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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 5/1/2012 , and ending 4/30/2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Old Dominion (VA) Chapter, The Links, Incorporated

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
20514 Pembridge Court

City or town | state or country | ZIP + 4
Potomac Falls | VA | 20165

D Employer identification number
54-1708208

E Telephone number
703-450-1535

F Group Exemption Number ▶ 1520

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally not more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 75,643

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	27,273
	2	Program service revenue including government fees and contracts		2	13,782
	3	Membership dues and assessments		3	32,983
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	1,605
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	75,643
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	5,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	67,962
	17	**Total expenses.** Add lines 10 through 16	▶	17	72,962
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,681
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	26,297
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-10
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	28,968

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	26,297	22	28,968
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	26,297	25	28,968
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	26,297	27	28,968

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Community Service

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	International/National & Trends Services Facet, Services to Youth Facet, The Arts Facet, Health & Human Services Facet, HBCU Initiative, S T.E.M Initiative, Cyberbullying Initiative, Contributions, and End-Of-Year Program (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	15,337
29	2012 Ethel Reeves Scholarships, 2012 Regular Scholarships-2 @ $1,250 (Grants $ 5,000) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	15,337

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michel D. Burris President	Hr/WK 30.00			
Amy Sansbury Vice President	Hr/WK 15 00			
Martha Lloyd Recording Secretary	Hr/WK 5 00			
Sheila Garnett Corresponding Secretary	Hr/WK 5.00			
Tonita Guydon Financial Secretary	Hr/WK 5 00			
Gwendolyn B. Minor Treasurer	Hr/WK 10 00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► VA			
42 a	The organization's books are in care of ► Gwendolyn B Minor, Treasurer Telephone no ► _____ Located at ► 4450 Elan Place City Annadale ST VA ZIP + 4 ► 22003			
b	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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Title	Hr/WK .00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK .00			
Name Title	Hr/WK 00			

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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 Gwendolyn B. Meyers Date 09/14/2013

Type or print name and title Gwendolyn B. Meyers, TREASURER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Glenn O DeWitt	Glenn O DeWitt	9/14/2013		P00307902

Firm's name ▶ DEWITT, CPA, LLC Firm's EIN ▶ 20-2160771

Firm's address ▶ 12304 Snowden Woods Road, Laurel, MD 20708 Phone no (301) 385-6384

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	113
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	2,500
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	Associated organization contributions	7	24,660
8		8	
9		9	
10		10	
11	Total	11	27,273

Part I, Line 8 (990-EZ) - Other Revenue

	Description	Amount
	Total:	1,605
1	Returned Check Fees	25
2	Chapter Late Payment Fees	375
3	Chapter Refunds/Credits	373
4	Old Dominion Foundation, Inc Shared Storage Fees	732
5	Credit back to Records	100

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

							Totals:	5,000						0		
	Class of activity	Grantee's name	Check (X) if grantee is a busness	Address	City	State	Zip Code	Foreign Country	Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
1	Scholarships								5,000		Scholarships						

Part I, Line 16 (990-EZ) - Other Expenses

Total: 67,962

	Description	Amount
1	Travel	
2	Meals and entertainment	
3	Fundraising	
4	Conferences, conventions, and meetings	19,740
5	Depreciation	0
6	Equipment rental and maintenance	
7	Interest	
8	Supplies	
9	Telephone	
10	Unrelated business income taxes	0
11	Amortization	0
12	Depletion	
13	National Dues and Assesments	12,370
14	Bonding Fees	325
15	Chapter Insurance	627
16	Storage Fees	1,464
17	Survey Monkey	300
18	Chapter Vouchers, Mailings, Checks, Deposit Forms, Treasurer Amount, and Program Coordinator Amount	733
19	Standing Committees, Ad Hoc Comittees, and Special Activities Cost	15,542
20	Misc Auction Basket, Signature Book, Dues Refund, Returned Checks & Fee, and Transfers	1,524
21	Program Expenses	15,337

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

		Total: -10
	Description	Amount
1	Reconciling Adjustment	-10
2		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
Old Dominion (VA) Chapter, The Links, Incorporated	54-1708208

Form 990-EZ, Part I, Line 8, Other Revenue Returned Check Fees 25

Form 990-EZ, Part I, Line 8, Other Revenue Chapter Late Payment Fees 375

Form 990-EZ, Part I, Line 8, Other Revenue. Chapter Refunds/Credits 373

Form 990-EZ, Part I, Line 8, Other Revenue: Old Dominion Foundation, Inc Shared Storage Fees 732

Form 990-EZ, Part I, Line 8, Other Revenue Credit back to Records 100

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 19,740

Form 990-EZ, Part I, Line 16, Other Expenses National Dues and Assesments 12,370

Form 990-EZ, Part I, Line 16, Other Expenses· Bonding Fees 325

Form 990-EZ, Part I, Line 16, Other Expenses. Chapter Insurance 627

Form 990-EZ, Part I, Line 16, Other Expenses Storage Fees 1,464

Form 990-EZ, Part I, Line 16, Other Expenses. Survey Monkey 300

Form 990-EZ, Part I, Line 16, Other Expenses: Chapter Vouchers, Mailings, Checks, Deposit Forms, Treasurer Amount, and Program Coordinator Amount 733

Form 990-EZ, Part I, Line 16, Other Expenses Standing Committees, Ad Hoc Comittees, and Special Activities Cost 15,542

Form 990-EZ, Part I, Line 16, Other Expenses Misc Auction Basket, Signature Book, Dues Refund, Returned Checks & Fee, and Transfers 1,524

Form 990-EZ, Part I, Line 16, Other Expenses Program Expenses· 15,337

Form 990-EZ, Part I, Line 20, Net Assets. Reconciling Adjustment. -10

*Name of the organization	Employer identification number
Old Dominion (VA) Chapter, The Links, Incorporated	54-1708208