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00250 08/19/2010 10 10 AM Return of Organization Exempt From Income Tax OMB No 1545-0047\_ 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public mal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 04/30/10 or the 2009 calendar year, or tax year beginning 05/01/09 and ending Please Check if applicable C Name of organization Employer identification number use IRS Address change LINKS, INC. CENTRAL JERSEY CHAPTER label or C/O CHERYL FINLEY Doing Business As 22-2086104 Name change print or type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 15 EASTWOOD BLVD 732-371-0741 Specific Termination 13,914 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-Amended rétum **MANALAPAN** 07726 tions ŊJ F Name and address of principal officer H(a) Is this a group return for Application pending affiliates? H(b) Are all affiliates included? If "No," attach a list. (see instructions) Tax-exempt status 501(c) ¶ (insert no ) 4947(a)(1) or 527 Website: ▶ N/A H(c) Group exemption number ▶ Type of organization X Corporation Association Other > Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities THE LINKS, INC., 1200 MASSACHUSETTES AVE., WASHINGTON, D.C. Activities & Governance PRESIDING PRESIDENT, DR. GWENDOLYN B. LEE, A GROUP OF FRIENDS COMMITTED TO EDUCATION, CULTURAL AND CIVIC 2 Check this box ▶ │ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column osc 7a (C)<del>: line-1</del>2 b Net unrelated business taxable income from Form 990-T, line 3 7b Prior Year **Current Year** 33,876 Contributions and grants (Part VIII, line 1h) 13,914 SCANNED SEP 1 6,2000 Program service revenue (Part VIII, line 2g) OGDEN 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,876 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,914 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 24,100 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,038 14,606 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 58,138 40,039 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -24,262 -26,125 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year

20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20

9,987 36,112 9,987

36 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer

CHERYL FINLEY TREASURER Type or print name and title

Preparer's **Paid** 

signature

08/19/10

Check if employed > Preparer's identifying number P34443444

22-3549281

Preparer's **ASSOCIATES** Firm's name (or yours **Use Only** Rt. ıf self-employed), address, and ZIP + 4

South Suite 15B 206 Hamilton, NJ

Phone

EIN D

609-585-9464 Yes

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

	1990 (2009) 山上 Irt III State			-2086104	Page Z
1	Briefly describe t	the organization's mission	Service Accomplishments on		
Ü	ee Sched	ule O			
2	Did the organiza	tion undertake any signi	ficant program services during the year which were	not listed on	
	the prior Form 99	90 or 990-EZ? e these new services on	Schedule O		Yes X No
3	Did the organiza		or make significant changes in how it conducts, any	r program	□ <b>(5</b> 2)
	services? If "Yes," describe	e these changes on Sch	edule O		∐ Yes X No
4			ents for each of-the organization's three largest pro itions and section 4947(a)(1) trusts are required to		-
			and revenue, if any, for each program service rep		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
	(0000	, (_,,p=,,,===============================	matering grants or ¢	, (.c.c	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
	(0000	, (Engenees t	moraning grante or ¢	, (	,
4d	Other program s	ervices (Describe in Sc	hedule O )		
	(Expenses \$	32,956	including grants of \$ 25,433	) (Revenue \$	)
<u>4e</u>	rotai program s	service expenses	32,956		Form <b>990</b> (2009)

_P	rt IV Checklist of Required Schedules			
3			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	l		
	complete Schedule A	1	X	
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 public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	Į		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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		_X_
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		<u>X</u>
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	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 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in 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	42		X
404	Schedule D, Parts XI, XII, and XIII	12		_
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12A X			
42		42		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	-	<b></b>
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1-717		<del>                                     </del>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		$ \mathbf{x} $
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			Ť
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Fom	990	(2009)

Form 990 (2009)

36

37

X

X

X

organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

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,

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

	990 (2009) LINKS, INC. CENTRAL JERSEY CHAPTER 22-2086104		Р	age 5
	art V Statements Regarding Other IRS Filings and Tax Compliance		,	
(A)	_ •.	<u></u>	Yes	No
1.7	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ľ		,,
_	gaming (gambling) winnings to prize winners?	<u>1c</u>	-	X
2 <b>a</b>	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]	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2-	Instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
_	this return?	3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	+	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>4a</u>	<del> </del>	X
D	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			.,
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<del> </del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
ο-	Prohibited Tax Shelter Transaction?	<u>5c</u>	+	<u> </u>
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			٦,
_	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
-	gifts were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		•
L	and services provided to the payor?	7a	+	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	<del> </del>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	1 7c		
	If "Yes," indicate the number of Forms 8282 filed during the year  Put the association during the year finds directly and the second state of the			
ө	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person benefit contract?	ľ		•
		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7f</u>	-	
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<u>7g</u>		
"	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	'"		
Ü	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	1	
9	Sponsoring organizations maintaining donor advised funds.	- <del></del>		<b></b>
a	Did the organization make any taxable distributions under section 4966?	9a	1	İ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter	35		<b></b>
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
''а	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'	) 12a		Ì
	If "Yes" enter the amount of tax-exempt interest received or accrued during the year			

	1990 (2009) LINKS, INC. CENTRAL JERSEY CHAPTER 22-2086104			age <b>6</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7			
21	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			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ .	X
5 -	Did the organization become aware during the year of a material diversion of the organization's assets?	5	-	X
6	Does the organization have members or stockholders?	6-		- <b>X</b> -
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	X	
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 reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)		,	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		İ	
	form?	11	ļ	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	L	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<del></del> -
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	ļ	X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Cheryl Finley 15 Eastwood Blvd	720 27	11 ^	1744
M	analapan NJ 07726	<u>732-37</u>	T-0	

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	n did not compe	nsate	e an	y cur	rent	offic	er, c	lirector, or trustee		
(A) Name and Title	(B) Average	Posi	tion (	(C chec	C) k all t	that a	(vlaa	(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JANET DICKERSON S PRESIDENT	STEPHENS							0	0	0
AUDREY WILLIAMSON	NT .				<u> </u>	╁	$\vdash$	<u> </u>	0	<u> </u>
VICE PRESIDE	1							0	o	o
CHERYL FINLEY						<b> </b>	$\vdash$	<u> </u>		
TREASURER	<u> </u>							0	0	0
DORIS SCOTT-HUGG	INS N									
FINANCIAL SE	]						ļ	0	0	0
		ļ			_	<del>                                     </del>	-			
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Par	t VII		T	ruste	es, l	Key ∣		loy	ees,	an			Employees (continued)				
1	Name	(A) e and Title	(B) Average hours per	- ⊢	ositio	<u> </u>		_			Rep	(D) portable pensation	(E)  Reportable compensation		(F) Estimate amount		
<b>'</b>			week	or director	Individual trustee	Institutional trustee	Net employee	Cay employee	Highest compensated	Former	orga	from the anization 099-MISC)	from related organizations (W-2/1099-MISC)	oi a	other mpensa from the rganizate nd relate ganizate	e ion ed	
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				1		_		_									
				4	1	_	$\downarrow$	$\downarrow$	4							-	
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			-		-	-		_	$\perp$								
	<u></u>		-		1		_	-	_								
			-	_	4		1										
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	Total	show of code and code (or	aludiaa but a		utad	•- •b		lioto	ام ما	2014	) who soon	wod more than	\$100,000 in	<u> </u>			
2		ber of individuals (ir compensation from	-				J56	IISIC	ou at	JUV-	e) willo rece	ived more mar					
3		ganization list any fo					stee.	ke	v em	olar	ovee, or high	nest compensa	ated			Yes	No
4	employee	on line 1a? If "Yes,"	omplete So e 1a, is the si	hedu um of	ile Jif Frepo	or so	ich i le co	ndiv omp	vidua ensa	al atıo	n and other	compensation	ı from		3		X
5	ındıvıdual	ization and related of erson listed on line													4		x
	services r	endered to the organ	nization? If "Y												5		X
1	Complete	this table for your fi	ve highest co ization		sate	d inc	ере	nde	ent co	onti	ractors that					<b>(5</b> )	
		Name and	(A) I business address						_			Descri	(B) ption of services		Con	(C) npensat	tion
<u> </u>																	
				_													
		·															
									_								
2	Total num	nber of independent	contractors (i	nclud	ling b	ut no	ot lin	nited	d to	tho	se listed ab	ove) who recei	ved				
DAA	more than	1 \$100,000 in compe	ensation from	the c	organ	ızatı	on 🕨	<u> </u>							0 Form	990	(2009

	rt V	III Stater	nent of Reve	nue						
¥1		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
សស	1a	Federated car	กกลเดกร	1a				revenue		312, 313, 61 314
Contributions, gifts, grants and other similar amounts	h	Membership d		1b						
말 등		Fundraising e		1c						
ar a	ď	Related organ		1d						
S,E		Government grants		1e						
is is	f	All other contribution		<u>'</u>						
텵	•		not included above	1f		13,914				
들임		Noncash contributio	ns included in lines 1a-		\$					
양퇴	· h	Total. Add line		• •	• 	_▶ :	13,914			
		1041171001111	30 10 11			Busn. Code				
ē	2a									······································
2	b									
į.	C									
Š	d									
Program Service Revenue	8									
ğ	f	All other progr	am service reve	nue				- , ,		
4	g	Total. Add line	es 2a-2f			<b>•</b>				
	3	Investment inc	come (including	dıvıder	ids, intere	est, and				
		other similar a	imounts)			▶				<u> </u>
	4	Income from I	nvestment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties				<b>&gt;</b>				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	Ç	Rental inc or (loss)								
					,	<b>•</b>				
	/ a	Gross amount from sales of assets	(ı) Secunties	3	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
		Gain or (loss)			l.,					
		Net gain or (lo	•	. 1						
9	8a		om fundraising eve	nts						
ě		(not including \$								
é			reported on line 1c							
Other Revenu		See Part IV, line		a						
8		Less direct ex	•	b	- ovente	•				
			r (loss) from fund om gaming activitie		events				-	
	94	See Part IV, line								
	h	Less direct e		a b			1			
			r (loss) from gan	- 1	tivities	•	,,,,,			
			f inventory, less	- 1	HAILICS					
		returns and al	-	а						
	b	Less cost of		b						
			r (loss) from sale		ventory	<b></b>				•
			ellaneous Revenue			Busn. Code				
	11a								1	
	b									
	С									
	d	All other rever	nue							
	е	Total. Add line	es 11a-11d			<b>&gt;</b>				
	12	Total Revenu	e. See instruction	ns		•	13,914	0	0	0

DAA

Form **990** (2009)

Form 990 (2009) LINKS, INC. CENTRAL JERSEY CHAPTER 22-2086104

Part IX Statement of Functional Expenses

<u> 7 a</u>	THE Statement of Functional Exp				
1	All other organizations must o			ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b,	(A) Total expenses	Program service	(C) Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22	25,433	25,433		
3	Grants and other assistance to governments,				······································
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members —				,
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
۵			-		
9 10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees)				<u> </u>
a	Management				
b	Legal				
С	Accounting	700		700	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	13,906	7,523	6,383	
12	Advertising and promotion				
13	Office expenses				<del></del>
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
_					
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	Journal expenses shown on line 25 below )		-		<u> </u>
a b	ļ				
c	İ				
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	40,039	32,956	7,083	
26	Joint costs. Check here ► inf following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				

Form 990 (2009)

9,987

9,987

987

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28 29

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33

36,112

36,112

36,112

**Net Assets or Fund Balances** 

27

28

29

30

32

33

Total liabilities. Add lines 17 through 25

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117, check here ▶ X

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

Retained earnings, endowment, accumulated income, or other funds

om	1 990 (2009) LINKS, INC. CENTRAL JERSEY CHAPTER 22-2086104		Pag	је 1 <u>2</u>
Pa	art XI Financial Statements and Reporting			
$\P_{j}^{\prime}$			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 in	_		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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 consolidated basis, separate basis, or both	_		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

## SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury

**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

iterr	iai Revenue Service		<u> </u>		•					1110	ppyelo	·1
lam	e of the organizatio		CENTRAL JERSEY	CHAPI	'ER				-	ntification nui	nber	
Pa	ert l Reas	on for Public Charity	Status (All organizations	must c	omplet	e this j	part) S	See in	struct	ions		
he	o <u>rga</u> nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	one box	)						
1	A church, co	nvention of churches, or ass	ociation of churches described	ın section	170(b)(1	)(A)(i).						
2	A school des	cribed in section 170(b)(1)(a	A)(ii). (Attach Schedule E)									
3	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170(	(b)(1)(A)(i	iii).						
4	A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's name	),	
	city, and stat	e		-				_				-
5		ion operated for the benefit on the benefit on the bold of the benefit of the ben	of a college or university owned	or operate	ed by a g	overnme	ntal uni	descri	bed in			
6	A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A	)(v).						
7	An organizat	on that normally receives a	substantial part of its support fr	om a gove	ernmental	unit or f	rom the	genera	ıl public			
	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8		trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)								
9	X An organizat	ion that normally receives (1	I) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees,	and gro	oss		
			npt functions—subject to certain									
			nd unrelated business taxable in				) from b	usines	ses			
		<del>-</del>	0, 1975 See section 509(a)(2)			-						
10	<del>_</del>		exclusively to test for public safe									
11	•	•	exclusively for the benefit of, to	•		•	•					
			ed organizations described in s						section			
			he type of supporting organizati			nes 11e . [	_					
	a Type	··	c Type III–Function			a		e III–Ot				
е		-	anization is not controlled direct and other than one or more pul	-						•		
		section 509(a)(2)	and other than one or more pur	oliciy supp	onted org	jarrizatio	115 4656	iibeu iii	36011011	ı		
f	, , , ,	, ,, ,	rmination from the IRS that it is	a Tyne I	Type II	or Type I	III sunna	ortina				
•	•	check this box		i a Type i,	Type II,	or Type	ш заррс	Jitmig				
	•		tion accepted any gift or contrib	ution from	any of th	ne.						Ш
g	following per	<del>-</del>	and accepted any give or convenie									
	•		ontrols, either alone or together	with perso	ons descr	ibed in (	11)				Yes	No
		•	f the supported organization?				.,			11g(ı)		
	, ,	member of a person describ	•							11g(iı)		
		controlled entity of a person of	• •							11g(iii		
h	Provide the	following information about t	he supported organization(s)									
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) li	organization sted in your document?	col (i)	nization in of your	organizat (i) organi	zed in the	( <b>vii)</b> Am sup		
			(see instructions))		T		oort?	<del></del>	S?			
				Yes	No	Yes	No	Yes	No			

	dule A (Form 990 or 990-EZ) 2009 LIN					<u>-2086104</u>	Page 2
Pa	still Support Schedule for O				o)(1)(A)(iv) and	170(b)(1)(A)(vi)	
<u> </u>	(Complete only if you che	ecked the box	on line 5, 7, or	r 8 of Part I.)			
	tion A. Public Support					1	<del></del>
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 organization's benefit and either paid to or expended on its behalf						
<b>3</b>	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)						
6	Public support. Subtract line 5 from line 4				<u> </u>		<u>_</u>
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	·		_			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	***************************************					
11	Total support. Add lines 7 through 10		<u></u>	<u> </u>	<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc	-				12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax ye	ear as a section 50°	1(c)(3)	
	organization, check this box and stop her						<b>&gt;</b>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6		-	nn (f))		14	<u>%</u>
15	Public support percentage from 2008 Sch					15	%
16a	33 1/3 % support test—2009. If the organ				33 1/3 % or more,	check this box	. [7
	and stop here. The organization qualifies		-				▶ ∐
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or r	nore, check this	<b>.</b> —
	box and stop here. The organization quali		• • •				
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						. 🗆
	organization meets the "facts-and-circums						▶ ∐
b 18	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums Private foundation. If the organization did	acts-and-circumstatances" test. The	inces" test, check organization qualif	this box and <b>stop</b> ies as a publicly s	here. Explain in P supported organizat	art IV how the tion	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2009 LINKS, INC. CENTRAL JERSEY CHAPTER 22-2086104 Page 3 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) ▶ (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 22,124 14,031 20,758 17,806 13,914 88,633 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 92,135 16,495 201,860 93,230 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 115,354 14.031 34.301 290,493 112,893 13,914 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 88,230 87,135 11,495 186,860 88,230 11,495 186,860 c Add lines 7a and 7b 87,135 Public support (Subtract line 7c from line 6) 103,633 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Amounts from line 6 115,354 14,031 112,893 34,301 13,914 290,493 10a Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 290,493 14,031 112,893 34,301 13.914 115,354 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 35.67% Public support percentage from 2008 Schedule A, Part III, line 15 16 37.42% Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 % 18 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 more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 LINKS, INC. CENTRAL JERSEY CHAPTER 22-2086104 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

ŝ Open to Public × Inspection Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer identification number** non-cash assistance (g) Description of 22-2086104 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) ► Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed CHAPTER (c) IRC section if applicable CENTRAL JERSEY General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization INC. or government LINKS, Department of the Treasury Internal Revenue Service Name of the organization Part # Part I

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

Enter total number of other organizations

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 LINKS, INC. CENTRAL JERSEY CHAPTER 22–2086104

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

		C. C. C. C. C. C. C. C. C. C. C. C. C. C				
٣	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Schola	Scholarships & Books	21	22.500			
Donations	suo	4	2,933			
					-	
i						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	rovide the informatio	in required in Part I,	line 2, and any other additi	onal information.

Schedule I (Form 990) 2009

SHEDULE 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

OMB No 1545-0047

LINKS, INC. CENTRAL JERSEY CHAPTER

Employer identification number

22-2086104

Form 990 - Organization's Mission or Most Significant Activities
THE LINKS, INC., 1200 MASSACHUSETTES AVE., WASHINGTON, D.C.

PRESIDING PRESIDENT, DR. GWENDOLYN B. LEE, A GROUP OF
FRIENDS COMMITTED TO EDUCATION, CULTURAL AND CIVIC

ACTIVITIES WITH THE SINGULAR PURPOSE OF SERVING COMMUNITY

NEEDS FOR IMPROVEMENT OF LIFE AND THE PURSUIT OF

EXCELLENCE.

Form 990, Part III, Line 4d - All Other Achievements SCHOLARSHIPS, DONATIONS AND CONTRIBUTIONS

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public