



**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 . . . . .   | 71690                 | 22              | 89135        |
| 23 Land and buildings . . . . .   |                       | 0 23            | 0            |
| 24 Other assets (describe in Schedule O) . . . . .  |                       | 0 24            | 0            |
| <b>25 Total assets . . . . .</b>  | <b>71690</b>          | <b>25</b>       | <b>89135</b> |
| <b>26 Total liabilities (describe in Schedule O) . . . . .</b>                                  |                       | 0 26            | 0            |
| <b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b> | <b>71690</b>          | <b>27</b>       | <b>89135</b> |

**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

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.

## Expenses

(Required for section  
501(c)(3) and 501(c)(4)  
organizations, optional for  
others )

|    |   |     |         |
|----|---|-----|---------|
| 28 | Taking S.T.E.P S. - Annual program partially funded by Komen to provide breast cancer awareness programs to three communities in our service area Approx 150 served |     |         |
| ?  | (Grants \$ 4720.00) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>   | 28a | 7250 21 |
| 29 | Scholarships - Awarded 12 scholarship to college bound high school seniors. Awards are made for attendance at four year colleges and community colleges             |     |         |
| ?  | (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>   | 29a | 14550   |
| 30 | Services To Youth - Mentoring programs for high school girls throughout our service area Approximately 16 participants.   |     |         |
| ?  | (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>  | 30a | 870     |
| 31 | Other program services (describe in Schedule O) . . . . .   |     |         |
| ?  | (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>   | 31a |         |
| 32 | Total program service expenses (add lines 28a through 31a) . . . . .  |     | 32      |

**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 |
|--------------------------|--|--|---|--|
| Melissa Shrader          | 20   | 0  | 0   | 0  |
| President                | 20   | 0  | 0   | 0  |
| Jocelyn Hazlewood        | 20   | 0  | 0   | 0  |
| Vice President           | 20   | 0  | 0   | 0  |
| Juanita Smith            | 20   | 0  | 0   | 0  |
| Recording Secretary      | 20   | 0  | 0   | 0  |
| Renee Thompson-Fletcher  | 20   | 0  | 0   | 0  |
| Coorespondence Secretary | 20   | 0  | 0   | 0  |
| Carol Burrell            | 20   | 0  | 0   | 0  |
| Financial Secretary      | 20   | 0  | 0   | 0  |
| Wilma Bates              | 20   | 0  | 0   | 0  |
| Fundraising Chair        | 20   | 0  | 0   | 0  |
| Kym C. Ammons-Scott      | 20   | 0  | 0   | 0  |
| Treasurer                | 20   | 0  | 0   | 0  |
|                          |  |  |   |  |
|                          |  |  |   |  |
|                          |  |  |   |  |
|                          |  |  |   |  |

**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

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  ✓

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  ✓

35a 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  ✓

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  ✓

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  ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  37b  ✓

b Did the organization file Form 1120-POL for this year?  38a  ✓

38a 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?  38b  39a  39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►  ; section 4912 ►  ; section 4955 ►  40b  ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  40c  40d  40e  ✓

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40f  40g  40h  40i  40j  40k  40l  40m  40n  40o  40p  40q  40r  40s  40t  40u  40v  40w  40x  40y  40z  40aa  40ab  40ac  40ad  40ae  40af  40ag  40ah  40ai  40aj  40ak  40al  40am  40an  40ao  40ap  40aq  40ar  40as  40at  40au  40av  40aw  40ax  40ay  40az  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40ya  40za  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40pa  40qa  40ra  40sa  40ta  40ua  40va  40wa  40xa  40

|    |  | 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  | ✓  |

**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  | ✓  |
| 49a | 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 | (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 |
|-------------------------------------|--|---|---|--|
| None                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

f Total number of other employees paid over \$100,000 ► 0

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."

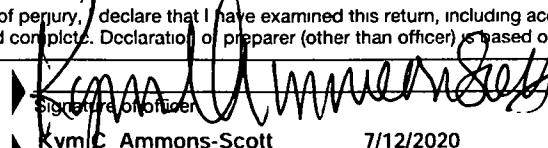
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 ► 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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  
Kym C. Ammons-Scott  
7/12/2020  
Type or print name and title

Date

| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|------------------------|----------------------------|----------------------|------|---|------|
|                        | Firm's name ►              |                      |      | Firm's EIN ►                                    |      |
| Firm's address ►       |                            |                      |      | Phone no  |      |

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

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

Central Illinois Chapter of The Links Incorporated

Employer identification number

51-021082

**General statement. Part I & II:** COVID 19 has impacted our program year. Our annual fundraiser was postponed to FY2020. We have received funds for tickets, ads and donations for this postponed event. Refunds have been made upon request and will continue as needed. Our fundraiser is a tea event and pending state guidelines the Chapter may or may not be able to hold this event as planned. Should our tea be cancelled, funds will be returned and our assets will be reduced.

**Fundraising**

**Line 16:**

Program Services expenses: \$39287.00

Includes expenses for all of our programs and supporting committees.

