

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form	920	Refurm	of Organiza	nd Jamezz noita	തെതി അത	ജി ജന്തര	<b>হা</b> স্থ	OWB No. 1545-0047
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_		N Do mot o		y numbers on this form as				Open to Public
Depar	rtment of the Treasury al Revenue Service	i i		O and its instructions is a	-	•		Inspection
A (	For the 2015 cale	ndar year, or tax year			and ending		RIL 30	,20 16
8 (	Check if applicable:	C Name of organization (	OLD DOMINION (VA	A) CHAPTER, THE LINKS,				r identification number
	Address change	Doing business as	•					54-1708208
	Name change	Number and street (or f	P.O. box if mail is not d	elivered to street address)	Room/suite		E Telephon	e number
	Initial return	PO BOX 7856						703) 909-3252
	Final return/terminated	City or town, state or pa	rovince, country, and 2	IP or foreign postal code				
	Amended return	WOODBRIDGE, VA 2					G Gross red	ceipts \$ 77,340.15
	Application pending	F Name and address of p	mncipal officer: Mari	tha Lloyd				ubordinates? 🔲 Ves 🗹 Rio
		PO Box 7856, Woodb	oridge, VA 22195		_ <u></u>			included? Yes Ro
-	Tax-exempt status:	☐ 501(c)(3)	√ 501(c) ( 4 ) <	(insert no) 4947(a)(1) or	<u></u> 527	_  If "N	lo," attach a	list. (see instructions)
		odclinks.org	<u> </u>				exemption	
		Corporation Trust	Association C	Other ▷ L Ye	ear of formation	n 1993	RI State	of legal domicile. VA
1 6	Mil Summ	<del></del>						
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Governance				ted women who, linked in				
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<b>⊕</b>	ľ	-		e governing body (Part V			<u> </u>	47
Activities &		•	-	dar year 2015 (Part V, lin	-		. 5	0
A A	1	mber of volunteers (e		- · ·			6	47
Act		•					. 7a	0
				orm 990-T, line 34 .			. 7b	0
				····		Prior Y	/ez7	Current Year
•	8 Contribu	itions and grants (Pa	ırt VIII, line 1h).		[	\$	29,693.00	\$47,873.30
_ ⊋	1							
<u> </u>	9 Program	n service revenue (Pa	art VIII, line 2g)		上	9	10,124.00	\$29,466.85
Rever	10 Investm	ent income (Part VIII,	, column (A), lines	3, 4, and 7d)	🗀	<u> </u>	10,124.60	\$29,466.85
Revenue	10 Investm 11 Other re	ent income (Part VIII, venue (Part VIII, colu	, column (A), lines ımn (A), lines 5, 6c	3, 4, and 7d) d, 8c, 9c, 10c, and 11e)	· · · [		30,259.00	
Rever	10 Investm 11 Other re 12 Total rev	ent income (Part VIII, venue (Part VIII, colu venue—add lines 8 th	, column (A), lines umn (A), lines 5, 6c rough 11 (must eq	3, 4, and 7d) I, 8c, 9c, 10c, and 11e) ual Part VIII, column (A),	 Iine 12)	9	30,259.00 370,076.00	\$77,340.15
Rever	10 Investm 11 Other re 12 Total rev 13 Grants a	ent income (Part VIII, venue (Part VIII, colu renue—add lines 8 th and similar amounts	, column (A), lines umn (A), lines 5, 6c rough 11 (must eq paid (Part IX, colu	3, 4, and 7d) d, 8c, 9c, 10c, and 11e) ual Part VIII, column (A), mn (A), lines 1-3)	line 12)	9	30,259.00	\$77,340.15 \$19,050.59
Rever	10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits	ent income (Part VIII, venue (Part VIII, colu renue—add lines 8 th and similar amounts paid to or for memb	, column (A), lines umn (A), lines 5, 6c rough 11 (must eq paid (Part IX, colu pers (Part IX, colun	3, 4, and 7d)	line 12)	9	30,259.00 370,076.00	\$77,340.15
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	10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Professi	ent income (Part VIII, venue (Part VIII, colurenue — add lines 8 thand similar amounts paid to or for memboration, tonal fundraising fees	, column (A), lines umn (A), lines 5, 6c grough 11 (must eq paid (Part IX, colum pers (Part IX, colum employee benefits s (Part IX, column	3, 4, and 7d) d, 8c, 9c, 10c, and 11e) ual Part VIII, column (A), mn (A), lines 1-3) nn (A), line 4) G (Part IX, column (A), lines (A), line 11e)	line 12)	9	30,259.00 370,076.00	\$77,340.15 \$19,050.59
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	10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries, 16a Professi b Total fui 17 Other ex	ent income (Part VIII, venue (Part VIII, colurenue (Part VIII, colurenue—add lines 8 thand similar amounts paid to or for membother compensation, onal fundraising fees hdraising expenses (expenses (Part IX, colurenue (Part VIII, colurenue (Part VIII), colurenue (Part VIII, colurenue (Part VIII), colurenue (Part VIIII), colurenue (Part VIIII), colurenue (Part VIIII), colurenue (Part VIIII), colurenu	, column (A), lines umn (A), lines 5, 6c urough 11 (must eq paid (Part IX, columers (Part IX, columers (Part IX, columers) employee benefits s (Part IX, column (Dumn (A), lines 11a-	3, 4, and 7d)	line 12)	4	\$30,259.00 \$70,076.00 \$6,250.00	\$77,340.15 \$19,050.59 \$27,058.37 \$27,335.62
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For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2015) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Links, Incorporated is a volunteer service organization of concerned, committed, and talented women who, linked in friendship,
	enhance the quality of life in the larger community. The Links focus on education, cultural enrichment, health and wellness and
	civic involvement. This focus is implemented through strategies such as in public information and education, economic
	development, and public policy.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 7,750.00 including grants of \$ ) (Revenue \$ )
	Scholarship Awards (5)
	3 scholarships for \$1,250.00 each
	1 scholarship for \$1,500.00
	1 scholarship for \$2,500.00
	***************************************
	***************************************
4b	(Code: ) (Expenses \$ 2,887.38 including grants of \$ ) (Revenue \$ )
	Health and Human Services Facet
	***************************************
	**************************************
	***************************************
	4
4c	(Code: ) (Expenses \$ 2,299 42 including grants of \$ ) (Revenue \$ )
	Services to Youth Facet
	***************************************
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services (Describe in Schedule O.)
-143	(Expenses \$ 3,776.28 including grants of \$ ) (Revenue \$ )
— <del></del>	· · · · · · · · · · · · · · · · · · ·
_ <del>40</del>	Total program service expenses ▶ \$16,713.08

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orm 99			F	Page 3
Part I	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	\ <u> </u>
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	•	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
148	· · · · · · · · · · · · · · · · · · ·	14a	<b> </b>	1
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  17

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Form 99	0 (2015)		F	age 4
Part	Checklist of Required Schedules (continued)			<del></del>
20 0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	•	1
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 25a	24a		<b>✓</b>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del> ,</del>	· ·	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ļ		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 1	
	reportable gaming (gambling) winnings to prize winners?	1c		
<b>2</b> a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	l		ı
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
_	·	4a		
b	If "Yes," enter the name of the foreign country:   See instructions for filing requirements for FinCEN Form 114. Report of Foreign Rock and Financial Accounts			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			i
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
_	gifts were not tax deductible?	6b		
7 a	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			
a	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<del> </del> -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u>/ n</u>	<u> </u>	<del> </del>
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		<del>                                     </del>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	}
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-	Ì	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders	1	1	
_	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			<del>                                     </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u>l</u>	<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-{		
C 140	<del></del>	14-	-	1
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		+*
	II 165, Has it lied a Form 120 to report these payments till 140, provide all explanation in Schedule O.			0 (2015
		r Ut		ا باعو پ

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI	e ins	or a truction	ons.
Secuc	on A. Governing Body and Management	<del></del> 1	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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		✓_
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		<b>√</b>
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5 6	<b>✓</b>	<b>✓</b>
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	<b>√</b>	<del></del>
8	stockholders, or persons other than the governing body?	7b	✓	
a b 9	The governing body?	8a 8b	1	<b>✓</b>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	_
13 14 15	Did the organization have a written whistleblower policy?	14		
	The organization's CEO, Executive Director, or top management official	15a 15b		_
b	The second secon	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in			
19 20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and returned the foundation of the person of the person who possesses the organization's books and return to the foundation of the person of the			y, and

	(2015)	

Dage	7
Page	

## 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.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 neither the organization	nor any related	dorga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	•			-		
(A)	(B)	(do o	-4 -4	Pos		than c	<b>~</b> ~	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	rect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Martha Lloyd	30									
President			<u> </u>	✓		<u> </u>	L	0	0	0
(2) Cateena Powers	15									
Vice President		Ì		1	L.	ł	1 .	0	0	0
(3) Gwendolyn Minor	10									
Treasurer 5/1/2015 - 10/16/2015		Ī		1				0	0	0
(4) Tonita Guydon	10									
Treasurer 10/17/2015 - 4/30/2016			L	1					0	0
(5) Allison Blow	5	]		1						
Financial Secretary 5/1/2015 - 1/15/2016				1	<u> </u>	<u> </u>	L	<u> </u>	0	0
(6) Shivon Kershaw	5	1	1	١.			l	1	l	1
Financial Secretary 1/16/2016 - 4/30/2016		ļ	$oldsymbol{ol}}}}}}}}}}}}}}$	1	<u> </u>	<u> </u>	┺		0	0
(7) Evelyn Kershaw	5	ļ	1	١.		1		1		1
Recording Secretary		<u> </u>	╄	1	╄-	<b>↓</b> —	1_	ļ	0	0
(8) Karen Moore Jones	. 5	1	1	١,		1	1	1		
Corresponding Secretary		ļ	ļ.,	1	<b> </b>		ļ		0	0
(9)		-								
(10)		-	T				<del> </del>			
(11)		-	1	†				<b> </b>		
(12)		+		1	T		1			
(13)		+		1			1			
(14)			1	T	1		T			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd H	lighe	st C	ompensated E	mployees (c	ontinu	ed)		age 8
	(A) Name and title	(B) Average hours per week (list any	box, office	inles rand	Pos eck s pe d a d	rson	than of is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation related		Estir	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio: (W-2/1099-M		fror organ and r	ensation ization related izations	ŀ
(15)						-								
(16)					-							·		<del></del>
(17)						-		_						
(18)				-	-			-						
(19)				_		-		_			-			
(20)			<u> </u>			-	-	_			+			
(21)			ļ	_								· ·		
(22)							ļ 							
						-								
(23)						_								
(24)										:				
(25)		<u></u>												
1b c d	Sub-total	VII, Section		•	•			<b>&gt; &gt; &gt;</b>	0		0			0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited				ted	abov	e) w	<u> </u>	ore than \$10		) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, o	or to	rust ind	ee, livid	key (	emp	oloyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th		150	,000	0? /	f "Ye					•		,
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tior	ı fro	m an		_	zation or ind		1 5		1
Section	on B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·												
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business ad	dress							(B) Description of	services		(C) Compens		
				_				$\perp$						
								F						
	Total number of independent and the	am Carl V						L.						
2	Total number of independent contract received more than \$100,000 of compensations.							o t	hose listed ab 0	ove) who				

Form **990** (2015)

Part	VIII	Statement of Revenue					, ago v
		Check if Schedule O contains a resp	onse or note to	any line in this l	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats Tts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b	\$33,305.00	1			
ts, (	С	Fundraising events 1c					
ia i	d	Related organizations 1d	\$14,568.30				
ns, Tin	8	Government grants (contributions) 1e		1			
er s	f	All other contributions, gifts, grants,	}	<u> </u>			
를 들	_	and similar amounts not included above 1f			ļ		
e d	9	Noncash contributions included in lines 1a-1f: \$		447.070.00			
	h	Total. Add lines 1a-1f	Business Code	\$47,873.30			
Program Service Revenue	2a	Programs and Events		\$16,972.22	\$16,972.22	اه	0
Rev	b	Hostoce Fees		\$10,445.00	\$10,445.00	0	<u>_</u> 0
<u>.</u> 2	c			010, 110.00	010,110.00		
Šez	d						
Ë	е						
b G	f	All other program service revenue.		\$2,049.63	\$2,049.63	0	0
<u>مَ</u>	g	Total. Add lines 2a-2f		\$29,466.85	·		
,	3	Investment income (including divide			İ		
	١.	and other similar amounts)					
	5	Income from investment of tax-exempt bo	•			<del></del>	
	3	Royalties	(ii) Personal				· · · · · · · · · · · · · · · · · · ·
	6a	Gross rents	(4) ( 3.33.12	j	]		
	Ь	Less: rental expenses					
	C	Rental income or (loss)			1		
	d	Net rental income or (loss)	•				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)		İ		ı	
	d	Net gain or (loss)	· · · •				
enne	8a	Gross income from fundraising events (not including \$					
é	}	of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
Other R	b	Less: direct expenses b					
	C	Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities					
	١.	See Part IV, line 19 a					
	b	•	L				
	100	Net income or (loss) from gaming acti Gross sales of inventory, less	ivides				
	l va	returns and allowances a					
	Ь		<del></del>	{			
		Net income or (loss) from sales of inv		<b>i</b> i			
	- <u>-</u>	Miscellaneous Revenue	Business Code				
	11a		1	†			
	Ь						
	C						
	d	All other revenue	L				
	e	Total. Add lines 11a-11d	•				
	112	Total revenue. See instructions	_	677 240 16	#20 4CC 0C		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and general expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . \$11,300.59 \$11,300.59 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . \$7,750.00 \$7,750.00 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . \$27,058.37 \$27,058.37 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) . . Other salanes and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . 10 Payroli taxes . . . . . . 11 Fees for services (non-employees): a Management . . . . . . . **b** Legal . . . . . . . c Accounting . . . . . . \$475.00 \$475.00 Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . . . 12 \$375.00 \$375.00 13 Office expenses . . . . . . \$3,404.54 \$3,404.54 14 Information technology . . . . \$880.64 \$880.64 15 16 Occupancy . . . . . . . . . 17 Travel . . \$3,774.75 \$3,774.75 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . \$2,666.17 \$2,666.17 20 Payments to affiliates . . . . . . . . 21 \$13,965.00 \$13,965.00 22 Depreciation, depletion, and amortization . 23 \$1,085.00 \$1,085.00 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Bank Charges а \$236.55 \$236.55 b Postage \$35.83 \$35.83 Photography \$437 04 C \$437.04 d All other expenses Total functional expenses. Add lines 1 through 24e \$73,444.48 \$66,721.58 \$6,722.90 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solucitation. Check here following SOP 98-2 (ASC 958-720)

Pa	rt X								
		Check if Schedule O contains a response or	note to any line in this Par	t X					
				(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing		\$40,022.00	1	\$52,385.06			
	2	Savings and temporary cash investments			2	\$3,926.20			
i	3	Pledges and grants receivable, net			3	<del></del>			
İ	4				4				
ŀ	5	Loans and other receivables from current and							
			nplete Part II of Schedule L						
ļ		·	<b>F</b>		5	· · · · · · · · · · · · · · · · · · ·			
	6	Loans and other receivables from other disqualified pers		1	1				
		4958(f)(1)), persons described in section 4958(c)(3)(B), are		į	İ				
_		sponsoring organizations of section 501(c)(9) volun							
Assets	_	organizations (see instructions). Complete Part II of Sche	<u>L</u>		6				
88	7	Notes and loans receivable, net			7	<del></del>			
	8	Inventories for sale or use	<b>_</b>		8	<del></del>			
- (	9 10a	Prepaid expenses and deferred charges			9				
l	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a						
ļ	b	Less: accumulated depreciation	10b		10c				
	11				11				
	12	Investments—other securities. See Part IV, line	, , , , , , , , , , , , , , , , , , ,		12	<u> </u>			
Ì	13	Investments—program-related. See Part IV, line			13	<del></del>			
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11	l l		15				
	16	Total assets. Add lines 1 through 15 (must equal	li li	\$40,022.00	16	\$56,311.26			
	17	Accounts payable and accrued expenses			17				
	18	Grants payable		18					
	19	Deferred revenue	[		19	\$39,630.00			
	20	Tax-exempt bond liabilities			20				
	21	Escrow or custodial account liability. Complete			21				
es	22	Loans and other payables to current and f							
		trustees, key employees, highest comper							
Liabilities		disqualified persons. Complete Part II of Sched			22				
	23	Secured mortgages and notes payable to unrela	•		23	<del></del>			
	24	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax,	-		24				
	25	parties, and other liabilities not included on line							
		of Schedule D	3 (7 2-y). Complete value		25				
	26			<u> </u>	26				
		Organizations that follow SFAS 117 (ASC 958							
es		complete lines 27 through 29, and lines 33 an							
딡	27	Unrestricted net assets		\$40,022.00	27	\$1,393.90			
3al	28	Temporarily restricted net assets			28	\$15,287.36			
ᅙ	29	Permanently restricted net assets			29				
Ξ		Organizations that do not follow SFAS 117 (ASC 9	958), check here ► 🔲 and						
9		complete lines 30 through 34.							
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30				
SS	31	Paid-in or capital surplus, or land, building, or e		<del></del>	31	<del></del>			
¥ A	32	Retained earnings, endowment, accumulated in	•		32	440.00			
ž	33	Total liebilities and not assets/fund belances		\$40,022.00 \$40,022.00		\$16,681.26 \$56,311 26			
_	34	Total liabilities and net assets/fund balances .	<del> </del>	\$40,022.00	1 54	Form <b>990</b> (2015			

Form 99	0 (2015)			Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				✓
1		1		\$77,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		\$73,4	<u></u> 44.48
3	Revenue less expenses. Subtract line 2 from line 1	3		\$3,8	95.67
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		\$40,0	22.00
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		\$12,3	93.59
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(	\$39.63	30.00)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	$\neg$	····		
	33, column (B))	10		\$16,6	81.26
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain in	1		ĺ
	Schedule O.		1	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<b>√</b> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led or			
	reviewed on a separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	a no t			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account	itant?	2c	✓	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			1

3b

Form **990** (2015)

Schedule O.

#### 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

20**15** 

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	ee separate instructions), th	nen			
	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III			
Name	of organization			Employer iden	tification number
OLD D	OMINION (VA) CHAPTER, T	HE LINKS, INCORPORATED			54-1708208
Part	I-A Complete if the	organization is exempt under	r section 501(c	c) or is a section 527 o	rganization.
1	Provide a description of t	he organization's direct and indirec	t political campa	ign activities in Part IV.	
2	Political expenditures .			▶ \$	
3	Volunteer hours				
Part		e organization is exempt unde			
1		excise tax incurred by the organiza			
2	•	excise tax incurred by organization	•		
3	_	ed a section 4955 tax, did it file For	•	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organization	ation for section		
	activities			<i>.</i> <b>&gt;</b> \$_	
2		filing organization's funds contributies			
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b			<i>.</i> <b>&gt; \$</b>	
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5		ses and employer identification nur			zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	onal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule	C (Farm	990 or 990	-EZ) 2015

~		5 C (1 Calif. 900 St 500 Eq. 2010					rage &
Pa		II-A. Complete if the organizati section 501(h)).					ction under
A		neck ► ☐ if the filing organization be name, address, EIN, exp	enses, and sha	re of excess lobt	oying expenditu	res).	oup member's
В	Ch	neck  if the filing organization c	hecked box A a	and "limited cont	rol" provisions	apply.	
			bying Expendit			(a) Filing	(b) Affiliated
		(The term "expenditures" ı	neans amounts	paid or incurred.	)	organization's totals	group totals
	1a	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ring)		· <del>-</del> -
	b	Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying	g)		
	С	Total lobbying expenditures (add lines	_	• •			
	đ	Other exempt purpose expenditures .	•				
		Total exempt purpose expenditures (a		d)			
	f	Lobbying nontaxable amount. Enter columns.		•			
	ſ	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
		Not over \$500,000	20% of the an	nount on line 1e.		}	
		Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.	j	
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.	1	
	Γ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	$\Box$ $\Gamma$	Over \$17,000,000	\$1,000,000.				
	9	Grassroots nontaxable amount (enter	25% of line 1f)				
	h	Subtract line 1g from line 1a. If zero or	less, enter -0-				
	i	Subtract line 1f from line 1c. If zero or	less, enter -0-				
	j	If there is an amount other than zer		1h or line 1, do	the organization	file Form 4720	
		reporting section 4911 tax for this year	<u> 17?</u>			<u> </u>	Yes No
		(Some organizations that made a s	ection 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete al	l of the five colum	ns below.
_		Lobbyi	ng Expenditures	During 4-Year A	veraging Period		
		Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
	2a	Lobbying nontaxable amount					
	b	Lobbying ceiling amount (150% of line 2a, column (e))					
	С	Total lobbying expenditures					
	đ	Grassroots nontaxable amount					
_	е	Grassroots ceiling amount (150% of line 2d, column (e))					
	•	Grassmots Johnving expenditures					1

	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8)		(b)
•	tion of the lobbying activity.	Yes	No	Amount
ŀ	During the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or eferendum, through the use of:	-		
a \	olunteers?			
bΙ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	Media advertisements?			
d i	Mailings to members, legislators, or the public?			
e i	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g l	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h !	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i (	Other activities?		<u> </u>	
_	Total. Add lines 1c through 1i	ļ —		
	Old the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	f "Yes," enter the amount of any tax incurred under section 4912		į.	
d i	f "Yes," enter the amount of any tax incurred by organization managers under section 4912 . f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		
Part II	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5),	or se	ction
				Yes
1 '	Nere substantially all (90% or more) dues received nondeductible by members?			1 /
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 /
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."			
	Dues, assessments and similar amounts from members		1	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of		
	Current year	•	2a	<u> </u>
b	Carryover from last year		2b	
_	Total		2c	
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying	۱.	1
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	<del> </del>
		<u> </u>	3	J
Part Provide	Supplemental Information  the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated granstructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup li	st); Pa	rt II-A, lines 1

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of	f the or	ganization		Employer	identification number
OLD D	OMINIO	ON (VA) CHAPTER, THE LINKS, INCORPORATE			54-1708208
Par	t I	Organizations Maintaining Donor Adv		ds or Ac	counts.
		Complete if the organization answered			
			(a) Donor advised funds	(1	b) Funds and other accounts
1		number at end of year			
2		egate value of contributions to (during year)			
3		egate value of grants from (during year) .			
4	Aggr	egate value at end of year		L	
5		he organization inform all donors and donor			
_		s are the organization's property, subject to the			
6		he organization inform all grantees, donors, a for charitable purposes and not for the bene			
				-	
Pari	H	Conservation Easements.		<del></del>	· · · · · Yes · No
rai	- 11	Complete if the organization answered	"Ves" on Form 990 Part IV line 7		
1	Puro	ose(s) of conservation easements held by the		·	
•		reservation of land for public use (e.g., recrea		a hietori	cally important land area
		rotection of natural habitat			ed historic structure
		reservation of open space		a cortine	or instant structure
2	_	plete lines 2a through 2d if the organization h	eld a qualified conservation contributio	n in the f	form of a conservation
		ment on the last day of the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements		2	2a
þ	Total	acreage restricted by conservation easemen	ts	2	2b
C	Num	ber of conservation easements on a certified	histonc structure included in (a)	2	2c
d		ber of conservation easements included in			
		ric structure listed in the National Register		1 -	èd
3		ber of conservation easements modified, tran	sferred, released, extinguished, or tern	ninated b	y the organization during the
	-	rear ►			
4		ber of states where property subject to conse	44444	;	
5	viola	s the organization have a written policy re- tions, and enforcement of the conservation ea	asements it holds?		· · · · □ Yes □ No
6	Staff •	and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing of	conservati	ion easements during the year
7	Amo	unt of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conserva	tion easements during the year
	▶\$				9 ,
8		s each conservation easement reported on line		section	170(h)(4)(B)(i)
		(			· · · · 🗌 Yes 🗌 No
9		art XIII, describe how the organization reports			•
		nce sheet, and include, if applicable, the text inization's accounting for conservation easem		ancial st	atements that describes the
Par	t III			Other	Similar Assats
rai	. 111	Complete if the organization answered	•		Siilliai Assets.
1a	If the	e organization elected, as permitted under S			statement and balance shee
		ks of art, historical treasures, or other similar	The state of the s		
		lic service, provide, in Part XIII, the text of the			
b		e organization elected, as permitted under			
_	worl pub	ks of art, historical treasures, or other similalic service, provide the following amounts rela	ar assets held for public exhibition, exting to these items:	ducation,	or research in furtherance o
	(i) F	Revenue included on Form 990, Part VIII, line	1		. • \$
	(ii) A	Assets included in Form 990, Part X			. > \$
2	folio	ne organization received or held works of an owing amounts required to be reported under	SFAS 116 (ASC 958) relating to these i	tems:	_
а	Rev	enue included on Form 990, Part VIII, line 1			. • \$
b	Ass	ets included in Form 990, Part X			. ▶ \$

Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	orical T	reasures.	or Ot	her Similar A	sets (co	ontinued)
	Using the organization's acquisition, a collection items (check all that apply):									
а	☐ Public exhibition			d l	☐ Loan	or exchange	e prog	rams		
	Scholarly research				Other					
	☐ Preservation for future generations	3								
	Provide a description of the organizat XIII.		collections	and expla	in how th	ney further t	he org	anization's exe	mpt purp	ose in Part
5	During the year, did the organization									
	assets to be sold to raise funds rather	than t	o be mainta	ained as p	art of the	organizatio	on's co	llection?	□ Y	es 🗌 No
Part	Complete if the organization 990, Part X, line 21.	answ	ered "Yes							n Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								_	es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII	and compl	ete the fo	llowing ta	able:				
								7	Amount	
c	Beginning balance						10			
d	Additions during the year						10			
e	Distributions during the year						1e			
f	Ending balance						11			
2a	Did the organization include an amount								•	
Pari	If "Yes," explain the arrangement in P  Endowment Funds.	art XIII.	Check hei	e if the ex	cplanatio	n has been	provide	ed on Part XIII .	<del>::</del>	
гал	Complete if the organization	aneu	orad "Vac	on For	m aan i	Part IV line	10			
	Complete ii the organization		cred res		or year	(c) Two years		(d) Three years ba	ck (e) Fou	ır years back
1a	Beginning of year balance			<del>                                     </del>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
b	Contributions	<b></b>		<del> </del>	<del>-</del>					
C	Net investment earnings, gains, and			<del>                                     </del>				<del></del>	<del> </del>	
	losses	1								
d	Grants or scholarships			1					<u> </u>	
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of				e (line 1ç	, column (a	)) held	as:		
а	Board designated or quasi-endowme			%						
b	Permanent endowment	%								
C	Temporarily restricted endowment	· 	%							
_	The percentages on lines 2a, 2b, and	2c sho	ould equal :							
3a	Are there endowment funds not in the	ne poss	session of t	ne organ	zation th	at are neid	and ac	ministered for	ine	<del></del>
	organization by:								(a. e	Yes No
	(i) unrelated organizations (ii) related organizations								. 3a(i)	
ь	If "Yes" on line 3a(ii), are the related of								. 3b	
4	Describe in Part XIII the intended use									<del></del>
Par	Land, Buildings, and Equi	pmen	t.		<del></del>		-			
	Complete if the organization	n ansv	vered "Ye	s" on Fo	m 990,	Part IV, line	e 11a.	See Form 990	), Part X	, line 10.
_	Description of property		(a) Cost or		1 ' '	or other basis		Accumulated	(d) Bo	ook value
			(investi	ment)	(	other)	•	lepreciation		
1a	Land				<u> </u>					
þ	Buildings									
c	Leasehold improvements				<b>↓</b>		ļ			
d	Equipment	- 1			<b></b>					
e	Other		- 15	000 0- 1	Y == !::	- (D) " - 4	<u></u>			
Intol	ACC ROSE 12 TOROUGH 16 (L'OURDO (C)	must e	ruiai Form	YYU PAIT	x colum	n (6). Jine 16	IC I	🗩 1		

	(a) Description of security or category	<i>t</i>	(b) Book value		ethod of valuation:
	(including name of security)				d-of-year market value
	derivatives				
-	neld equity interests			<del></del>	
Other					
(A)					
(B)					·
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		<u> </u>	1	
art VIII	Investments—Program Related				
	Complete if the organization ans	wered "Yes" on Fo	orm 990, Part IV, li	ne 11c. See Fon	m 990, Part X, line 13
	(a) Description of investment		(b) Book value		ethod of valuation nd-of-year market value
1)					
2)					
3)					
4)					
5)					
5)					
7)			k		
· <i>i</i>			<u> </u>		
		····			
(8) (9)					
(8) (9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
(8) (9)	Other Assets.				
(8) (9) otal. (Column (	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) otal. (Column (	Other Assets. Complete if the organization ans	swered "Yes" on Fo	orm 990, Part IV, li	ne 11d. See For	m 990, Part X, line 15
8) 9) stal. (Column ( Part IX	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) otal. (Column ( Part IX	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) Stal. (Column ( Part IX (1) (2)	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
(8) (9) Stat. (Column ( Part IX (1) (2) (3)	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) stat. (Column ( Part IX  (1) (2) (3)	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) stat. (Column ( Part IX  (1) (2) (3) (4)	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) otal. (Column ( Part IX  1) (2) (3) (4) (5)	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) ntal. (Column ( Part IX  1) 2) 3) 4) 55	Other Assets. Complete if the organization ans		orm 990, Part IV, li	ne 11d. See For	
8) 9) stat. (Column ( Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans	(a) Description	orm 990, Part IV, li	ne 11d. See For	
(8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)	Other Assets. Complete if the organization ans (	(a) Description	orm 990, Part IV, li	ne 11d. See For	
8) 9) stat. (Column ( Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) <b>otal.</b> (Column (	Other Assets. Complete if the organization ans  (amn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans	(a) Description  col. (B) line 15.)			(b) Book value
8) 9) stat. (Column ( Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column ( Part X	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
8) 9) htal. (Column ( Part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Colu	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	(a) Description  col. (B) line 15.)	orm 990, Part IV, I		(b) Book value
8) 9) htal. (Column (Part IX) 1) 2) 3) 4) (5) (6) (7) 8) 9) otal. (Column (Col	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
8) 9) htal. (Column (Part IX) 1) 2) 3) 4) (5) (6) (7) (8) (9) otal. (Column (C	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
8) 9) stat. (Column ( Part IX  1) 2) 3) 4) 55 66 77 8) 99 otal. (Colu	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
8) 9) stat. (Column ( Part IX  (1) 2) 3) (4) (5) (6) (7) (8) (9) otal. (Column ( Column ther Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value	
8) 9) stat. (Column ( Part IX  (1) 2) 3) (4) (5) (6) (7) (8) (9) otal. (Column ( Part X  (1) Federal ( (2) (3) (4) (5)	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
8) 9) stat. (Column ( Part IX  (1) 2) 3) (4) (5) (6) (7) (8) (9) otal. (Column ( Part X  (1) Federal ( (2) (3) (4) (5)	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
(3) (9) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (7) (7) (8) (8) (9) (7) (7) (8) (8) (9) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
(1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value
(1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (5) (6) (7) (6) (7) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization ans  (imm (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	col. (B) line 15.) swered "Yes" on F	orm 990, Part IV, I		(b) Book value

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	\$77,340.15
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	7	
d	Other (Describe in Part XIII.)	7	
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	\$77,340.15
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		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	\$77,340.15
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	11	\$73,444.48
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<del>  •</del>	\$73,444.40
а	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	7	
ď	Other (Describe in Part XIII.)	7	
e	Add lines 2a through 2d	2e	•
3	Subtract line 2e from line 1	3	\$73,444.46
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<del>  •  </del>	\$73,444.40
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	_
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	\$73,444.48
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		

# SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2015

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2015) **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number 54-1708208 V ¥es Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance . Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (book, FMV, appraisal, other) Cat. No. 50055P . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section If applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance OLD DOMINION (VA) CHAPTER, THE LINKS, INCORPORATED (B) (EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Part N 2 € 9 3 ପ୍ର € 9 9 E €

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance \$7,750.00 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients S The Scholarship checks are written directly to the University. (a) Type of grant or assistance 1 College Scholarships Part III (7) w ø 4 ~

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

#### 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.

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► 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. Inspection Employer identification number

OLD DUMINIUM (VA) CHAPTER, THE LINKS, INCORPORATED 34-1708208
Form 990, Part III, Line 4d, Other Program Revenue, \$3,776.28 (National Trends Services Fact, International Trends Services Facet, Arts Facet)
Form 990, Part VI, Line 11b, The Form 990 is reviewed by the organization's Treasurer and discussed with the preparer before filing.
Form 990, Part VI, Line 12c, The organization has a written code of ethics that each member reviews and signs each year.
Form 990, Part VI, Line 19 - The governing documents, code of ethics, and financial statements are available to public by request.
Form 990, Part XI, Line 9, The organization had deferred revenue (prepaid 2016-2017 dues) of \$39,630.00 taken out of its Net Assets.
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