990 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 2018

Form 990 (2018)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inter		nue Service	▶ Go t	o www.irs.gov/Form990 fo	r instructions and th	e latest inform	ation.	Inspection
A	For th	e 2018 calend	ar year, or tax year be	ginning		, 2018, and en		6-30 ,2019
В	Check if	applicable:	C Name of organization C(MMUNITY LINK INC				D Employer identification no
Ц	Address	change	Doing business as					37-0955971
Ц	Name ch	nange	Number and street (or P.C), box if mail is not delivered to street	address)		Room/suite	E Telephone number
닐	Initial ret	um	1665 NORTH 4	TH STREET				= valaphoric flatfiper
	Final ret	um/terminated	City or town, state or prov	ince, country, and ZIP or foreign post	al code			G Gross receipts
Ц	Amende	d return	BREESE, IL 6	2230				\$ 7,702,987
	Applicati	on pending	F Name and address of prin	cipal officer.		· · · · · · · · · · · · · · · · · · ·	H(a) is this a group return	
							H(b) Are all subordina	
			501(c)(3) 501(c) () 4 (insert no.) 494	47(a)(1) or 527			a list. (see instructions)
J	Website		MLINK.ORG				H(c) Group exemption	• • • • • • • • • • • • • • • • • • • •
		******	Corporation Trust	Association Other	L Yea	r of formation: 19	972 M State of le	
	rt I	Summar						
	1			ssion or most significant acti		ITY LINK,	INC. IS A NOT	-FOR-PROFIT
Se		COMMUNITY	SUPPORT AGENC	Y WHOSE MISSION IS	TO CHALLENGE	, TEACH AN	ND INSPIRE BO	TH PARTICIDANTS
Governance		AND COMM	JNITY, LINKING	THEM IN WAYS TO EN	MANCE THEIR L	IVES. COM	JUNITY LINK O	FFERS PERSON
Æ		CENTERED	SUPPORTS TO AD	ULTS (CONTINUED ON	SCH O)			
ဇ္ထ	2	Check this bo	x 🕨 📙 if the organizat	ion discontinued its operation	ns or disposed of more	e than 25% of it	s net assets.	
•6	3	Number of vo	ting members of the go	verning body (Part VI, line 1a)			12
Activities &	4	Number of inc	lependent voting memb	ers of the governing body (P	art VI, line 1b)	· · · · · · · · ·	4	
ξ	5			in calendar year 2018 (Part	V, line 2a)		5	
Aci	6		of volunteers (estimate		• • • • • • • • • •	· · · · · · · · ·	6	204
	7a			n Part VIII, column (C), line 1	12			
	D	Net unrelated	business taxable incom	e from Form 990-T, line 38			7t	0
Q	_	0					Prior Year	Current Year
	8		and grants (Part VIII, lin	Territoria de la companya della companya della companya de la companya della comp			1,767,87	9 1,110,443
T.	40			ne 2g)			6,413,08	3 6,477,147
Revenue	10	investment ind	ome (Part VIII, column	(A), lines 3, 4, and 7d)	· · · · · · · · · · · · · · · ·		8,75	
œ	11			lines 5, 6d, 8c, 9c, 10c, and			53,18	
	12			(must equal Part VIII, colum			8,242,90	8 7,683,720
	13 14			t IX, column (A), lines 1-3)				0
	15		o or for members (Part		• • • • • • • • • • •			0
8	1	Drefessional fo	compensation, employ	ee benefits (Part IX, column	•	• • • • •	5,427,01	2 5,685,361
Expenses			undraising fees (Part IX,			Connection		0
Š	17			olumn (D), line 25)		237		
ш	1		es (Part IX, column (A),				2,007,87	
	19	Revenue less	ovnences Cubtract line	st equal Part IX, column (A), I	ine 25)		7,434,88	7,758,356
_ s		TO VEHILLE 1833	expenses. Subtract file	e 18 from line 12 · · · ·			808,01	(74,636)
Net Assets or Fund Balances	20	Total assets (P	Part X (ine 16)			Be	ginning of Current Year	End of Year
SSE	21	,	(Part X. line 26)				5,575,03	
eret Fire	22		und balances. Subtract	Lline 21 from line 20		• • • • • •	2,504,07	
Par		Signature		riale 21 fiorit ane 20			3,070,96	2,946,393
Under	penaltie	s of periury I declar	re that I have examined this re	turn, including accompanying schedu	les and statements, and to t	he hast of my knowl	Adap and built it is	
true, c	orrect, a	nd complete. Decla	ration of preparer (other than r	officer) is based on all information of v	which preparer has any know	medge.	edge and belier, it is	
		DAX G	ARRISON	De Dem Pr	Esident			u 10/16
Sign	١	Signature of		11	Concert		Date	Diolia
Here	•	DAX G	ARRISON, PRESID	rnt			Date	•
			nt name and title	131111		****		····
		Print/Type prepa	rer's name	Preparer's signature	Date	**		
Paid		BO V. TH		Boy Co		4 0010		PTIN
Prep	arer	Firm's name		SHUFFETT, LTD	-··· μυ-υ	4-2019	self-employed	P01313605
Use	Only			MCCORD PO BOX 489			irm's EIN 🕨	
	•			IA IL 62801		Pi	hone no.	•• •••
May th	ie IRS	discuss this ret		nown above? (see instruction	s)	<u> </u>	618-5	32-1040
<u> </u>				The state of the s	5,	• • • • • • •		· · · 🔀 Yes 📙 No

For Paperwork Reduction Act Notice, see the separate instructions.

R	n 990 (2018) COMMUNITY LINK INC 37-0955971 Page. Art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	COMMUNITY LINK, INC. IS A NOT-FOR-PROFIT COMMUNITY SUPPORT AGENCY WHOSE MISSION IS TO
	CHADLENGE, TEACH AND INSPIRE BOTH PARTICIPANTS AND COMMUNITY LINKING THE TOTAL OF THE PARTICIPANTS AND COMMUNITY
	THEIR LIVES, COMMUNITY LINK OFFERS PERSON CENTERED SUPPORTS TO ADULTS (CONTINUED ON SCH O)
	TOTAL TO ADOLIS (CONTINUED ON SCH O)
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.
	The state of the s
4a	(Code:) (Expenses \$ 3,710,650 including grants of \$) (Revenue \$ 4,005,830.)
	ADULT DAY PROGRAMS: DEVELOPMENT TRAINING - ENABLES ADULTS WITH DEVELOPMENTAL DISABILITIES TO
	DEVELOP DAILY LIVING SKILLS WHICH PROMOTE THE INDEPENDENCE NECESSARY TO LIVE AND WORK IN THE
	COMMUNITY. WORK TRAINING - ADULTS WITH DEVELOPMENTAL DISABILITIES WHO EXPERIENCE DIFFICULTIES
	OBTAINING AND MAINTAINING A TOR IN THE CONGRESSION TO THE CONGRESSION
	OBTAINING AND MAINTAINING A JOB IN THE COMMUNITY ENROLL IN THE WORK TRAINING PROGRAM. PERSONS
	RECEIVE TRAINING ON WORK RELATED SKILLS AND BEHAVIORS WHILE PERFORMING PAID WORK IN A
	SHELTERED SETTING. SUPPORTED EMPLOYMENT - PROVIDES ADULTS WITH DEVELOPMENTAL DISABILITIES
	SUPPORT SERVICES IN ORDER TO OBTAIN AND MAINTAIN EMPLOYMENT IN THE COMMUNITY. SUPPORT
	SERVICES INCLUDE JOB COACHING, JOB DEVELOPMENT, ACCOMMODATIONS AND INTEGRATION. JOB READINESS
	TRAINING - DESIGNED TO PROVIDE TRAINING TO INDIVIDUALS WITH DISABILITIES WHO DESIGNED COLORDINA
	THE BOTHER BY ASSESSING AND IMPROVING THEIR WORK SKILLS. INDIVIDUALS PARTICIPATE IN DATE
	WORK, SITUATIONAL ASSESSMENTS (CONTINUED ON SCH O)
4b	/Code:
40	(Code:) (Expenses \$2,415,417 including grants of \$) (Revenue \$2,675,031)
	COMMUNITY INTEGRATED LIVING ARRANGEMENT: COMMUNITY INTEGRATED LIVING ARRANGEMENT - 24 HOUT
	THE 24-BOUR CILA PROGRAM PROVIDES A GROUP HOME SETTING FOR INDIVIDUALS WITH
	DEVELOPMENTAL DISABILITIES, INDIVIDUALS RECEIVE A WIDE ARRAY OF SERVICES PASED ON MUSIC
	DEVELOPMENTAL DISABILITIES. INDIVIDUALS RECEIVE A WIDE ARRAY OF SERVICES BASED ON THEIR INDIVIDUAL NEEDS. CILA RESIDENTS RECEIVE ASSISTANCE IN COORDINATING PESCHERS AND
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Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ 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 Χ 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 Х 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 Χ 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 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 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 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 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Х 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 X 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 Χ d 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 X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Χ f 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Х 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 Χ 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Χ b 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Х 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Х

	Checkist of Required Schedules (continued)			
22	2. Did the experience and the experience the experience of the exp		Ye	s No
22	service than 45,000 or grants of other assistance to or for domestic individuals on		\top	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	2	X
~~	To to to the decion A, line 5, 4, or 5 about compensation of the			7
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24	employees? If "Yes," complete Schedule J	. 23	,	X
**	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 Did the organization invest any proceeds of tax exempt bonds bound a house declaration invest any proceeds of tax exempt bonds bound a house declaration investigation investigati	. 24	а	X
	and proceeds of tax-exempt bonus beyong a temporary period exception?	24	2	\top
•	any time during the year			
,	to defease any tax-exempt bonds? Did the organization act as an "on behalf of issuer for bonds substantial act as an "on behalf of issuer for bonds substantial act as an "on behalf of issuer for bonds substantial act as an "on behalf of issuer for bonds substantial act as an "on behalf of issuer for bonds substantial act as an "on behalf of issuer for bonds substantial act as an incomplete substantial act as a substantial ac	240	:	
258	or borian or issuer for borias outstanding at any time during the year?	240	1	
230	to (c)(4), and so (c)(25) organizations. Did the organization engage in an excess henefit		1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ı	X
t	and a state 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?			
20	If "Yes," complete Schedule L, Part I	25b	,	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		\top	1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			-
27	disqualified persons? If "Yes," complete Schedule L, Part II	26	-	X
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			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):		1	
a	Test, complete Schedule I. Part IV	28a	100000000	X
Ь	tustee, or key employee? If "yes," complete		 	+**
_	Schedule L, Part IV	28b		X
C	of the state of th		 	† · · ·
^^	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
2 9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		 	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		 	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ľ	X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Þ	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		Х
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		Х
17	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- 43
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		Х
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
٠	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
αП	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	51.55		110
þ	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

	m 990 (2018) COMMUNITY LINK INC art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	37-095	5971	Pag	e
28				Yes A	io
40	The state of the s				
	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required to the control of the contr	3	67		
	and the organization tile all required regeral employment tax returns?		· 2b	X	-5.
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				1
ŀ	series of a control of the vear?		· 3a	}	′
4a	The transfer in the solution of the solution o		- 3b		_
	an interest in, or a signature or other authority over				_
t	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:		. 4a	>	
			1888	64.5	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
b	any time during the tax vear?		- 5a	X	
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		- 5b	X	
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		· 5c		
vu	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				_
b	organization solicit any contributions that were not tax deductible as charitable contributions?		. 6a	Х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or				-
7	gifts were not tax deductible?		. 6b		
	Organizations that may receive deductible contributions under section 170(c).			1801000	ě
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
h	and services provided to the payor?		. 7a	X	.5,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b		-
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		. 7c	X	
đ	If "Yes," indicate the number of Forms 8282 filed during the year				VIII.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X	22
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		75	X	-
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1008 C2	. <i></i>		X	-
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			4.0	9
	sponsoring organization have excess business holdings at any time during the year?	<i>.</i>	8		3)
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	- 1976 (SQ - 1985)	2
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		-
10	Section 501(c)(7) organizations. Enter:		98 SEE 1		Į.
а	Initiation fees and capital contributions included on Part VIII, line 12			300	1000 N
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1		S. ES. S.
11	Section 501(c)(12) organizations. Enter:				ili ke ma
a	Gross income from members or shareholders				STATE.
b	Gross income from other sources (Do not net amounts due or paid to other sources			100	AMERICA
	against amounts due or received from them.)		66	100	S. Walley
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412				-040
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	• • • • •	12a	VACCO 1 1-24-24-2	ā
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		200		Marketon.
a	is the organization licensed to issue qualified health plans in more than one state?		444	640 B. 650	30.4
	Note. See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue quotified booth plans				
C	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indeed to the control of the contro			1,6	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	• • • • •	14a	X	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	• • • • •	14b		
			1		
	excess paracruite payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N.		15	X	
16	Is the organization an educational institution subject to the section 4000				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	• • • • [16	X	
ΕA					

Form			8)
Par	tVI	100	G

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31	("	5:	.9	71

Page 6

8) COMMUNITY LINK INC 37-095597
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in

_	Check if Schedule O contains a response or note to any line in this Part VI		-
<u>S</u>	ection A. Governing Body and Management		· X
4		Yes	7
1	the manual of voting members of the governing body at the end of the tax year	105	No
	is tricle are material differences in voting rights among members of the governing body, or	in level	
	if the governing body delegated broad authority to an executive committee or similar	10	
	committee, explain in Schedule O. Enter the number of voting members included in line 4 and the second sec		
2	and the manual of voting members included in line (a, above, who are independent		
-	one dry officer, director, trustee, or key employee have a family relationship or a husiness relationship with		25383
3	any other officer, director, trustee, or key employee?		X
Ŭ	Did the organization delegate control over management duties customarily performed by or under the direct		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?		Х
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	1	X
7 <i>a</i>	Did the organization have members or stockholders?		X
	section and members, stockholders, of other persons who had the power to elect or appoint	 	
ł	one or more members of the governing body?		Х
•	and governance decisions of the organization reserved to (or subject to approval by) members,	†	
8	stockholders, or persons other than the governing body?		Х
0	told the diganization contemporaneously document the meetings held or written actions undertaken during		1000
	the year by the following:		
a	The governing body?	Х	
9 9	tach committee with authority to act on behalf of the governing body?	X	
3	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	 ^ 	
SA	The organization's mailing address? If "Yes." provide the names and addresses in School 10.00		Х
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>1</u>	
10a		Yes	No
b	Did the organization have local chapters, branches, or affiliates?	1	X
b	Thes, and the organization have written policies and procedures governing the activities of such chapters		
11a	annuales, and branches to ensure their operations are consistent with the organization's exempt purposes?		
	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form 2	Х	
12a	besome at Schedule O the process, it any, used by the organization to review this Form 990	: 200-strebuil in	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Х	4535
ь	vere officers, directors, or trustees, and key employees required to disclose annually interests that could give size to applicable.	X	
С	but the original and consistently monitor and enforce compliance with the policy? If "Vec."		
12	describe in Schedule O how this was done	Х	
13	bit the organization have a written whistleblower policy?	X	
14	bid the organization have a written document retention and destruction policy?	X	
15	bid the process for determining compensation of the following persons include a review and approval by		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		
b	Curier officers or key employees of the organization	X	
	res to line to a or tob, describe the process in Schedule O (see instructions)	Х	PERS
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
	with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	autores est	X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
	organization's exempt status with respect to such arrangements?		
sec	ion C. Disclosure		
7	List the states with which a copy of this Form 990 is required to be filed Illinois		
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 900, and 900 T. (Section 504 (
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in School of O		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and		
	financial statements available to the public during the tax year.		
0	State the name, address, and telephone number of the person who possesses the organization's books and records:		
	FRAN TAYLOR (618) 526-8800, 1665 NORTH 4TH STREET, BREESE, IL 62230		
FA	TOWN THE STREET, BREESE, IL 62230		

Part VII	COMMUNITY LINK INC Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	37-0955971 Compensated Employees	Page s, an (
	Check if Schedule O contains a response or note to any line in this Part VII		
Caralla - A	or note to any line in this rait vii		

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 relat					(C)				1	1
(A) Name and Title	(B) Average hours per week (list an	Ď O	ox, unh	heck r ess pe	rson	n than one is both a or/trustee	п	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Individual Invitee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-M/SC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAX GARRISON		+	+	-			_			
PRESIDENT		X		X						
(2) WILLIAM HIBNER								0	0	(
VICE-PRESIDENT		X		Χ	ļ		- 1	o	•	
(3) SANDRA HARRIS									0_	
TREASURER		X	1 1	Χ	İ				•	
(4) AMANDA OELZE							7		0	
SECRETARY		X		Х	ļ			اه		
(5) DONNA BRAUER		T							0	
BOARD TRUSTEE		X								_
(6) PAULETTE EVANS					7		_		0	<u>c</u>
BOARD TRUSTEE		X			-	1			,	_
(7) JENNIFER FOUSHEE							1		0	0
BOARD TRUSTEE		X			Ì			o		
8) JASON GOURLEY					7		_		0	0
BOARD TRUSTEE		X				ł		0		
9) THERESA MORRISON				_	7		-			0
BOARD TRUSTEE		Х			Ī	ļ				
10)PRESTON THARP				_			+			0
BOARD TRUSTEE		Х		1		İ			_	
11) TRACY WELKER			_		\top		1		- 0	0
BOARD TRUSTEE		Х		ļ				٥		
12) JOSEPH HEIMANN					1		1		0	0
BOARD TRUSTEE		Х						o	_	
13)								<u> </u>		0
14)			_		4					

	Section A. Officers, Directors, Trustees,)					C)			Proyect (CC	miueu)	
	(A)	(B)			Pos	ition			(D)	120	
	Name and title	Average	(do r	not che unles:	ock m	ore th	nan one both an		Reportable	(E)	(F)
		hours per week (list any					trustee)		compensation	Reportable compensation from	Estimate amount of
		hours for	옥글	=	0	*	9 1	-	from	related	other
		related	a Se	S S	Officer	ey e	팔	Former	the organization	organizations (W-2/1099-MISC)	compensat
		organizations below dotted	or director	Institutional trustee		Key employee	yee g	뿌	(W-2/1099-MISC)	(11-2/1030-10113C)	from the organization
		line)	uste	7		yee	ą]			and relate
			1 %	É			Highest compensated employee	j			organizatio
					,	ļ	2				
				, ,		ļ					
(15)_								-			
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(16)_						-					
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18)				-	+	-+		-+			ļ
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22)					-						
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3)				-	_						
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(4)					┷						
'							}	ĺ			
5)											
				,			ļ	1			
1b	Sub-total										
C					٠.	٠.					
ď	Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)		• • • •		٠.	٠.					
2	Total number of individuals (including	· · · · · ·		· · ·	٠.	٠.			0	0	
_	Total number of individuals (including but not limited to t	hose listed a	bove) v	who i	ece	ved	more	than	\$100,000 of	<u> </u>	·
	reportable compensation from the organization								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	
3	Diel the games and the										Yes N
•	Did the organization list any former officer, director, or tri	ustee, key en	ployee	e, or i	highe	est c	ompe	nsate	ed	F	165 1
	The state of the s	uch individus	d .								
4	For any individual listed on line 1a, is the sum of reportal	ble compens	ation a	ind of	her	com	pensa	ation	from the		3
	- same and related organizations greater than \$150.	.DDD? <i>If "Ye</i> s	"come	nlota	Sch	eduk	e J for	suct	7	1000	
	morridaa									ļ	
Þ	Did any person listed on line 1a receive or accrue compe	ensation from			ted o	ດເດລ	nizatir	ייי	individual		4 >
		ete Schedule	J for s	uch	ere	orga on	1112211				3 (3)
	D. Muchement Contractors										5
1	Complete this table for your five highest compensated incompensation from the organization. Report compensation	dependent co	ontract	ors th	at n	acai	vod m		h (100 000 1		
•	compensation from the organization. Report compensation	on for the ca	ender:	vear	an it Ondi	na	v e u m	ore t	nan \$100,000 of		
	year.		Cildai	yeai	en ioi	ng w	vius or	WITH	in the organization	s tax	
	(A)										
	Name and business address							Ì	(B)		(C)
									Description of service	es	Compensation
								_			
								_			
								1			
. T	otal number of independent contract										
	otal number of independent contractors (including but no eceived more than \$100,000 of compensation from the o	t limited to th	ose lis	ted a	vod	e) w	ho			99/89	
- 17	TOUR OF THOSE BIRTH & LOU, DOU OF COMPRESSION from the A	ropoization	•							1000	

		Check if Schedule O cont	ains a response or	note to any line in t	this Dart VIII			
					(A) Total revenue	(9) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
at a		1a Federated campaigns				revenue		512-514
S S		b Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising eventsd Related organizations	10	202,300	Ц			
		e Government grants (contribu			_			
r Sign		f All other contributions, gifts,	itions) · · 1e	633,856	<u>i</u>			
Cribu Other		and similar amounts not incli	uded above 1f	212 670				
no d		g Noncash contributions include		213,679				
	-	h Takat Addition 4 46	· - · - ·		1,110,44	 		
9				Business Code				
Ž	4	2a FEES FOR SERVICES		900099	5,901,9	72 5,901,97	2	
æ		b CLIENT WORKER CONTR	RACT	900099	575,1			
ş. Ş.		d						
S	ļ	е						
Program Service Revenue		f All other program service reve	nue		-			
					6 477 1		A SEA COMPANIE DE LA	
	3	Investment income (including of	dividends interest		6,477,14	17 de la la la la la la la la la la la la la		
	İ.	and other similar amounts) .			9,32	9,320)	
	4	mount would interposit of fax-	exempt bond proce	eds · · · ▶		2,320	/	
	5	Royalties						
	6	a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses · · · ·			-			
		c Rental income or (loss)	ļ					
		A AN A COLOR		• • • • • • •				
	78	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	19,335	1,250		0.000		
	ı	b Less: cost or other basis]			
		and sales expenses	19,267	 				
		Net gain or (loss)	68	1,250	1			
en	8a	Gross income from fundraising			1,31	8 1,318		
Revenue		events (not including \$	262,908					
S.		of contributions reported on line	1c).				Control of the control	
Other		See Part IV, line 18 · · · · ·						
0	6	Less: direct expenses	_					
	92	 Net income or (loss) from fundra Gross income from gaming activ 	ising events	· · · · · >				And the second second second second
	34	See Part iV, line 19						
	b	Less: direct expenses						
	c	Net income or (loss) from gamin	L.					
		Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
ŀ	<u> </u>	Net income or (loss) from sales of	of inventory	· · · · · >				
	112	Miscellaneous Revenue		Business Code				
		FOOD STAMP REVENUE MISCELLANEOUS		900099	74,935	74,935	100 April 2010 April 2	was week trees and the same sales and the
-	c	CONTREADING		900099	10,557	10,557		
	_	All other revenue						
	e	Total. Add lines 11a-11d			OF 400			
	12			. 1	85,492 7,683,720	W. W. W. W. W. W. W. W. W. W. W. W. W. W		
Α						U,3/3.2//	O	^

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 (C) (D) Fundraising Program service 8b, 9b, and 10b of Part VIII. Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 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 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,569,863 4,154,433 415,430 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 117,046 108,444 8,602 677,237 627,465 49,772 10 321,215 290,027 31,188 11 Fees for services (non-employees): Professional fundraising services. See Part IV, line 17 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule ().) 220,050 197,590 22,460 12 4,780 4,733 47 13 Office expenses 23,206 10,743 12,011 452 14 48,060 17,766 27,294 3,000 15 16 252,931 215,101 37,830 17 600,900 594,958 5,096 846 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 27,426 25,016 2,410 20 65,045 61,502 3,543 21 22 Depreciation, depletion, and amortization 255,296 236,145 19,151 23 116,618 65,137 51,481 24 Other expenses. Itemize expenses not covered 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.) SUPPLIES 199,604 197,162 2,442 MAINTENANCE & REPAIRS 73,753 68,692 5,061 SMALL EQUIPMENT 42,234 33,000 9,234 DUES AND SUBSCRIPTIONS 30,070 7,020 23,050 e All other expenses 113,022 30,870 41,213 40,939 25 Total functional expenses. Add lines 1 through 24e 7,758,356 6,945,804 767,315 45,237 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕒 📗 if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)	T	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1 296 927	1	
	2	Savings and temporary cash investments		2	1,157,549
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	733,103	4	637 015
	5	Loans and other receivables from current and former officers, directors,			637,815
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	•	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	 Commontant countries of the common of the com	6	
13	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	118,931	9	140 075
	10a	Land, buildings, and equipment: cost or	2.0/23.	A.56	148,075
		other basis. Complete Part VI of Schedule D 10a 6,572,609			6-98-96-95-96-95-96-96-96-96-96-96-96-96-96-96-96-96-96-
	b	Less: accumulated depreciation 10b 3 . 208 . 744	3,415,623	10c	3 262 065
	11	Investments - publicly traded securities	20,451	11	3,363,865
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,575,035	16	5 207 204
	17	Accounts payable and accrued expenses	412 397	17	5,307,304
	18	Grants payable		18	339,003
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	The second secon	22	
	23	Secured mortgages and notes payable to unrelated third parties	1,941,881	23	1,880,085
	24	Unsecured notes and loans payable to unrelated third parties		24	1,860,065
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
į		of Schedule D	149,804	25	141,823
	26	Total liabilities. Add lines 17 through 25	2,504,072	26	2,360,911
ç,		Organizations that follow SFAS 117 (ASC 958), check here ► 🔀 and		No.	
ည		complete lines 27 through 29, and lines 33 and 34.			
層	27	Unrestricted net assets	3,070,963	27	2,946,393
<u></u>	28	Temporarily restricted net assets		28	2,540,555
Š	29	Permanently restricted net assets		29	
<u>L</u>		Organizations that do not follow SFAS 117 (ASC 958), check here and			
S		complete lines 30 through 34.			
se	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds		32	
		Total net assets or fund balances	3,070,963	33	2,946,393
-Δ	34	Total liabilities and net assets/fund balances	5,575,035	34	5,307,304

	orm 990 (2018) COMMUNITY LINK INC			
1	ARXI Reconciliation of Net Assets	37-095	5971	Page 12
	Check if Schedule O contains a response or note to any line in this Part XI			F-1
	rotal revenue (must equal Part VIII, column (A), line 12)	ΤiΤ		
	color expenses (must equal Part IX, column (A), line 25)	2	7,683	
;	Revenue less expenses. Subtract line 2 from line 1	3	7,758	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(636)
	Net unrealized gains (losses) on investments	5	3,070	,963
6	Donated services and use of facilities	6	·····	
7	investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		,754)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-	(32	,180)
	33, column (B))	10		
	Thanclar Statements and Reporting	101	2,946	,393
	Check if Schedule O contains a response or note to any line in this Part XII	_		
			· · · · · · · · · · · · · · · · · · ·	
1	Cash X Accrual 1 Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O.			
2;	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	V
	res, "Check a box below to indicate whether the financial statements for the year were compiled or		' 24	X
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	were the organization's financial statements audited by an independent accountant?		. 2b X	46.60
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		' 20 ^	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If res' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the addit, review, or compilation of its financial statements and selection of an independent accountable		- 2c X	
	if the organization changed either its oversight process or selection process during the tay year, explain in		- 20 1	40000000
_	ocheagle C.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			148.64
	the Single Audit Act and OMB Circular A-133?		. 3a	7
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	· · · ·	. 34	X
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	
EΑ				2040)
			Form 990 (ZU18)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

		e organization					Employer iden	tification number	
	art I	VITY LINK INC					37-095	5971	
نستنسا	A		ity Status (All	organizations must	complet	te this pa	ırt.) See instructi	ons.	
1	orga 	nization is not a private foundation be	cause it is: (For line	s 1 through 12, check on	ly one box	.)			
2	님	A church, convention of churches, or	r association of chur	ches described in section	n 170(b)(1))(A)(i).			
3	H	A school described in section 170(b))(1)(A)(II). (Attach S	Schedule E (Form 990 or	990-EZ).)				
4	님	A hospital or a cooperative hospital s	service organization	described in section 170	(b)(1)(A)(i	ii).			
7	L	A medical research organization ope	erated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the		
5	П	hospital's name, city, and state:	oft of a collect						
Ū	نيا	An organization operated for the ber section 170(b)(1)(A)(iv). (Complete	reill of a college or t	university owned or opera	ated by a g	overnment	al unit described in		
6	П								
7	X	As organization that permelly seeming	or governmental un	it described in section 17	0(b)(1)(A)	(v).			
•	8.71	An organization that normally received described in section 170(b)(1)(A)(vi	es a substantial par	t of its support from a gov	rernmental	unit or from	n the general public		
8	П	A community trust described in secti). (Complete Part I).) .(Carrellata D. 111)					
9	Й	An acticultural research organization	dosoribod in esses-	. (Complete Part II.)					
•		An agricultural research organization	ogo of agriculture (n 1/0(b)(1)(A)(ix) operat	ed in conju	inction with	a land-grant coilege		
		or university or a non-fand-grant colliuniversity:	ege or agriculture (S	ee instructions). Enter the	e name, ci	ty, and state	e of the college or		
10	П	An organization that normally receive	es: (1) more than 33	1/3% of its support from	o o o o o i le contra				
		receipts from activities related to its	exempt functions - s	while to cortain expension	COntributio	ons, memb	ership fees, and gross	3	
		support from gross investment incom	ne and unrelated bu	siness tavable income (le	ins, and (2) no more t	nan 33 1/3% of its		
		acquired by the organization after Jur	ne 30 1975 See se	ction 509/a)/2). (Complet	sas seculori la Dari III \	эн шах) п	om businesses		
11		An organization organized and opera	ted exclusively to tes	st for public safety. See ea	ection 500	(5)(4)			
12		An organization organized and opera	ited exclusively for t	he benefit of to perform t	he function	(a)(4).	oarn, out the	_	
		of one or more publicly supported org	anizations described	in section 509(a)(1) or	section 50	9/a\/2\ Sa	earry out the purpose	5	
		Check the box in lines 12a through 1	2d that describes th	e type of supporting orga	nization an	otajtaj. 00 Id complete	e section 303(a)(3), tines 12e 12f and 1	20	
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its sun	ported ora	anization/s	tunics (26, 121, attu-1 tunically by giving	2g.	
		the supported organization(s) the	power to regularly	appoint or elect a majorit	v of the dir	ectors or tr	ustees of the		
		supporting organization. You mu	st complete Part IV	, Sections A and B.	,	001010 01 2	40,000 01 (1)6		
	þ	Type II. A supporting organization	supervised or conti	rolled in connection with it	s supporte	d organizat	ion(s) by having		
	-	control or management of the su	pporting organizatio	n vested in the same per	sons that c	control or m	anage the supported		
		organization(s). You must comp	lete Part IV, Sectio	ns A and C.			g- allo depported		
	C	Type III functionally integrated.	A supporting organi	ization operated in connec	ction with, a	and function	nally integrated with		
		its supported organization(s) (see	instructions). You r	nust complete Part IV, S	ections A	D, and E.			
	ď	Type III non-functionally integral	ated. A supporting o	rganization operated in co	onnection v	vith its supp	orted organization(s)		
		that is not functionally integrated.	The organization go	enerally must satisfy a dis	tribution re	equirement	and an attentiveness		
		requirement (see instructions). Yo	ou must complete !	Part IV, Sections A and [, and Par	t V.			
	ę	Check this box if the organization	received a written of	determination from the IR	S that it is	a Type I, Ty	ype lí, Type III		
		functionally integrated, or Type III	non-functionally inte	egrated supporting organ	ization.				
		Enter the number of supported organi							
		Provide the following information about							
	(1)	Name of supported organization	(H) EIN	(iii) Type of organization (described on lines 1-10	1 ' '	organization	(v) Amount of monetary	(vi) Amount of	
				above (see instructions))	docun	ur governing nent?	support (see instructions)	other support (se instructions)	e
						1	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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/D\	**********				 				
(B)]			
(C)									
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(F)									
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Total					S0000 (50.00)				

chedule A (Form 990 or 990-EZ) 2018 COMMUNITY LINK INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 6,986,765 6,785,638 6,648,420 7,649,231 7,108,539 35,178,593 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 6,986,765 6,785,638 6,648,420 7,649,231 The portion of total contributions by 7,108,539 35,178,593 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support 35,178,593 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 Amounts from line 4 (e) 2018 (f) Total 6,986,765 6,785,638 6,648,420 Gross income from interest, dividends, 7,649,231 8 7,108,539 35,178,593 payments received on securities loans, rents, royalties and income from similar sources 1,382 2,090 3,377 320 8,157 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 35,186,750 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 99,98 % 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 15 99.97 % box and **stop here**. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check Xthis box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedule A (Form 990 or 990-EZ) 2018

COMMUNITY LINK INC

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section B. Total Support Salendar year (or fiscal year beginning in) A mounts from line 8 Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))		ction A. Public Support			below, please	complete Part	11.)	
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2 Gross receipts from admissions, metchandises and of eventors performed, or facilities and or expenses performed, or facilities and production by operated purposes and the part of the performance of the	1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")			(0) = 0.10	(4) 2011	(e) 2018	(f) Total
Section Services performed, or decision or the companies of the companies	2	Gross receipts from admissions, membandise						
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Tax revenues aveid for the operations benefit and either paid to or expended on the benaff or expended on the benaff or expended on the benaff or expended on the benaff or expended on the benaff or expended on the benaff or or expended on the benaff or or expended on the benaff or Total. And intest through 5. 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons or expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons or the expended of the expended from other than disqualified persons or the expended from other than disqualified persons or the expended from other than disqualified persons in regularly cannot be compared from the expend	3	Gross receipts from activities that are not an						<u> </u>
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Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2017 Schedule A, Part III, line 15 Public support percentage from 2017 Schedule A, Part III, line 15 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2017 Schedule A, Part III, line 17 Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 33 1/3% support tests - 2017. If the organization did not check a box on line 14, or line 19a, and line 16 is more than 33 1/3%, and line 15 In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization In organization cupilifies as a publicly supported organization	а	ctivities not included in line 10b, whether						
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	Pr	ivate foundation. If the organization did not ch	eck a box on line	14, 19a or 19h che	nce as a publicly suf	poned organizatio		• • • ▶ 📗

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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5	Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY LINK INC	
	Part IV Supporting Organizations (continued)	37-0955971 Page 5
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly persons?	Yes No
	this directly of indirectly controls either alone or together with a second	
		Province And Province And Province And Province And Province And Province And Province And Province And Province And Province And Province And And And And And And And And And And
	b A family member of a person described in (a) about 2	11a
	c A 35% controlled entity of a person described in (a) or (b) above 2.15% and	11b
5	Section B. Type I Supporting Organizations	Part VI. 11c
	1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the appoint.	Yes No
		g the
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	orted
		1
	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated supported organization of the supported organization organiza	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supported organization(s) that operated,	Part
	supervised, or controlled the supporting organization.	
S	ection C. Type II Supporting Organizations	2
	31 - Approximg Organizations	
	Were a majority of the organization's dispeters as the state of	Yes No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of trustees of each of the organization (1) of the directors of the directors of trustees of each of the organization (1) of the directors of the dir	ctors
	or management of the supporting organization was vested in the same persons that controlled or management of the supported organization (s).	od III
Se	ection D. All Type III Supporting Organizations	1
	The art cupporting Organizations	
1	Did the organization provide to each of its asset of	Yes No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of organization's tax year. (i) a written notice describing the time and the last day of the fifth month of the time and the last day of the fifth month of the last day of the fifth month of the last day of the las	the
	organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the describing the	e prior tax
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification.	s of the
	or the date of notification, to the extent not previously provi	vidad?
2	vvere any or the organization's officers, directors, or trusteen all the contract of the contr	RESERVE DESCRIPTION
	the organization maintained a close and continuous working relationship with the supported organization(s	/I how
3	By reason of the relationship that it is a second of the relationship with the supported organization(s	s). 2
Ŭ	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment reliable.	
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Sec		3
1	Check the box part to the country of the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the box part to the check the check the box part to the check the check the box part to the check the che	
a	Officer the box flext to the method that the organization used to setiet the life.	(See instructions)
b	The organization satisfied the Activities Test. Complete line 2 below.	" (see instructions).
C	I The digatilization is the parent of each of its supported organizations.	
2		int antity (and instruction)
	Activities Test. Answer (a) and (b) below.	m entity (see instructions).
а	- " "	Yes No
	TO THE TOP OF THE PROPERTY OF	»,
D	Did the activities described in (a) constitute activities that but for the acceptance	2a
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3	Parent of Supported Organizations Answer (a) and (b) below	2b
а	Did the organization have the power to regularly appoint or elect a majority of the con-	
b	Did the digalization exercise a substantial degree of dispetion and the second	3a
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	of each
EΑ	regard by the organization in this regard	. 3b

The state of the s	roa	niz:	ations	
Uneck here if the organization satisfied the Integral Part Test as a qualifying	-		No. 00 4070 /	in Part VIV See
instructions. All other Type III non-functionally integrated supporting organi	zatio	ns i	must complete Sections	A through E
Section A - Adjusted Net Income		T		(B) Current Year
			(A) Prior Year	(optional)
Net short-term capital gain Recoveries of prior-year distributions		1		(0,000,000)
3 Other gross income (see instructions)		2		
3 Other gross income (see instructions)4 Add lines 1 through 3.		3		
5 Degraciation and doubting		4		
5 Depreciation and depletion 6 Portion of operating expenses said as income of the control of th		5		
and the speciality expenses paid of incurred for production or	T	T		
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions) 7. Other expenses (see instructions)	- [-(;		
- variet expenses (see instructions)	7	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	1	1		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year
Aggregate fair market value of all non-exempt-use assets (see	1.6			(optional)
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1:	1		
b Average monthly cash balances	11	-		
c Fair market value of other non-exempt-use assets	10			
d Total (add lines 1a, 1b, and 1c)	10			<u></u>
e Discount claimed for blockage or other	100	(2000) (S		
factors (explain in detail in Part VI):				E MARIA MARIA MARIA MARIA
2 Acquisition indebtedness applicable to non-exempt-use assets	2	essa (ca T		
3 Subtract line 2 from line 1d.	3	╁		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	— -³	 		
see instructions).	4			
Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6	-		
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount	10			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	Τ 4	About		Odirent real
2 Enter 85% of line 1.	1			
Minimum asset amount for prior year (from Section B, line 8, Column A)	2			
4 Enter greater of line 2 or line 3.	3			
5 Income tax imposed in prior year	4			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5			
emergency temporary reduction (see instructions).				
7 Check here if the current year is the organization's first as a result in the current year.	6	ARCA		
7 Check here if the current year is the organization's first as a non-functionally in instructions).	ntegr	ate	d Type III supporting org	ganization (see
				*

	edule A (Form 990 or 990-EZ) 2018 COMMUNITY LINK INC art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	37-0	955971 Page
s	ection D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex	rempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpo	ses of supported organiza	tions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	- is instancing to difference supported organizations to which	the organization is respon	sive	
	(provide details in Part VI). See instructions.	,		
9	Distributable amount for 2018 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable
_1	Distributable amount for 2018 from Section C, line 6		F16-2018	Amount for 2018
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See	and the sentence of the sentence		
	instructions.			
_3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			25-24-240-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	F		AR DE SE SE SE SE SE SE SE SE SE SE SE SE SE	
	Free - 6 - 0040			
EΑ	Excess from 2018			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

N	me of the organization	Formeso for instructions and the latest informati	mi-pection i
\subseteq	OMMUNITY LINK INC		Employer identification number
	Part 1 Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or Acco	37-0955971
	Complete if the organization answered "Y	es" on Form 990 Part IV line 6	unts.
		(a) Donor advised funds	
•	Total number at end of year	(4) contol advised funds	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	s in writing that the assets hold is dance advised	
	is not are the organization's property, subject to the organization	Dization's exclusive legal controls	
6	Did the organization inform all grantees, donors, and don	nor advisors in writing that arent 6 4	· · · · · · · · · · · · · · · · · · ·
	only for charitable purposes and not for the benefit of the	donor or donor advisor, or for any other any	
_	contenting impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
			Yes No
_	Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.	
1	rulpose(s) of conservation easements held by the organ	Zation (check all that apply)	
	Preservation of land for public use (e.g., recreation of	r education) Preservation of a historica	ally important land and
	Protection of natural habitat	Preservation of a certified	historia etc. etc.
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a question on the last day of the tay year.	ualified conservation contribution in the form of a con-	
	are less day of the tax year.	The second of a contract of a	The service of the se
ē.	The state of conscivation easements		Held at the End of the Tax Year
t	- sego restricted by conservation easements		2b
•	Number of conservation easements on a certified historic	Structure included in (a)	26
C	Number of conservation easements included in (c) acquire	ed after 7/25/06, and not on a	. 26
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, tax year	released, extinguished, or terminated by the organi-	- LZU
			zation during the
4	Number of states where property subject to conservation e	easement is located >	
5	Does the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written policy regarding the organization have a written have a wri	periodic monitoring inspection handling of	
_	storations, and enforcement of the conservation easement	s it holde?	n
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conservation	Yes No
_			
7	Amount of expenses incurred in monitoring, inspecting, hat	ndling of violations, and enforcing conservation ease	amonto divine ste
_			
8	Does each conservation easement reported on line 2(d) ab	pove satisfy the requirements of section 170(h)(4)(B)	Wi)
_	3/12 330((0) 17 0(1)(4)(B)(ii) ?	* * * * * * * * * * * * * * * * * * * *	— —
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense stateme	ent and
	and include, if applicable, the text of the foot	tnote to the organization's financial statements that or	describes the
D۵			
1.44		ons of Art, Historical Treasures, or Otl	her Similar Assets
1a	T	S DD FORM GUO DAN NA ELLA	
	If the organization elected, as permitted under SFAS 116 (A works of art, historical treasures, or other circiles as a second of the second of	SC 958), not to report in its revenue statement and i	balance sheet
		G TOT DUBLIC Aybibition, advantion, access to the	
b	The second provided, in a set Allit, the text of the sportnore for	O Its Reaccial etatomonto that day are all the control of the cont	
~	" are organization elected, as permitted under SFAS 116 (A.	SC 958) to report in its revenue states at the contract of the second states at the second st	
	the similar assets neighbor as a second neighbor asset neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor assets neighbor asset neighbor assets neighbor asset ne	I for public exhibition, education, or somewhile to up	nerance of
	(i) Developing the londwing amounts relating to thes	se items:	
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · . ▶ \$
,	(b) resets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	The second secon
•	in the organization received or neid works of art, historical tre	PASIFIES Of other similar access to the firm and the	ovide the
	annual control reduited to be reported under SFAS 116	(ASC 958) relating to these items:	
a h	Revenue included on Form 990, Part VIII, line 1		· · · · · > \$
<u> </u>	Assets included in Form 990, Part X		

Sc	art III Organizations Maintaining Using the organization's acquisition, accession	K INC	Art Historia			37-0	<u>955</u> 971	Page
3	Using the organization's acquisition, accession	Collections of	Art, nistorical	reasure	es, or Ot	her Similar A	ssets (contin	ued)
	Using the organization's acquisition, accession collection items (check all that apply):	i, and other records, i	check any of the foll	lowing that a	are a signific	ant use of its		
	Public exhibition	. m.						
	Scholarly research		oan or exchange pro	ograms				
	Preservation for future generations	e 📙 O	ther					
4	Provide a description of the organization's colle							
	Provide a description of the organization's colle XIII.	ections and explain ho	ow they further the o	rganization':	s exempt pu	rpose in Part		
5								
	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of a	rt, historical treasure	es, or other :	similar			
P	assets to be sold to raise funds rather than to bart IV Escrow and Custodial Arrai	e maintained as part	of the organization's	s collection?			· · · D Yes	□ No
		ngements.						
	Complete if the organization a 990, Part X, line 21.	mawered tes.	on Form 990, P	art IV, line	e 9, or re	ported an am	ount on Form	ì
1a								
	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermediary	for contributions or	other assets	s not			
b							· · · Yes	Пис
~	If "Yes," explain the arrangement in Part XIII and	d complete the followi	ng table:					NC
С	Regioning holonge						Amount	
H	Beginning balance	• • • • • • • • • • •	• • • • • • • • •		1			
e	Additions during the year				1			
f	Distributions during the year				<u> </u>			
	Ending balance			<i>.</i>				
2a	old the diganization include an amount on Form	990 Part X line 21	for occessive as access	_H _ I			<u> </u>	
D -		eck here if the explan	ation has been prov	ided on Par	A 37017		· · · · 🗌 Yes	∐ No
	= action and a						· · <i>· · ·</i> · · · ·	:Ш
	Complete if the organization ar	nswered "Yes" or	n Form 990, Pa	rt IV. line	10			
. .		(a) Current year	(b) Prior year	(c) Two y		(4) =		
1a	Beginning of year balance			10/ 11/0 /	edis back	(d) Three years bac	k (e) Four years	back
b	Contributions							
¢	Net investment earnings, gains, and		<u> </u>					
	losses · · · · · · · · · · · · · · · · · ·							
d	Grants or scholarships							
6	Other expenditures for facilities and							
	programs				ĺ			
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·		 				
g	End of year balance			 				
?	Provide the estimated percentage of the current y	Par and belones (ii-	4	<u> </u>				
a	Board designated or quasi-endowment		1g, column (a)) heli	d as:		-		
b	Permanent endowment ▶ %	%						
С	Temporarily restricted endowment	0/						
	The percentages on lines 2a, 2b, and 2c should en	%						
а	Are there endowment funds not in the present	quai 100%.						
	Are there endowment funds not in the possession organization by:	or the organization th	at are held and adm	ninistered for	r the			
	(i) unrelated organizations						Yes	No
	(ii) related organizations						. 3a(i)	140
b	If "You" on line 3-/3 the						· 3a(ii)	
_	If "Yes" on line 3a(ii), are the related organizations	listed as required on	Schedule R?	. <i></i>			. 3b	
	- realized in a direction to the organized uses of the organized the conditions and the conditions are set of the organized the conditions and the conditions are set of the c	1/Zation's endowment	funds.				. 30	
441		nt.						
	Complete if the organization ans	wered "Yes" on	Form 990, Part	IV, line 1	1a. See I	Form 990 Pa	rt X line 10	
	Description of property	(a) Cost or other t	pasis (b) Cost or	other basis				
		(investment)		ther)		cumulated eciation	(d) Book value	
	and				53pr			
	Buildings			52 952	200.000		420,5	
: L	easehold improvements		5,1	53,853	2	466,796	2,687,0	57
1 8	Equipment			00	 			
	Other		1	98,184		741,948	256,2	36
al.	Add iines 1a through 1e. <i>(Column (d) must equal Fo</i>	orm 990 Part V and	70 (D) F== 42 :		<u> </u>			-
	(-) ··· Oquai / (ooo, rarra, colun	и (D), ипе 10с.)			• • • •	3,363,80	55
							-	

Part VII	nvestments - Other Securities	20	37-0955971	
	complete if the organization ar	nswered "Yes" on Form 990,	, Part IV, line 11b. See Form 990, Part X, I	ino 1
(a)	accomplicit of security of category	(b) Book value		IIIE
(1) Financial deriv	(including name of security) /atives		(c) Method of valuation. Cost or end-of-year market value	
(2) Closely-held e				
(3) Other	quity interests	• • • •		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Column (b) must	equal Form 990, Part X, col. (B) line 12.)			
Part VIII In	vestments - Program Relate			
С	omplete if the organization and	Swered "Ves" on Form 000	Dark Back	
/=	Description of investment	wered tes on Form 990, I	Part IV, line 11c. See Form 990, Part X, lin	ne 13
/4	r bescription of investment	(b) Book value	(c) Method of valuation:	
(1)			Cost or end-of-year market value	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Column (b) must e	qual Form 990, Part X, col. (B) line 13.)			
art IX Ot	her Assets.			
Co	mplete if the organization ansi	wered "Yes" on Form 990 E	Part IV, line 11d. See Form 990, Part X, line	
		(a) Description	art iv, line 11d. See Form 990, Part X, line	e 15
(1)		(A) DOSCHIPILOT	(b) Book v	alue
(2)				
(3)				
4)				
5)				
6)				
7)	***************************************			
8)				
9)				
al. (Column (b) mu	ust equal Form 990, Part X, col. (B) line 1	15)		
an A Oth	ier Liabilities.			
Cor	nplete if the organization answ	vered "Yes" on Form oon D	art IV, line 11e or 11f. See Form 990, Part.	
line	25.	Total Controlling 990, Pa	art IV, line 11e or 11f. See Form 990, Part	Χ,
(a) Description of liability	40.0		
() F	taxes	(b) Book value	<u> </u>	
) receral income	MPENSATED ABSENCES			
	120111010	141,823		
) ACCRUED CO				
) ACCRUED CC		!		
C) ACCRUED CC				
?) ACCRUED CC ;) ;) ;)				
CONTROL CONTRO				
3) () () () ()				
2) ACCRUED CC 3) (5) (5) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8				
2) ACCRUED CC 3) (5) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8				
2) ACCRUED CC 1) 1) 1) 1) 1) 1) 1) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	al Form 990, Part X, col. (B) line 25.) ▶	141,823	on's financial statements that reports the	

	nuk D (Form 990) 2018 COMMUNITY LINK INC			37-0955	971 P
7000	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,	ents V	Vith Revenue pe	r Return	•
1	Total revenue, gains, and other support per audited financial statements	Part IV,	line 12a.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		• • • • • • • • •	1	7,779,8
а	At-Arian Programmer and Programmer a	1 1			
b	Net unrealized gains (losses) on investments Donated services and use of facilities	2a			
С	Recoveries of prior year grants	2b	96,124		
d		2c			
e		2d			
3				2e	96,1
4				3	7,683,7
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				7,003,7
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Þ	Other (Describe in Part XIII.)	4b		7 1	
Ç	Add lines 4a and 4b			4c	
5 *******	Total revenue. Add lines 3 and 4c. (This must equal Form 900, Part Lline 40.)				
aı	Keconciliation of Expenses per Audited Financial States	monto!	A/iAL Comme	por Potu	7,683,7
	Complete if the organization answered "Yes" on Form 990, I	Part I\/	line 12a	her wern	rn.
	rotal expenses and losses per audited financial statements	Citty,	II/IC 12a.		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	7,854,4
a	Donated services and use of facilities	1 . 1			
b	Prior year adjustments	2a	96,124		
С	Other losses	2b			
d	Other (Describe in Bort VIII.)	2c			
- e	Other (Describe in Part XIII.) Add lines 2a through 2d	2d			
				2e	06 34
	Subtract line 2e from line 1			3	96,12
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,			7,758,3
ı	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII.)	4h		1	
	Add lines 4a and 4b			1642.46	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u> </u>	4c	
arı	Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d, and 4b; and 4b; and Part XII, lines 2d, and 4b; and 4b; and Part XII, lines 2d, and 4b;			5	7,758,35

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Department of the Treasury Open to Public Internal Revenue Service Inspection Name of the organization Employer identification number COMMUNITY LINK INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 37-0955971 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ∏ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did fundraiser have (v) Amount paid to (vi) Amount paid to (iv) Gross receipts (or retained by) (ii) Activity custody or control of or entity (fundraiser) (or retained by) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	edule G (Form 990 or 990-EZ) 2018 art II Fundraising Events	COMMUNITY LINK INC		3,	7-0055071 -
	than \$15,000 of fund gross receipts greate	c. Complete if the organization draising event contributions a ter than \$5,000.	n answered "Yes" on For nd gross income on For	rm 990, Part IV, line 18, m 990-EZ, lines 1 and 6	7-0955971 Page or reported more Sb. List events with
_		(a) Event #1 BUDDY WALK (event type)	(b) Event #2 ANNUAL APPEA (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	185,684	53,463	23,761	262,908
	2 Less: Contributions 3 Gross income (line 1 minus line 2)	185,684	53,463	23,761	262,908
İ	4 Cash prizes · · · · ·	• • •			
	5 Noncash prizes				
nses	6 Rent/facility costs · · · · .				
Direct Expenses	7 Food and beverages	• • •			
Öğe	8 Entertainment	• • • •			
	9 Other direct expenses			, , , , , , , , , , , , , , , , , , ,	
	9 Other direct expenses				
	10 Direct expense summary. Add 11 Net income summary. Subtrac	lines 4 through 9 in column (d)		• • • • • • • • • •	
	10 Direct expense summary. Add 11 Net income summary. Subtrac	t line 10 from line 3, column (d) the organization answered "	/es" on Form 990, Part I		ore
Par	10 Direct expense summary. Add 11 Net income summary. Subtract III Gaming. Complete if	t line 10 from line 3, column (d) the organization answered "	/es" on Form 990, Part i' (b) Pull tabs/instant bingo/progressive bingo	V, line 19, or reported m	(d) Total gaming (add col. (a) through col. (c))
Par	10 Direct expense summary. Add 11 Net income summary. Subtract III Gaming. Complete if	t line 10 from line 3, column (d) the organization answered 'n n 990-EZ, line 6a. (a) Bingo	es" on Form 990, Part f	V, line 19, or reported m	(d) Total gamino (add
Yevenue	10 Direct expense summary. Add 11 Net income summary. Subtrac 11 III Gaming. Complete if 11 than \$15,000 on Form	t line 10 from line 3, column (d) the organization answered 'n n 990-EZ, line 6a. (a) Bingo	es" on Form 990, Part f	V, line 19, or reported m	(d) Total gamino (add
Yevenue	10 Direct expense summary. Add 11 Net income summary. Subtract 11 Gaming. Complete if than \$15,000 on Form 1 Gross revenue	t line 10 from line 3, column (d) the organization answered 'n n 990-EZ, line 6a. (a) Bingo	es" on Form 990, Part f	V, line 19, or reported m	(d) Total gamino (add
Cr Expenses Revenue	10 Direct expense summary. Add 11 Net income summary. Subtract 11 Gaming. Complete if than \$15,000 on Form 1 Gross revenue	t line 10 from line 3, column (d) the organization answered 'n n 990-EZ, line 6a. (a) Bingo	es" on Form 990, Part f	V, line 19, or reported m	(d) Total gamino (add
Direct Expenses Revenue	Direct expense summary. Add Net income summary. Subtrac Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes Noncash prizes	t line 10 from line 3, column (d) the organization answered 'n 990-EZ, line 6a. (a) Bingo	es" on Form 990, Part f	V, line 19, or reported m	(d) Total gamino (add
Direct Expenses Revenue	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs	t line 10 from line 3, column (d) the organization answered 'n n 990-EZ, line 6a. (a) Bingo	es" on Form 990, Part f	V, line 19, or reported m	(d) Total gamino (add
Direct Expenses Revenue	Direct expense summary. Add Net income summary. Subtract III Gaming. Complete if than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	tiline 10 from line 3, column (d) the organization answered 'n 990-EZ, line 6a. (a) Bingo	(es" on Form 990, Part f	V, line 19, or reported m (c) Other gaming	(d) Total gamino (add
Oriect Expenses Kevenue	Direct expense summary. Add Net income summary. Subtract III Gaming. Complete if than \$15,000 on Form Gaming. Complete if than \$15,000 on Form Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add in	tiline 10 from line 3, column (d) the organization answered 'n 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	V, line 19, or reported m (c) Other gaming	(d) Total gamino (add

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

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.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2018

Open to Public Inspection

internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

COMMUNITY LINK INC 37-0955971 01. Form 990 governing body review (Part VI, line 11) ORGANIZATION'S PROCESS TO REVIEW FORM 990 - THE 990 IS PREPARED BY AN OUTSIDE CONSULTANT. MANAGMEENT RECEIVES THE COMPLETED FORM 990 AND DISTRIBUTES COPIES TO THE MEMBERS OF THE PERFORMANCE OVERSIGHT COMMITTEEE FOR REVIEW. THE COMMITTEE RECOMMENDS APPROVAL TO THE ENTIRE BOARD OF DIRECTORS 02. Conflict of interest policy compliance (Part VI, line 12c) CONFLICT OF INTEREST FORMS ARE PREPARED BY BOARD MEMBERS AND KEY EMPLOYEES ANNUALLY. PERFORMANCE AND OVERSIGHT COMMITTEE EXAMINES ALL CONFLICT OF INTEREST STATEMENTS AND ALLEGED CODE OF ETHICS VIOLATIONS AND APPLIES GUIDELINES TO ENSURE TRANSPARENCY AND EHTICAL CONFLICTS. IF A CONFLICT BECOMES EVIDENT DURING THE YEAR, INTERNAL POLICY REQUIRES IMMEDIATE NOTIFICATION TO THE PERFORMANCE AND OVERSIGHT COMMITTEE TO REVIEW. 03. CEO, executive director, top management comp (Part VI, line 15a) EVALUATING THE EXECUTIVE DIRECTOR IS A KEY RESPONSIBILITY OF THE BOARD OF DIRECTORS AND IMPORTANT TO ORGANIZATIONAL SUCCESS. THIS PROCESS IS NECESSARY TO ENSURE THE CARRYING OUT OF THE ORGANIZATION'S MISSION AND GOALS AS WELL AS TO PROVIDE FEEDBACK AND SUPPORT TO THE EXECUTIVE DIRECTOR. THE PROCESS WILL BE COMPLETED ANNUALLY BY THE BOARD PRESIDENT AND THE EXECUTIVE COMMITTEE, IN THE EVENT OF A NEW EXECUTIVE DIRECTOR, THE BOARD WILL CONDUCT TWO REVIEWS IN THE FIRST YEAR AT SIX MONTH INTERVALS, THE EXECUTIVE COMMITTEE WILL: DISTRIBUTE TO EACH BOARD MEMBER A COPY OF THE EVALUATION TOOLS WHICH THEY HAVE DEVELOPED. THE TOOLS WILL BE BASED UPON THE EXECUTIVE DIRECTOR'S JOB DESCRIPTION, ESTABLISHED GOALS, PREVIOUS YEAR'S PERFORMANCE AND SUGGESTIONS FOR THE NEXT YEAR. (CONTINUED) (CONTINUED) INITIALLY AND ANNUALLY, GOALS AND EXPECTATIONS WILL BE ESTABLISHED BY THE BOARD WITH THE EXECUTIVE DIRECTOR FOR SELF-EVALUATION. THE BOARD PRESIDENT WILL SET A DEADLINE FOR THE

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page
COMMUNITY LINK INC	Employer Identification number 37-0955971
RETURN OF THE EVALUATION FORM WHICH WILL ALLOW TIME FOR THE EXECUTIVE	
COMPLETE THE RESULTS. THE BOARD PRESIDENT WILL BE IN CHARGE OF COLLE	
EVALUATIONS.	CIING IRE
THE EXECUTIVE COMMITTEE WILL COMMITTEE WILL COMMITTEE	
THE EXECUTIVE COMMITTEE WILL SUMMARIZE THE RESULTS AND COMMENTS MADE MEMBERS.	BY THE BOARD
EDMBDAS.	
THE BOARD PRESIDENT WILL REVIEW THE JOB DESCRIPTION FOR THE EXECUTIVE	E DIRECTOR AND MAKE
ANY RECOMMENDED CHANGES FOR THE NEXT YEAR.	
THE BOARD PRESIDENT WILL SET A MEETING WITH THE EXECUTIVE DIRECTOR TO	D DISCUSS THE BOARD'S
EVALUATION OF THE EXECUTIVE DIRECTOR AND THE SELF-ASSESSMENT. (CONTIN	
THE DISCUSSION WILL INCLUDE PERFORMANCE, PROGRESS ON ESTABLISHED GOAL	
GOALS FOR THE NEXT YEAR. NEW GOALS SET FOR THE NEXT YEAR SHOULD BE AP	
BOARD.	TROVED BY THE FULL
BOTH THE ROARD PRESIDENT AND THE EVECTORIUS DATE.	
BOTH THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR WILL REVIEW THE P	
THE EVALUATION AND DETERMINE IF THE PROCESS NEEDS ANY REVISIONS VBEFO	RE THE NEXT REVIEW.
ANNUALLY, THE PRESIDENT OF THE BOARD APPOINTS A COMPENSATION COMMITTER	
EXECUTIVE DIRECTOR'S SALARY. THE COMMITTEE MAY CONSIST OF BOARD MEMBER	RS AND OUTSIDE
INDIVIDUALS. THE COMPENSATION COMMITTEE RECOMMENDS THE SALARY FOR THE	EXECUTIVE DIRECTOR
TO THE BOARD PRESIDENT.	
04. Other officer or key employee compensation (Part VI, line 15b	
OTHER KEY EMPLOYEES ARE COMPENSATED BASED ON A COMPENSATION POLICY AND	STRUCTURE TWANT
DETERMINED BY THE	STRUCTURE THAT IS

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page
COMMUNITY LINK INC	Employer identification number
	37-0955971
INTERNAL COMPENSATION COMMITTEE, CONSISTING OF THE EXECUTIVE DIRECTOR, DIRECTOR	CTOR OF FINANCE
AND PROGRAM DIRECTORS. ALL SALARIES ARE INCLUDED IN THE ORGANIZATION'S ANNUA	AL BUDGET THAT
IS APPROVED BY THE BOARD OF DIRECTORS.	
05. Governing documents, etc, available to public (Part VI, line 19)	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINE	ANCIAL
STATEMENTS ARE AVAILABLE FOR REVIEW AT THE BUSINESS OFFICE. FORM 990 IS AVAI	LABLE FOR
REVIEW AT WWW.GUIDESTAR.ORG AND COMPANY WEBSITE AT COMMLINK.ORG. THE ORGANIZ	ATION'S
FINANCIAL STATEMENT DATA IS SUMMARIZED AND PRESENTED IN THE ORGANIZATION'S N	JEWSLETTER.
06. Explanation of other changes in net assets or fund balances (Part XI,	line 9)
LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES;	
DEPRECIATION ON CAPITAL ASSETS EXPENSED \$32,180	
GRANT PURCHASED ASSETS ARE REPORTED AS A GRANT PROGRAM EXPENSE IN THE YEAR I	NCURRED TO
SATISFY THE EXPENSE REPORTING REQUIREMENTS OF THE GRANT. HOWEVER, GENERALLY	ACCEPTED
ACCOUNTING PRINCIPLES REQUIRE THE COST OF THE ASSETS BE DEPRECIATED OVER THE	IR ESTIMATED
USEFUL LIFE. THEREFORE, THE CAPITAL ASSETS PURCHASED FROM THE GRANTS ARE ADD	ED BACK AND
DEPRECIATION EXPENSE IS RECORDED ON THE STATEMENT OF ACTIVITIES.	
07. Part III, response or note to any other line in Part III	
PART III, LINE 1 - ORGANIZATION'S MISSION (CONTINUED):	
AND CHILDREN WITH DEVELOPMENTAL DISABILITIES AND OTHER DIFFICULTIES RESIDING	IN CLINTON,
ST. CLAIR, MADISON AND OTHER SURROUNDING AREAS IN SOUTHERN ILLINOIS BY CREATE	NG A VISION
FOR THEIR LIFE THAT IS BASED ON VALUED SOCIAL ROLES, INCLUSION AND INDIVIDUAL	DREAMS AS
WELL AS ASSISTING THOSE INDIVIDUALS AND THEIR FAMILIES IN ACQUIRING OTHER NEE	DED SUPPORTS.
COMMUNITY LINK FOSTERS THE DEVELOPMENT OF PROGRAMS AND SUPPORTS THAT STRIVE T	O FIND A
BALANCE BETWEEN WHAT IS IMPORTANT FOR ITS PARTICIPANTS AND WHAT IS IMPORTANT	TO ITS

Name of the organization	Employer Identification number
COMMUNITY LINK INC	37-0955971
PARTICIPANTS. THE VISION OF COMMUNITY LINK IS TO SEE PEOPLE	
DISABILITIES AND OTHER DIFFICULTIES, LIVE AND PARTICIPATE IN	
PRESENCE AND CONTRIBUTIONS, ADULT DAY PROGRAMZ(CONTINUED):	OGMOOTITI THAT VALUES THEIR
AND JOB SEARCH ACTIVITIES IN ORDER TO PREPARE THEM FOR COMMU	NITY EMPLOYMENT.
JOB PLACEMENT - SERVICES INDIVIDUALS WITH DEVELOPMENTAL AND/	OR PHYSICAL DISABILITIES THAT
ARE HAVING DIFFICULTY OBTAINING AND MAINTAINING COMMUNITY EMI	PLOYMENT. INDIVIDUALS RECEIVE
SUPPORT WITH JOB DEVELOPMENT, JOB ACCOMMODATIONS AND JOB MAIN	NTENANCE. COMMUNITY INTEGRATED
LIVING ARRANGEMENT (CONTINUED):	
RESOURCES, ESTABLISHING/MAINTAINING RELATIONSHIPS WITH OTHER	AGENCIES AND PROGRAMS, AND
BTAINING AND MAINTAINING ENTITLEMENTS. CILA INTERMITTENT CAP	RE RECIPIENTS ALSO RECEIVE
SSISTANCE WITH HOME LIVING SKILLS, APPOINTMENTS, RECREATION	AND LEISURE, AND
RANSPORTATION.	
	- The Part of the Control of the Con

Statement of Program Service Accomplishments Name(s) as shown on return COMMUNITY LINK INC Statement of Program Service Accomplishments 2018 PG01 Your Social Security Number 37-0955971

FORM 990-PART III(A) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE
PROGRAM SERVICE EXPENSES \$161371
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$350144

EXPLANATION

ALL OTHER ACCOMPLISHMENTS: FUNDING DEVELOPMENT PROGRAM - PROGRAM INVOLVES CREATION OF A DEVELOPMENT AND FUND RAISING PLAN, INCLUDING GOALS AND STRATEGIES TO IMPLEMENT IN ORDER TO INCREASE ITS DEVELOPMENT CAPACITY AND RESULTS.