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Form 990-EZ

Short Form

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

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 05-01-2014, and ending 04-30-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: LINKS INC TRINITY CHAPTER
Number and street (or P O box, if mail is not delivered to street address): PO BOX 820534
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: DALLAS, TX 75382

D Employer identification number: 75-2436508
E Telephone number: (214) 334-9102
F Group Exemption Number: 1520

G Accounting Method: [X] Cash [ ] Accrual Other (specify) \_\_\_\_\_

I Website: \_\_\_\_\_

J Tax-exempt status (check only one): [ ] 501(c)(3) [X] 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 Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other \_\_\_\_\_

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 85,241

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 [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 0 to 11,447 for revenue and 107,160 for net assets.



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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of Jo Anne Brunson Telephone no (214) 334-9102 Located at PO BOX 820534 DALLAS, TX ZIP +4 75382

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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"

Table with 5 columns: (a) Name and title of each employee, (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

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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 must attach a completed Schedule A

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, Date 2015-09-02, Jo Anne Brunson Treasurer, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name KRISTI ALLEN, Preparer's signature, Date 2015-09-02, Check self-employed, PTIN P01055281, Firm's name KRISTI L ALLEN CPA, Firm's EIN, Firm's address 120 East FM 544 Suite 72, Murphy, TX 75094, Phone no (214) 632-7589

May the IRS discuss this return with the preparer shown above? See instructions

# Additional Data

**Software ID:** 14000267  
**Software Version:** v1.00  
**EIN:** 75-2436508  
**Name:** LINKS INC TRINITY CHAPTER

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> Grants made to 4th and 5th grade students for summer camps (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>	<b>28a</b>	6,652
<b>29</b> College scholarships funds (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>	<b>29a</b>	5,000
<b>30</b> Monthly meetings for 4th and 5th grade students (So SMAART program) (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>	<b>30a</b>	16,188
Charitable Donations (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>		2,279

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
LINKS INC TRINITY CHAPTER

Employer identification number

75-2436508

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10	Student Scholarships-\$5000, So Smart program expenses \$16,188, Camp Donations \$6,652
Form 990-EZ, Part I, Line 16	Balance primarily represents general and administrative expenses
Form 990-EZ, Part I, Line 20	Amount includes an adjustment to reconcile Net Assets to the bank balance at 5/1/2014 The total amount reported includes gross receipts collected per the bank statements at the end of the fiscal period It is also noted that the Fundraising dollars collected at the local level are considered contributions by the National Foundation
Form 990-EZ, Part III, Line (28-31)	Other program service expenses primarily include donations to support other local non-profit organizations as well as provide support to other local non-profit organizations as well as support affiliated chapters