

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. 1545-0047

**2020****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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. 2104

**A** For the 2020 calendar year, or tax year beginning 05/01/ , 2020, and ending 04/30/ , 20 21

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

**C** Name of organization ☒ The Links, Incorporated Central New Jersey (NJ) Chapter  
 Number and street (or P.O. box if mail is not delivered to street address) ☒ Room/suite  
 P O Box 5553  
 City or town, state or province, country, and ZIP or foreign postal code 04  
 New Brunswick NJ 08903-5553

**D** Employer identification number ☒ 22-208610

**E** Telephone number 732-513-0855

**F** Group Exemption Number ▶ ☒ 1520

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

**I** Website: ▶ [www.centralnewjerseylinksinc.org](http://www.centralnewjerseylinksinc.org)

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

**K** Form of organization: ☒ 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 31,358

**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 ☒

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	31,358
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
6	Gaming and fundraising events:	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6a		
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0
6b		
c	Less: direct expenses from gaming and fundraising events	0
6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
6d		
7a	Gross sales of inventory, less returns and allowances	
7a		
b	Less: cost of goods sold	
7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	
7c		
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	31,358
10	Grants and similar amounts paid (list in Schedule O)	9,690
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	
13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	22,260
17	<b>Total expenses.</b> Add lines 10 through 16	31,950
18	Excess or (deficit) for the year (subtract line 17 from line 9)	-592
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	29,810
20	Other changes in net assets or fund balances (explain in Schedule O)	9,264
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	38,482

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

	Yes	No
<b>33</b> 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		<input checked="" type="checkbox"/>
<b>34</b> 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		<input checked="" type="checkbox"/>
<b>35a</b> 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)?		<input checked="" type="checkbox"/>
<b>b</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		
<b>c</b> 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		<input checked="" type="checkbox"/>
<b>36</b> 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		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
<b>38a</b> 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?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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		<input checked="" type="checkbox"/>
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <b>40e</b>		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed <b>41</b> none		
<b>42a</b> The organization's books are in care of <b>42a</b> Cassandra Griffin Telephone no. <b>42a</b> 732-735-7579 Located at <b>42a</b> P O. Box 5553 New Brunswick ZIP + 4 <b>42a</b> 08903-5553		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>42b</b>		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <b>42c</b>		<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b>		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44b</b>		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions <b>45b</b>		<input checked="" type="checkbox"/>

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 . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**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 . . . . . ☐

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 . . . . .

	Yes	No
47		

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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
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

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

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

(a) Name and 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 . . . . . ☐ 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  
Jennifer White-Reid President  
Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ 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

Name of the organization  
The Links, Incorporated Central New Jersey (NJ) Chapter

**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

**2020**

**Open to Public  
Inspection**

Employer identification number  
22-2086104

Form 990-EZ, Line 10 - Payments to Affiliates

Name & Address	Purpose	Amount
The Links Incorporated	National Membership Dues	\$9,690

1200 Massachusetts Ave NW

Washington DC 20005

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
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Expenses

Donations	\$6,190
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Bonding Insurance	\$ 440
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Scholarships	\$8,500
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Conference Meetings	\$ 530
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Program Expenses	\$6,600
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Total	\$22,260
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Form 990-EZ Part 1 Line 20 - Other Changes in net assets or fund balances

Description

Escrow Account	\$9,264
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This account represents the balance of funds that are maintained by The Links Foundation on behalf of the Central New Jersey (NJ) Chapter of The Links Incorporated. These are donations made payable to The Link Foundation for donor deduction purposes. The Foundation retains these funds on behalf of the Chapter until reimbursements are required for educational scholarships and/or fundraising expenses.

Form 990-EZ, Part III - Primary Exempt Purpose

The Central New Jersey (NJ) Chapter of The Links, Incorporated, chartered on May 26, 1949 is a premier service organization committed to sustaining and ensuring the cultural and economic survival of African Americans and other persons of African ancestry. The organization has provided over \$39,000 in scholarships and over 82,000 volunteer hours to the youth in Mercer, Middlesex, Monmouth, Somerset and Union counties with transformational programming targeted to address the critical needs of our communities.

Since 2017, the organization have been in partnership with Urban Promise, a non-profit youth development organization with the goal to develop healthy behaviors, raise self-esteem, enhance leadership skills, achieve academic success and cultural awareness.

In addition to scholarships and donating to the Thurgood Marshall College Fund, the Chapter has donated to several organizations impacted by COVID-19 such as Lunch Break Food Insecurity, Food Drives and HBCU COVID Emergency Fund.

The organization has several major program initiatives targeted to enrich, sustain and ensure the culture and economic survival of African Americans and other persons of African ancestry.

Health & Human Services to promote and facilitate programs that support the maintenance of good health and elimination of chronic health disparities the communities we serve.

The Arts facet to increase and expand art activity throughout our communities via writing workshops, art contests and trips to venues and programs featuring notable African American artists.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Cat. No. 51056K

**Schedule O (Form 990 or 990-EZ) 2020**

Name of the organization  
The Links Incorporated Central New Jersey (NJ) Chapter

Employer identification number  
22-2086104

Service to Youth - program to equip black youth to use their intellect and spirit of achievement to become successful and productive citizens through academic, health, cultural, social awareness, career development and mentoring. CAJ Chapter has partnered with Urban Promise, Amistad and Malcolm Bernard HBCU college fair.

National Trends and Services is to eliminate disparities by reducing barriers to services through advocacy, education, and service.

International Trends and Services provide services and transformational programs to people of African ancestry globally so that they may have a better quality of life. Programs are designed to service educational, health and cultural needs and to help people emerge from poverty.

Form 990-EZ, Part III Line 28 Grants \$

Description Amount

Sister2Sister 501(c)3 Breast Cancer \$ 3,700

Lunch Break Food Insecurity \$ 776

Thurgood Marshall COVID Fund \$ 776

East Area Covid Food Drive \$ 688

Trenton Area Soup Kitchen (TASK) \$ 250

Program Expenses \$ 9,624

Total Expenses \$ 15,814