		nefly describe the organization's mission or most significant activities: SUPPORT	THE DEVELOPME	NT OF LGBT
Activities & Governance	C	OMMUNITY CENTERS AND TO BUILD A UNIFIED CEN	TER MOVEMENT.	
E.	-	neck this box I if the organization discontinued its operations or disposed of r		ssets.
96	3 NL	umber of voting members of the governing body (Part VI, line 1a)	3	20
ۻ م	l .	umber of independent voting members of the governing body (Part VI, line 1b)	4	20
88	<b>5</b> To	tal number of employees (Part V, line 2a)	5	3
( <del>)</del>	<b>6</b> To	stal number of volunteers (estimate if necessary)	6	0
Act.	7a To	tal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b Ne	et unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
Ë		ontributions and grants (Part VIII, line 1h)	266,700.	353,651.
Revenue		ogram service revenue (Part VIII, line 2g)	580.	646.
æ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	300.	040.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	267,280.	354,297.
		ants and similar amounts paid (Part IX, column (A), line 12)	207,200.	334,2374
		enefits paid to or for members (Part IX, column (A), line 4)		
s		alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	101,372.	205,122.
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		
ĝ	l	otal fundraising expenses (Part IX, column (D), line 25) 8,981.		
Ŵ	17 Ot	her expenses (Part IX, column (A), lines 17a-10, 1417241)	103,053.	124,840.
	18 To	ntal expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)	204,425.	329,962.
	<b>19</b> Re	evenue less expenses. Subtract line 18 from line 12	62,855.	24,335.
Net Assets or Fund Balances	!	S OCT 25 2010 S	Beginning of Current Year	
sset	<b>20</b> To	otal assets (Part X, line 16)	143,002.	213,389.
et A	<b>21</b> To	otal liabilities (Part X. line 26)	3,467.	
		et assets or fund balances. Subtract line 2 From line 2b	139,535.	147,581.
		_ <del></del>	ents, and to the best of my knowled	toe and belief, it is true, correct.
	ar	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of prepayer (other trian officer) is based on all information of which preparer has any knowle	edge	1
Sigi	.	- DIAN MI DOM	1 /11/2	0 // 8
Her		Signature of officer	Date	<del>'  </del>
****	Ŭ   <b>1</b>	TERRY STONE, EXECUTIVE DIRECTOR		
		Type or print name and title		
Dair	, Р	reparer's Date	Check if Prepar	er's identifying number istructions)
Paid	SI	ignature / / ////////////////////////////////	employed >	
•	Only y	ours if	EIN ►	
336	Se	elf-employed), 1501 CORPORATE DRIVE, SUITE 150		
	zı	BOYNTON BEACH, FL 33426	Phone no. ► (	561) 752-1721
	-	discuss this return with the preparer shown above? (see instructions)	·	X Yes No
9320	01 02-04-1	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2009)

) (Revenue \$

Form 990 (2009)

including grants of \$

307,767.

(Expenses \$

4e Total program service expenses ►\$

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	t IV Checklist of Required Schedules			ugo -
- Pai	TIV Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	NO
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┝ <u>╼</u>		
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	į	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			۱
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		\ <sub>3,7</sub>	
	as applicable	11	Х	-
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ŀ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			İ
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			ļ
	Did the organization report an amount for other assets in Part X, line:15 that is 5% or more of its total assets reported in	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			\ <sub>V</sub>
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		x
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	۳	-	<del> </del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>	t	<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2009) CENTERLINK, INC.

Part IV Checklist of Required Schedules (continued)

`			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			X
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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 I	31		X
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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990 r	2000)

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Par	t V   Statements Regarding Other IRS Filings and Tax Compliance			
,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		·	
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
•	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
_	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	20			
b	Enter the number of voting members that are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customanly performed by or under the	e direct supervis	on			
	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed	?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the				
	governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code )				
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliate	es,			
	and branches to ensure their operations are consistent with those of the organization?			10b	47	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling the form?		11	_X_	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1.	37	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise			v	
	to conflicts?	m\		12b	X	<del> </del>
Ç	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			х	
	in Schedule O how this is done			12c	X	<b></b>
13	Does the organization have a written whistleblower policy?			13	X	<del> </del>
14	Does the organization have a written document retention and destruction policy?	_1 []		14		$\vdash$
15	Did the process for determining compensation of the following persons include a review and approv		it			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				X	1
a	The organization's CEO, Executive Director, or top management official			15a	X	<del>                                     </del>
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			15b		$\vdash$
160	, , , , , , , , , , , , , , , , , , , ,	ment with a				
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	mont will a		16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	ili iate its participa	ation	100		<del>                                     </del>
Ü	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization		20011			
	exempt status with respect to such arrangements?	a madio i o		16b		
Sec	tion C. Disclosure					<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶FL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501(c)(3)s only	available	for		
	public inspection. Indicate how you make these available. Check all that apply.	, : = : \= /(=/= =/ ···//				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict of interes	t policy, a	nd fina	ncial	
	statements available to the public.		,,	_ ,		
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the	organiza	tion:	•	
	CENTERLINK, INC 954-765-6024		<b>J</b>			
	120 WALL STREET, SUITE 10005, NEW YORK, NY 10005					
				-	000	(0000)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not	(B)	1	11011	((		, 4		(D)	(E)	(F)
Name and Title	Average	l		Pos	•	1		Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD BURNS FOUNDER/DIRECTOR	3.00	x					i	0.	0.	0.
	3.00	^	├—		<u> </u>	├	⊢	U •	0.	0.
LORRI L. JEAN	1 4 00	x		x			l		0	_
CO-CHAIR VALERIE LARABEE	4.00	₽	┢	^	<u> </u>	-	-	0.	0.	0.
TREASURER	4.00	x		x				0.	0.	0.
ROBBIN BURR	4.00	1	Η.	^			$\vdash$	U •	<b>U</b> •	· · · · · ·
CHAIR EMERITUS	4.00	X		X,			l	0.	0.	0.
MAGGI CAGE, PHD	4.00	<u> </u>	┢	<u> </u>	-		$\vdash$	0.	0.	•
DIRECTOR	3.00	x				1		0.	0.	0.
LESLIE ANN THOMPSON	3.00	<del>                                     </del>	$\vdash$			<del> </del>	┝			
DIRECTOR	3.00	x						0.	0.	0.
ANN DEGROOT		Г							· · · · · · · · · · · · · · · · · · ·	
FOUNDER/DIRECTOR	3.00	X		l				0.	0.	0.
TERRY STONE										
EXECUTIVE DIRECTOR	50.00	X	<u> </u>	X			L	93,200.	0.	7,860.
SUE DOERFER							l	_	_	_
DIRECTOR	3.00	X					L	0.	0.	0.
DOLPH GOLDENBURG		l		i						
CO-CHAIR	4.00	Х	_	X	L_		L.	0.	0.	0.
DAVID KILMNICK				İ		ĺ				_
DIRECTOR	3.00	X	_		_	Ь.		0.	0.	0.
LESTER L. NEBLETT III	2 00					1				
DIRECTOR	3.00	Х	<u> </u>	<u> </u>		<u> </u>		0.	0.	0.
AEJAIE SELLERS	3 00	x						0.	_	_
DIRECTOR GEORGE D. WESTERMAN	3.00	^	<u> </u>	┝	⊢	┝	├	0.	0.	0.
SECRETARY	3.00	x		x				0.	ο.	0.
COLLEEN DERMODY	3.00	1^	├	₽	├	$\vdash$	-	ļ	· ·	· ·
DIRECTOR	3.00	X		1				l o.	0.	0.
JUDE MEDEIROS	+ 3.00	1	$\vdash$	¥	$\vdash$	$\vdash$	-	<del>                                     </del>	•	
DIRECTOR	3.00	$ \mathbf{x} $	1	١.		1		l o.	o.	0.
KENDALL CLAWSON	1	ᢡ	一	$\vdash$	$\vdash$	$\vdash$	$\vdash$			
	3.00	x		l				0.	0.	0.
		_								

									92	<u>725</u>	Pa	age 8
ustees, Key E	mple	yee			High	est		ees (continued)				
(B) Average hours	(ci		Pos	ition		ıly)	( <b>D</b> ) Reportable compensation	(E) Reportable compensation	,		tımate	
per week	Individual trustee or director	institutional trustee	Officer	Kay employee	Highest compensated employee	Former	from the			other compensation from the organization and related organizations		e ion ed
3.00	x		<u> </u>				0.		0.			0.
							0.		0.			0.
			r				0.		0.			0.
	_	_										
	<u> </u>	-									<del></del> -	
										-	·	
	l	L		L	<b>&gt;</b>		93,200.		0.		7,8	60.
not limited to ti	nose	liste	ed a	bove	e) wi	no r	received more than \$100	0,000 in reportable	<del></del>			0
		, ke	y en	olqr	yee,	or I	highest compensated ei	nployee on		,	Yes	No X
um of reportab	le c							the organization				x
accrue compe	nsat	ion 1						rices rendered to				x
raie a foi sacii	pers	011										
ompensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pens	ation	from	
the organization. NONE  (A) (B) Name and business address Description of services							С			n		
											-	
	not li	mite	d to		_	ste	d above) who received n	nore than				
	Average hours per week  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00  3.00	Average hours per week  3.00 X  3.00 X  3.00 X  3.00 X  3.00 Figure to those and independent of the such individual and independent of the such indepe	Average hours per week  3.00 X  3.00 X  3.00 X  3.00 X  3.00 X  3.00 Establishment in the per week in dividual importable composition of the person of the p	Average hours per week as a not limited to those listed as a crue compensation from dule J for such person  (including but not limited to those saddress)	Average hours per week  3.00 X  3.00 X  3.00 X  3.00 X  3.00 X  3.00 per week  4.00 per week  4.	Average hours per week  3.00 X   Average hours per week per position (check all that apply) per week per week position (check all that apply) per week per week per position (check all that apply) per week per position (check all that apply) per week per position (check all that apply) per per week per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per per position (check all that apply) per position (check all that app	Ustees, Key Employees, and Highest Compensated Employ  (B)  Average hours per week    Double   Position (check all that apply)   Reportable compensation from the organization (W-2/1099-MISC)    3.00   X	Ustees, Key Employees, and Highest Compensated Employees (continued)  (B)  Average hours per week by Highest Compensation (check all that apply) (check all that apply) (check all that apply) (check all that apply) (check all that apply) (check all that apply) (w.2/1099-MISC)  3 . 00 X  4 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	Ustees, Key Employees, and Highest Compensated Employees (continued)  (B)  Average hours per week lead that apply)  By By By By By By By By By By By By By B	Ustees, Key Employees, and Highest Compensated Employees (continued)  (B) (C) (C) (D) (E) Reportable Compensation from the Great Compensation	Ustees, Key Employees, and Highest Compensated Employees (continued)  (B) (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	

52-2292725 CENTERLINK, INC. Form 990 (2009) Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue gifts, grants lar amounts 1 a Federated campaigns 30,150. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and other simil e Government grants (contributions) f All other contributions, gifts, grants, and 323,501 similar amounts not included above 16,289. Q Noncash contributions included in lines 1a-1f \$ 353,651 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 646 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a

354,297.

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

646.

<u>o.</u>

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	93,200.	86,079.	4,473.	2,648.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3372000	00/0721	2,2,3,	2,0101
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	98,236.	90,682.	4,765.	2,789.
9 10	Other employee benefits Payroll taxes	13,686.	12,659.	640.	387.
11 a b	Fees for services (non-employees):  Management  Legal				
	Accounting	7,935.	7,169.	745.	21.
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	i.			
9	Other				
12	Advertising and promotion				
13	Office expenses	5,259.	4,903.	105.	251.
14	Information technology .	3,233.	4,303.	103.	231.
15	Royalties	9,944.	9,387.	555.	2.
16	Occupancy	29,612.	28,405.	333.	1,207.
17	Travel	29,012.	20,403.		1,207.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	8,805.	7,935.		870.
19	Conferences, conventions, and meetings	0,003.	7,333.		870.
20	Interest Payments to affiliates				-
21 22	Depreciation, depletion, and amortization	1,039.	935.	83.	21.
23	Insurance	928.	868.	56.	4.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	CONSULTANTS	47,715.	47,715.		
b	OFFICE SUPPLIES AND EXP	4,197.	2,708.	1,477.	12.
С	TELEPHONE	3,484.	3,207.	135.	142.
d	PRINTING AND PUBLICATIO	1,852.	1,852.		
е	BOARD EXPENSES	321.	321.		
f	All other expenses	3,749.	2,942.	180.	627.
25	Total functional expenses. Add lines 1 through 24f	329,962.	307,767.	13,214.	8,981.
26	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form <b>990</b> (2000)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X | Balance Sheet (B) (A) End of year Beginning of year 144,634. 100,849. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 25,000. 50,000. 3 3 Pledges and grants receivable, net 14,391. 13,627. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section: 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 1,065. 2,442. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,554 basis. Complete Part VI of Schedule D 10a 3,282. 2,311. 1,272. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 <u>150.</u> 650. 15 Other assets. See Part IV, line 11 15 143,002. 213,389. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,367. 8,963. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 100. 56,845. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties, 24 Other liabilities. Complete Part X of Schedule D 25 3,467. 65,808. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 79,952. 77,478. 27 Unrestricted net assets 59,583. 70,103. Temporanty restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 213,389. Form **990** (2009)

147,581.

32

33

139,535.

143,002.

32

33

Pa	rt XI   Financial Statements and Reporting		
•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1	ł
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1	1
	consolidated basis, separate basis, or both		
	X Separate basis Consolidated basis Both consolidated and separate basis		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		l
	Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
	Forr	n <b>990</b>	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

		CENTERL	INK, INC.					ļ	52	2-2292725	
Part	Reason	for Public Char	ity Status (All organiz	zations mus	st complet	e this part	.) See inst	ructions.			
The org	anization is not a	private foundation I	because it is: (For lines	1 through 1	11, check	only one b	ox.)				_
1	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗀	A hospital or	a cooperative hospit	tal service organization (	described	ın <b>section</b>	170(b)(1)(	A)(iii).				
4	A medical res	search organization of	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,	
	city, and stat	e:					_				
5 🗆	An organizati	on operated for the	benefit of a college or u	niversity ov	vned or op	erated by	a governi	mental uni	t describ	ed in	_
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	🛚 An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general	public described in	
	section 170(	b)(1)(A)(vi). (Comple	te Part II )								
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 X	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershij	p fees, ar	nd gross receipts from	1
	activities rela	ted to its exempt fur	nctions - subject to certa	an excepte	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investmen	t
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 30, 1975.	
_	See section	<b>509(a)(2).</b> (Complete	Part III.)								
10 📙	_	•	perated exclusively to te	•	•			•			
11 🗀		on organized and op	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y 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 that										
	describes the type of supporting organization and complete lines 11e through 11h.										
_	_ <b>a L</b> J Type⊺				e III - Func	•	-		<b>d</b>	Type III - Other	
e			t the organization is not								
		•	han one or more publicly	• • •	•				∂(a)(1) or	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		_	_
	•	rganization, check th				_			_	L	۷
g	-		rganization accepted ar							<u> </u>	_
			rectly controls, either al	one or tog	ether with	persons o	iescribed	ın (II) and (	III) below,		-
	•	• •	upported organization?							11g(i)	_
	• • •	•	n described in (i) above?		- 0					11g(ii)	_
		-	person described in (i)							[11g(iii)]	_
h	Provide the f	ollowing information	about the supported or	ganization	(S).						
en 11		(I) FIN	(iii) Type of	Viv) Is the o	rganization	(v) Did voi	Lootify the	(vi) Is	the I		
٠,	ne of supported rganization	(ii) EIN	organization	in col. (i) lis				organizatio	on in col.	(vii) Amount of support	
U	ryanization		(described on lines 1-9 above or IRC section	governing			support?	(i) organız U.S	.?	зарроге	
			(see instructions))	Yes	No	Yes	No	Yes	No	1	
				<u> </u>							_
				ļ							
										· · · · · · · · · · · · · · · · · · ·	_
				ļ	r			-			_
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											_
-				<u> </u>							_
Total								1	[ ]		

Sch	edule A (Form 990 or 990-EZ) 2009						Page <b>2</b>
	Support Schedule for (Complete only if you checked	-		Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,	,			
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4				<u> </u>		
	ction B. Total Support		·	· · · · · · · · · · · · · · · · · · ·	·	T	<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					1	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources					<del> </del>	<del> </del>
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain				<del> </del>	<del>                                     </del>	
10	or loss from the sale of capital					İ	
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					<del>                                     </del>	<del></del>
	Gross receipts from related activities,	etc. (see instruction	ons)	ł	<u>.                                    </u>	12	<del></del>
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth t	ax vear as a secti	<b>—</b>	
	organization, check this box and stop	3	,	_,	<b>,</b>		▶□
Se	ction C. Computation of Publ		rcentage	•			
14	Public support percentage for 2009 (I	ine 6, column (f) d	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did nof	t check the box or	n line 13, and line	14 is 33 1/3% or i	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
t	33 1/3% support test - 2008.If the o	rganizatıon dıd nof	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	iis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
178	a 10% -facts-and-circumstances tes	t - <b>2009.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	art IV how the orgai	nization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%** -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009 CENTERLINK, Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2006 (d) 2008 (e) 2009 (a) 2005 (c) 2007 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 195,605 122,372 173,696. 266,700 353.651. 1112024. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or 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 266,700. 1112024. 195,605. 122.372. 173,696. 353,651. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. amount on line 13 for the year 0. c Add lines 7a and 7b 1112024. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 1112024. 122,372 173,696. 266,700. 353,651 195,605 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 656 306 580 646 2,188. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 656. 306. 580 646. 2,188. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 195,605. 123,028. 174,002. 267,280. 354,297. 1114212. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.80 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 99.7716 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .20 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 .18 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. 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  $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.									
Nar	ne of organization			Emp	oloyer identification number						
		INK, INC.			52-2292725						
Pa	art I-A Complete if the org	anization is exempt und	der section 501(c	or is a section 527	organization.						
1	Provide a description of the organiz	ation's direct and indirect politi	cal campaign activities	in Part IV.							
2	Political expenditures			•	\$						
3	Volunteer hours				· · · · · · · · · · · · · · · · · · ·						
		anization is exempt und									
1	Enter the amount of any excise tax	•		<b>.</b>							
2	Enter the amount of any excise tax	, ,		5	\$						
	If the organization incurred a section	n 4955 tax, did it file Form 4720	) for this year?		Yes No						
	Was a correction made?		ē		└── Yes └── No						
	o if "Yes," describe in Part IV.  art I-C   Complete if the org	anization is exempt und	der section 501/c	excent section 501	(6)(3)						
Ь	<del></del>	•	-	•	\$						
	Enter the amount directly expended Enter the amount of the filing organ	, , ,	•		<b></b>						
~	• •	ization's fullus contributed to o	ther organizations for s		¢						
3	exempt function activities  Sample Support function activities and sample Support function activities activities activities and sample Support function activities activities and sample Support function activities										
J	Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,  line 17b										
4	Did the filing organization file Form	1120-POL for this year?		-	Yes No						
5	Enter the names, addresses and en	•	IN) of all section 527 p	olitical organizations to wh	ich payments were made						
-	For each organization listed, enter t		•	-							
	that were promptly and directly deli	vered to a separate political org	janization, such as a se	eparate segregated fund or	a political action committee						
	(PAC). If additional space is needed	l, provide information in Part IV.									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political						
				filing organization's	contributions received and						
				funds. If none, enter -0-	promptly and directly delivered to a separate						
					political organization						
					If none, enter -0-						
				1							
				•							
	•		<del>-  </del>	<del>- </del>	<u> </u>						
			<del> </del>	<del> </del>	<del> </del>						
				-	<del> </del>						
					1						

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

LHA

Schedule C (Form 990 or 990-EZ) 2009	CENTERLINE	K, INC.		52-2	292725 Page 2
Part II-A Complete if the org		mpt under section	n 501(c)(3) and fil	ed Form 5768	
(election under sect		illustration or an in			<del></del>
A Check  if the filing organizat  if the filing organizat  if the filing organizat		iliated group. ind "limited control" pro	visions apply		
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)		6,750.	
b Total lobbying expenditures to influ				1,060.	
c Total lobbying expenditures (add lin	-	ay (all dot loos) ii ig/		7,810.	
d Other exempt purpose expenditure	•			322,152.	
e Total exempt purpose expenditures		d)		329,962.	
f Lobbying nontaxable amount. Ente	· •	•	n columns.	65,992.	
If the amount on line 1e, column (a) or		obying nontaxable amo			
Not over \$500,000	* *	the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	· · · · · · · · · · · · · · · · · · ·	00 plus 10% of the exc		·	
Over \$1,500,000 but not over \$17,000 but not over \$		00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
g Grassroots nontaxable amount (en	ter 25% of line 1f)			16,498.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	ation file Form 4720	<del></del>	
reporting section 4911 tax for this y	/ear?				Yes No
	ations that made a	eraging Period Under section 501(h) election ne instructions for line	do not have to com		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007 <sub>f</sub>	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		34,106.		65,992.	100,098.
b Lobbying ceiling amount					150 147
(150% of line 2a, column(e))			-		150,147.
c Total lobbying expenditures		1,573.		7,810.	9,383.
d Grassroots nontaxable amount		8,527.		16,498.	25,025.
e Grassroots ceiling amount				,	
(150% of line 2d, column (e))					37,538.
f Grassroots lobbying expenditures		1,573.		6,750.	8,323.

6,750. 8,323. Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 CENTERLINK, INC. 52-2292725 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	1)	(b	)
		Yes	No	Amo	ount
1 During	the year, did the filing organization attempt to influence foreign, national, state or				
local le	egislation, including any attempt to influence public opinion on a legislative matter	<b>!</b>			
or refe	erendum, through the use of:	1			
a Volunt	teers?				
<b>b</b> Paid s	staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media	advertisements?				
d Mailin	gs to members, legislators, or the public?				
e Public	ations, or published or broadcast statements?	<u></u>			
	s to other organizations for lobbying purposes?				
•	contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	activities? If "Yes," describe in Part IV				
, Total.	Add lines 1c through 1i				
	e activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes	s," enter the amount of any tax incurred under section 4912				
c If "Yes	s," enter the amount of any tax incurred by organization managers under section 4912				
d If the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()	/E\		
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on sur(c)	(5), or se	ection	
				Yes	No
l Were	substantially all (90% or more) dues received nondeductible by members?		1		
	e organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	e organization agree to carryover lobbying and political expenditures from the prior year?		3		
1 Dues.	"Yes." assessments and similar amounts from members		1		
	on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	nses for which the section 527(f) tax was paid).	iou.			
a Currei			2a		
	over from last year		2b		
c Total	over nonnast year		2c		
	egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	nditure next year?	p =	4		
•	ole amount of lobbying and political expenditures (see instructions)		5		
art IV	Supplemental Information	•			
	nis part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1ı Alsı	o, complete	this p
r any addi	itional information.				
=					
				··· -	

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Nam	e of the organization CENTERLINK, INC.		52-2292725
Pai		ed Funds or Other Similar Fund	
	organization answered "Yes" to Form 990, Part IV, lin		2 2 1 1 1 0 0 annier Completo II tilo
	Organization answered Tes to Form 550, Fart 14, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	<del></del>	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
5	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for chantable purposes and not for the benefit of the donor		
	impermissible private benefit?	or derior devicer, or for any earler purpose	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	modic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements o	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for
_	conservation easements.		M 0''I A
Ра	rt III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" to Form	1990, Part IV, line 6.	
4-	KAL	-	
ıa	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e	·	ublic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these		and about works of out biotomost transcurse
D	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		▶ €
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
•	<ul><li>(ii) Assets included in Form 990, Part X</li><li>If the organization received or held works of art, historical tree</li></ul>	pacifics, or other similar assets for finese	
2	the following amounts required to be reported under SFAS 1		ai gaiii, piovide
	Revenues included in Form 990, Part VIII, line 1	To relating to these items.	<b>▶</b> \$
a	Assets included in Form 990, Part X		► \$ ► \$
U	noseta included in Follil 330, Fall A		F ¥

		INK, INC.						_	<u>92725</u>		2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, d	or Oth	er Similar	Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a s	significant us	e of its	collection	items	
	(check all that apply):										
а	Public exhibition	d	, <u>    </u>	oan or exc	hange progra	ams					
b	Scholarly research	е	، لــا ه	Other							
С	Preservation for future generations		•								
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exe	empt purpose	ın Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, his	stoncal trea	sures, or oth	er sımıla	ır assets	_	_		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	ollection?				Yes	<u>N</u>	lo_
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	t X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	s or other as	sets no	t included	_	_		
	on Form 990, Part X?							L	Yes	∟ N	О
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing to	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	」 Yes	<u></u>	lo
ь	If "Yes," explain the arrangement in Part XIV.										_
Par	t V Endowment Funds. Complete	f the organization ar	swered '	"Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Pr	nor year	(c) Two year	rs back	(d) Three yea	rs back	(e) Four y	ears bac	:k
1a	Beginning of year balance		<u> </u>								
b	Contributions			1							
С	Net investment earnings, gains, and losses										_
d	Grants or scholarships										_
е	Other expenditures for facilities										
	and programs										_
f	Administrative expenses										
g	End of year balance								<u> </u>		_
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment ▶	%									
<b>3</b> a	Are there endowment funds not in the posses	ession of the organiz	ation tha	t are held a	nd administe	ered for	the organizat	ion			_
	by:									Yes N	0
	(i) unrelated organizations								3a(i)		_
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	lule R?					3b		_
4	Describe in Part XIV the intended uses of the										_
Pai	rt VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) A	Accumulated		(d) Book	value	
		basis (investi	ment)	basis	(other)	de	preciation				
1a	Land										
b	Buildings										<u>.</u>
С	Leasehold improvements										<u>.</u>
d	Equipment	4,	554.				3,28	2.	1	.,272	
е	Other										<u>.</u>
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	10(c).)			▶	1	.,272	2.

CENTERLINK, INC. Schedule D (Form 990) 2009 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Other Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

	dule D (Form 990) 2009 CENTERLINK, INC.						292725	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial S	State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				,297.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				,962.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			24	,335.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				,289.
9	Total adjustments (net). Add lines 4 through 8			9				,289.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			10			8	,046.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Rever	nue p	er R	eturn	25.4	007
1	Total revenue, gains, and other support per audited financial statements				ļ	1	354	,297.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	ļ					
C	Recoveries of prior year grants	2c	ļ					
d	Other (Describe in Part XIV)	2d	<u></u>					^
е	Add lines 2a through 2d				ļ	2e	0.5.1	0.
3	Subtract line 2e from line 1				ļ	3	354	,297.
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	4a	ļ					
b	Other (Describe in Part XIV.)	4b	1					^
С	Add lines 4a and 4b					4c	A P 7	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		MANAGE TO SE			5		,297.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents '	with Expe	nses	per			761
1	Total expenses and losses per audited financial statements					1	340	,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	ı					
a	Donated services and use of facilities	2a	1					
b	Prior year adjustments	2b						
C	Other losses	2c	1	6,2	00			
d	Other (Describe in Part XIV)	2d	1 1	.0,2	07.		1 4	,289.
	Add lines 2a through 2d					2e		<u>,269.</u>
3	Subtract line 2e from line 1					3	349	, 304.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.	1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	+					
b	Other (Describe in Part XIV.)	4b	1					0.
_	Add lines 4a and 4b					4c	3 2 0	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	349	,962.
	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I							e 4; Part
(, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete th	is part to pro	ovide a	ny ado	itional i	intormation	
			-					
יגם	OM VI IINE Q _ OMUED ANTIICMMENIMO.							
- AL	RT XI, LINE 8 - OTHER ADJUSTMENTS:							
TAT	KIND EYDENCEC							
т1//	KIND EXPENSES							<del></del> .
PAT	RT XIII, LINE 2D - OTHER ADJUSTMENTS:							
	CI AIII, BIND 20 OTHER ADOUGHERIS.							-
TN	KIND CONTRIBUTION OF GOODS AND EQUIPMENT							
-11	MIND CONTRIBUTION OF GOODS AND BOTTMENT	·						
						_	<u>-</u>	

#### SCHEQULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization  CENTERLINK, INC.	Employer identification number 52-2292725
FORM 990, PART VI, SECTION A, LINE 2: WE HAVE TWO BOARD M	EMBERS WHO ARE
ASSOCIATED WITH THE AFFIRMATIONS COMMUNITY CENTER; GEORGE	WESTERMAN IS ON
THE BOARD AND LESLIE THOMPSON IS THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF TH	E RETURN WAS
FORWARDED TO MANAGEMENT AND ACTING BOARD TREASURER FOR ED	ITORIAL COMMENTS.
ONCE ALL COMMENTS WERE RESOLVED A FINAL VERSION WAS FORWA	RDED FOR SIGNATURE
AND MAILING.	
FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER	IS REQUIRED TO
COMPLETE A CONFLICT OF INTEREST STATEMENT EACH YEAR. THE	SE STATEEMENTS ARE
REVIEWED EACH YEAR BY THE BOARD CO-CHAIR OR THE EXECUTIVE	DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 15: ALL CONTRACTS AND	SALARIES OF
OFFICERS ARE REVIEWED AND APPROVED BY THE BOARD OF TRUSTE	ES.
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCU	MENTATION IS KEPT
ON FILE AND IS READILY AVAILABLE UPON WRITTEN REQUEST.	
THE ORGANIZATION RECEIVED AN AUDIT OF THEIR FINANCIAL STA	TEMENTS WHICH
CONINCIDES WITH THEIR PRIOR YEAR PROCEDURE TO HAVE THEIR	FINANCIAL
STATEMENTS AUDITED.	

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

• If yo	u are filing for an <b>Automatic 3-Month Extension, complete only Part I</b> and check this box u are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> (on page 2 of this t <b>complete Part II unless</b> you have already been granted an automatic 3-month extension on a previously fil					
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		<del></del>			
Part I	•		▶□			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ncome tax returns.	exten	sion of time			
noted (not au you mi	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or colust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you want the additional ated Form 990-T Instead,			
Туре	Name of Exempt Organization	Employer identification nu				
print	CENTERLINK, INC.	52-2292725				
File by the due date filing you return S	for Number, street, and room or suite no. If a P.O. box, see instructions.  120 WALL STREET. SUITE 1500					
instruction						
• The Tele	Form 990  Form 990-T (corporation)  Form 990-BL  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-EZ  Form 990-PF  Form 1041-A  CENTERLINK, INC.  CENTERLINK, INC.  CENTERLINK, INC.  CENTERLINK, SUITE 10005 - NEW YORK  Sphone No.  954-765-6024  FAX No.  The organization does not have an office or place of business in the United States, check this box are in Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the	227 069 370	▶□			
	. If it is for part of the group, check this box  and attach a list with the names and EINs of all					
!	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010, to file the exempt organization return for the organization named a sfor the organization's return for:    X   calendar year 2009   or   tax year beginning, and ending, and ending		The extension			
2	f this tax year is for less than 12 months, check reason. Initial return Final return		Change in accounting period			
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
-	nonrefundable credits. See instructions	3a	\$			
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	25	<b>.</b>			
	ax payments made. Include any pnor year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	\$			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).					
	See instructions.	3с	\$ N/A			

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)