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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	e 2021 calendar y	ear, or tax year begin	ning	07-0	01 , 2021, a	ınd ending		6-30 ,2022			
В	Check if	applicable:	C Name of organizationC	OMMUNITY LINK IN				1	oloyer identification number			
	Address	change	Doing business as				***************************************	1	37-0955971			
	Name ch	ange	Number and street (or F	O. box if mail is not delivered to	street address)		Room/suite	E Tele	phone number			
	Initial retu	urn	1665 NORTH 4T	H STREET				i				
	Final retu	ım/terminated		ovince, country, and ZIP or foreign	postal code			G Gro	ss receipts			
	Amended	i return	BREESE, IL 62	·				\$	9,425,992			
	Application	on pending	F Name and address of pr				H(a) to this a		for subordinates? Yes X No			
				•			1		tes included? Yes No			
ı	Tax-exem	npt status: X 501	(c)(3) 501(c)() ◀ (insert no.) 494	7(a)(1) or 5	527			ist. See instructions			
J	Website:		INK.ORG	, , , , , , , , , , , , , , , , , , , ,	. (-)(.)		H(c) Group					
K	Form of o	organization: X Corp		sociation Other],	L Year of formatio			gal domicile: IL			
	art I	Summary				2 Toda of Formation	AL 1972 (M	olate of le	gar donnere. IL			
	1	Briefly describe th	ne organization's missi	on or most significant activ	rities: COMN	תואוייי ז.דו	NK, INC. IS	A MOT	1_FOD_DDODTM			
đì				WHOSE MISSION IS	***************************************							
Governance									TERED SUPPORTS TO			
Ē		ADULTS (CON	W CHAILKED SOFFORIS IC									
ove	2	Check this box										
Õ	3			ning body (Part VI, line 1a			· · · · · · · · · · · · · · · · · · ·	1	1.5			
Activities &	4			s of the governing body (P	•			. 4	11			
itie	5			calendar year 2021 (Part	•			. 5	11			
÷	6		olunteers (estimate if r	= -				. 6	370			
ĕ	7a		•	Part VIII, column (C), line 1				7a	200			
	1			from Form 990-T, Part I, lir					0			
	<u> </u>		medo taxable il idente	10111 1 0111 000-1, 1 alt 1, III	10 17			· / D	0			
Revenue	8	Contributions and	grants (Part VIII, line		Prior Year		Current Year					
	9		revenue (Part VIII, line	•			= 70.0		1,044,306			
	10		ie (Part VIII, column (A	-			0,532		8,168,009			
é	11			·				,055	99,077			
Reve	12			es 5, 6d, 8c, 9c, 10c, and	•		= / / / / /		114,600			
	13			nust equal Part VIII, colum	n (A), line 12)			,478	9,425,992			
			r amounts paid (Part I)		0							
				for members (Part IX, column (A), line 4)								
es	1				5,598	,563	6,768,556					
Expenses			raising fees (Part IX, co		• • • • • • • •	• • • • • • •		en e	0			
×pe	1		expenses (Part IX, colu	` ' '		0	74.65 (0.866), 64.6	h ta sar				
ш			Part IX, column (A), lin		• • • • • • • • •		1,871	,372	2,081,294			
	1			equal Part IX, column (A), I	ine 25)		7,469	,935	8,849,850			
		Revenue less exp	enses. Subtract line 1	8 from line 12		· · · · · · ·	1,240	,543	576,142			
SOF							Beginning of Curre	nt Year	End of Year			
Net Assets or	20	Total assets (Part	•		• • • • • • • •		6,382	,133	6,959,913			
et A	21	Total liabilities (Pa	• •	• • • • • • • • • • • • •			2,434	,967	2,480,086			
Žį	22		balances. Subtract lin	ne 21 from line 20			3,947	,166	4,479,827			
A 10 6 A 10 a	rt II	Signature E										
true,	er pename correct, a	is of perjury, i deciare th nd complete. Declaratio	at I have examined this retun in of preparer (other than offic	n, including accompanying scheduler) is based on all information of	iles and statements, a which preparer has ar	and to the best of r ny knowledge.	my knowledge and beliet	f, it is				
		. 1	0/-			·			12 12 22			
Sig	n	mar	www.						12-13-22			
_		Signature of off	loeker,					Da	te			
Her	е	PRESI										
		Type or print na										
D - 1	_,	Print/Type preparer's	name	Preparer's signature		Date	Check	if	PTIN			
Paid		BO V. THOM	AS	B, V 1 , CA		11-09-202	12 self-emp	loyed	P01313605			
	parer	Firm's name	GLASS &	SHUFFETT, LTD			Firm's EIN ▶					
Jse	Only	Firm's address	1819 W M	CCORD PO BOX 489			Phone no.					
			CENTRALI	A IL 62801				618-	532-1040			
∕lay t	the IRS	discuss this return	with the preparer show	vn above? See instruction	s				X Yes No			

	1990 (2021) COMMUNITY LINK INC 37-0955971 Page
Pa	rt 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 OFFER
	OPPORTUNITIES FOR GROWTH AND INDEPENDECE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES. COMMUNITY
	LINK OFFERS PERSON CENTERED SUPPORTS TO ADULTS (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.
4a	(Code:) (Expenses \$ 3,660,592 including grants of \$) (Revenue \$ 3,838,838)
	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 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 DESIRE COMMUNITY EMPLOYMENT BY ASSESSING
	AND IMPROVING THEIR WORK SKILLS. INDIVIDUALS PARTICIPATE IN PAID WORK, SITUATIONAL ASSESSMENTS (CONTINUED ON SCH O)
4b	(Code:) (Expenses \$ 3,595,520 including grants of \$) (Revenue \$ 3,189,612)
	COMMUNITY INTEGRATED LIVING ARRANGEMENT: COMMUNITY INTEGRATED LIVING ARRANGEMENT - 24 HOUR CARE
	THE 24-HOUR CILA PROGRAM PROVIDES A GROUP HOME SETTING FOR INDIVIDUALS WITH DEVELOPMENTAL
	DISABILITIES. INDIVIDUALS RECEIVE A WIDE ARRAY OF SERVICES BASED ON THEIR INDIVIDUAL NEEDS. CIL
	RESIDENTS RECEIVE ASSISTANCE IN COORDINATING RESOURCES AND ENTITLEMENTS, LEARNING SKILLS FOR
	GREATER INDEPENDENCE AND ACCESSING THE COMMUNITY. STAFF PROVIDES SUPPORT AND SUPERVISION AND
	ASSISTS RESIDENTS IN OPERATING AND MAINTAINING THEIR HOME. COMMUNITY LINK HAS EIGHT 24-HOUR LOCATIONS IN AVISTON, BREESE, CARLYLE, GERMANTOWN, HIGHLAND, AND TRENTON. COMMUNITY INTEGRATED
	LIVING ARRANGEMENT - INTERMITTENT CARE - THE INTERMITTENT CILA PROGRAM PROVIDES SUPPORT TO ADULT
	WITH DEVELOPMENTAL DISABILITIES, WHO OTHERWISE WOULD HAVE DIFFICULTY LIVING ALONE. STAFF PROVIDE
	AN ARRAY OF SERVICES TO PEOPLE RESIDING IN THE HOME OF THEIR CHOICE, INCLUDE
	COORDINATING (CONTINUED ON SCH 0)
4c	(Code:) (Expenses \$ 525,696 including grants of \$) (Revenue \$ 494,218)
	FIRST STEP CHILDREN'S PROGRAM: FIRST STEP OFFERS THREE TYPES OF SERVICES TO MEET THE NEEDS OF
	INFANTS, TODDLERS, AND YOUNG CHILDREN AND THEIR FAMILIES IN CLINTON, WASHINGTON, AND THE
	SURROUNDING COUNTIES. EARLY INTERVENTION - CHILDREN EXPERIENCING DEVELOPMENTAL DELAYS OR A
	MEDICAL CONDITION THAT MAY CAUSE DEVELOPMENT DELAYS MAY BE ELIGIBLE EARLY INTERVENTION SERVICES. PREVENTION - CHILDREN NOT ELIGIBLE FOR EARLY INTERVENTION BUT MAY BE EXPERIENCING SOME
	DEVELOPMENT DELAYS, OR CHILDREN WHOSE PARENTS ARE INTERESTED IN RECEIVING INFORMATION AND
	LEARNING WAYS TO TEACH THROUGH PLAY MAY BE ELIGIBLE FOR PREVENTION SERVICES. EARLY HEAD START -
	CHILDREN 0-3 WHOSE FAMILIES MEET THE FEDERAL INCOME GUIDELINES AS WELL AS PREGNANT WOMEN MAY BE
	ELIGIBLE FOR EARLY HEAD START SERVICES
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ 143,846 including grants of \$) (Revenue \$ 328,595) Total program service expenses ▶ 7,925,654
-T-C	Total program service expenses 7,925,654

Part IV

Checklist of Required Schedules

Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 X 2 is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Х 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 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 Х 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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 Х 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 X 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 Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 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 X 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 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 X 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 X 19 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 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	n 990 (2021) COMMUNITY LINK INC 37-09559 ort IV Checklist of Required Schedules (continued)	71	F	age 4
1.0	at 14 Checkist of Required Schedules (Commueu)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
la.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		İ	
26	ff "Yes," complete Schedule L, Part I	25b		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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.,		74	
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		\$ 4.	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	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		х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		Х
30	19? Note: All Form 990 filers are required to complete Schedule O.	20		
Par		38	Х	
. 41	Check if Schedule O contains a response or note to any line in this Part V			
~	The state of the s	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Talas P	169	40
b	Enter the number reported in Box 3 of Form 1096. 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?	1c	X	, 152(S.)
		_ 		

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Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		····	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	370			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	72.876
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		Sidahên:	07.45 178.9	100 pt
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[3a		x
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
þ	If "Yes," enter the name of the foreign country				1000
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	. 193023-340	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				1913
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			W	
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• • • [7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	[7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		14.1	100	- N
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	[7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	[7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Γ		400	100
	sponsoring organization have excess business holdings at any time during the year?	[8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	[9b		
10	Section 501(c)(7) organizations. Enter:		A100	774 774	4.4
а	Initiation fees and capital contributions included on Part VIII, line 12	:		40	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			****	
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	} -	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		¥***		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			美数	100
а	Is the organization licensed to issue qualified health plans in more than one state?	• • •	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.	12.40		24.4
	the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand			TO GAR	*******
14a	Did the organization receive any payments for indoor tanning services during the tax year?	• • •	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15	SELECTION OF THE PERSON OF THE	X
46	If "Yes," see instructions and file Form 4720, Schedule N.	100	機能		A TOTAL
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16	S-800 (S-800)	X
47	If "Yes," complete Form 4720, Schedule O.	2			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	• • •	17		30.30.00Z
	if "Yes," complete Form 6069.				

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Form 990 (2021) Page 6 COMMUNITY LINK INC Part VI 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 instructions. Section A. Governing Body and Management Yes No If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: x Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy? 13 х 14 14 Did the organization have a written document retention and destruction policy? Х 15 Did 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 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? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Illinois

- 17
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Own website X Another's website
- X Upon request
- Other (explain on Schedule O)
- 19 Describe on 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 - PAUL KLOSTERMANN (618)526-8800, 1665 NORTH 4TH STREET, BREESE, IL 62230

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-orm	990	(2021)

COMMUNITY LINK INC

37-0955971

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	ed organizatio	n com	pens	atec	i any	curre	nt of	ficer, director, or tru	stee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not che unles	Po: eck m	(C) sition nore the	nan e both are highest compensated employee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
(1) SANDRA PORTER										
BOARD TRUSTEE		X						0	0	0
(2) TED MACON							ĺ			
BOARD TRUSTEE	ļ	Х						0	0	0_
(3) CHARLES HILMES	ļ -									
BOARD TRUSTEE		X	_					0	0	0
(4) KIRSTEN WILKERSON			İ							
BOARD TRUSTEE	ļ	Х						0	0	0
(5) WILLIAM BECKER										
BOARD TRUSTEE		X						0	. 0	0
(6) TARA HILMES										
BOARD TRUSTEE		X						0	0	0
(7) RON FOPPE					-					
BOARD TRUSTEE		Х	_					0	0	0
(8) PAULETTE EVANS					İ					
VICE-PRESIDENT		X		X				0	0	0
(9) AMANDA LOEPKER			1							
PRESIDENT		Х		X				0	0	00
(10) JEFF NIEMEYER			İ							
TREASURER		X		X				0	0	0
(11)THERESA MORRISON										
SECRETARY		Х		х				0	0	0
(12)										
(13)										
(14)										

	990 (2021) COMMUNITY LINK IN t VII: Section A. Officers, Directors, Trustees			11	l' l		·				-095	5971	Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do r box,	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee			nan one s both ar	·	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2 1099-MISC/ 1099-NEC)	tion ted s (W-2/ SC/	com fro organ	(F) ted amount of other pensation om the ization and organizations
		datted line)	řő	ilee			nsated						
<u>(</u> 1 <u>5</u>)_													
<u>(16)</u> _													
(17)_													
<u>(18)</u>	~ * *												
<u>(19)</u>													
(20)_													A
<u>(21)</u>													
(22)													
<u>(23)</u>											······································		
(24)	**************************************				\dashv	\dashv							
(25)													
1b	Subtotal												
c	Total from continuation sheets to Part VII, Secti	on A .						•					
2	Total number of individuals (including but not limited				····			<u></u> -	0 than \$100,000 of		0_		0
3	Did the organization list any former officer, director, temployee on line 1a? If "Yes," complete Schedule J is	_		e, or	high	nest :	compe	nsat	ed	-		3	Yes No
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$ individual	oortable comp 150,000? <i>If</i> "	pensati Yes," co	omple	ete S						•••		X 3 3 3 3 3 3 3 3 3 3
5 Socti	Did any person listed on line 1a receive or accrue c for services rendered to the organization? If "Yes," co	ompensation	from a	ny u	nrela			zatic	on or individual			5	X X
1	on B. Independent Contractors Complete this table for your five highest compensat												
	compensation from the organization. Report compe	nsation for th	ie caler	ndar	year	end	ling wit	th or	within the organiza (B)	tion's tax y	еаг.	(C)	
	Name and business address	3							Description of service	s		Compensat	ion
2	Total number of independent contractors (including received more than \$100,000 of compensation from			se li	sted	abo	ve) wh	10					

COMMUNITY LINK INC

Statement of Revenue

Check if Schedule O contains a response or n Form 990 (2021)
Part VIII

		Check if Schedule O co	ntain	s a response	e or no	ote to any line in this	s Part VIII	<i></i> .		
							(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a		A STATE OF THE SECOND		-10.45 (2016) 1.00 (1.00	
ω.,	t	Membership dues			1b			1.69 5.74 97.874		
Contributions, Gifts, Grants and Other Similar Amounts	0				1c	170,571				
တ်ဋ					1d	1,0,3,1	1.00			
r A jir		Government grants (contr			1e	717 010	\dashv			Baranga Alem
<u> </u>	•			•	16	717,813		4 (y a 2 a 19 a 2 a 2	3 7 T. W. W. W. W.	SANGE A SEC
ons Sin	'	All other contributions, gift	_		45					
黄		and similar amounts not in			1f	155,922	$\exists \mathbb{R}$			
喜至	g									
ŞΈ		lines 1a-1f		• • • • •	1g	\$				Bankharan
	h	Total. Add lines 1a-1f	• • •	. .		>	1,044,306			
						Business Code		\$ \$25 AMAGESTA	TARREST STATE	A LINE TO A STATE OF THE PARTY
ą,	2a	FEES FOR SERVICES	3			900099	7,028,450	7,028,450		
.≥ ~	b	CLIENT WORKER CON	TRA	CT		900099	871,113	871,113		
Program Service Revenue	C	CAFE CLIENT WORKE			············	900099	268,446	268,446		
€ ₹	d						200/110	200,130		
88 88	e									
ē	, f	All other program service re	avenu	10			+			
D.	' '	· -				L.,	0.444.444	Zelekowy Sweriscowy (Pose	CONTRACTOR STATE	
	g					• • • • • • •	8,168,009		1,000,000,000,000,000	60, 30, 50, 60, 50, 50, 50
	3	Investment income (including								
	١.	,					4,273	4,273		
	4	Income from investment of		•	•					
	5	Royalties	<u></u>			>	1			
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b					10000000		
	С	Rental income or (loss)	6c							
	ď	Net rental income or (loss)								
		Gross amount from	ГТ	(i) Securitie		(ii) Other	A consequences of	SWEW/PERSONS	. 10 10 10 10 10 10 10 10 10 10 10 10 10	
	, a	sales of assets		(// Cadamile	<u> </u>	(11) 0 2 161	1			
		other than inventory	7a	0.4	004			3 A. Y. S. A. B. S. S.		
	h	Less: cost or other basis	7.4	94,	804					
ø										
Revenue		and sales expenses	7b				1			
. ¥6		Gain or (foss)	7c	94,						
	d	Net gain or (loss)				>	94,804	94,804		
Other	8a	Gross income from fundrais	sing							
5		events (not including \$	1	170,571						
		of contributions reported on								
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b	****				
		Net income or (loss) from fu			نت.	>		54(34) - 5,244 (5,724)		
		Gross income from gaming		g = 1 = 1.1.5			NEW ALTERNATION	1 8 A GWEDER (1986 E PA)	aratheologic tesologica	a, telles (distribuyés (de
		activities, See Part IV, line 1			9a					
	1									
		Less: direct expenses			9b		111 1111 - 111 1114 111	1 12 12 12 12 12		
	С	Net income or (loss) from g	amıng	j activities						
	10a	Gross sales of inventory, les								
İ		returns and allowances .			10a					
	b	Less: cost of goods sold			10b			Planters negotial	1.000	ANALYSIS KINDER
	С	Net income or (loss) from sa	ales o	f inventory		>				
						Business Code		经海内销售 医前		
<u>s</u>	1 1a	FOOD STAMP REVENUE	E		Ī	900099	107,604	107,604	The American State Section 1998	
2 9 2 P		MISCELLANEOUS	- -			900099	6,996	6,996		
e de	c					900099	0,336	0,530		
Miscellanous Revenue	4	All other revenue				200099				
Ξ		Total. Add lines 11a-11d			L				ery angene geter en bevi	
							114,600		r jest er vis tella 2006)	1656/667/665/65/67/67/65
	14	Total revenue. See instructi	UNS		• • •	<i></i> > .	9,425,992	8,381,686	0	0

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).

## Section 401 part VIII. Grants and other assistance to domestic organizations and domestic powerments. See Part IV, line 21 Grants and other assistance to domestic organizations and domestic powerments. See Part IV, line 22 Grants and other assistance to domestic organizations and domestic powerments. See Part IV, line 22 Grants and other assistance to domestic organizations organizations, developing organization organization, developing organization, developing organization, developing organization, developing organization, developing organization, developing organization, developing organization, developing organization organization, developing organization, and sometical organization organ		Check if Schedule O contains a response or note to a	,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1
Grants and other assistance to domestic organizations and domestic powerments. See Part N, line 21		not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16 Grants and other assistance to foreign organizations, foreign governments, and 6 Benefits paid to or furnments or foreign organizations, foreign governments, and 16 Benefits paid to or furnments or foreign organizations, foreign governments, and 16 Benefits paid to or furnments or foreign organizations, foreign governments, and 16 Benefits paid to or furnments or foreign organization of current officers, directors, furuses, and to expert of the parts on the fund of depth (1) and persons described in section 495(n(1)) and persons described in section 495(n(1)) and persons described in section 495(n(1)) and persons described in section 495(n(1)) and persons described in section 495(n(1)) and approximation of the persons described in section 495(n(1)) and approximation of the persons described in section 495(n(1)) and approximation organization organ				expenses	general expenses	
2 Grants and other assistance to domastic individuals. See Part IV line 122 (3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV lines 15 and 16 (4 Benefits paid to or for members (5 Compensation of current officers, directors, trustees, and key employees (5 Compensation of current officers, directors, trustees, and key employees (7 Other salaries and wages (8 Pension plan accusals and combibations (include section 4018(4)) and persons desorbed in section 408(6)(13) and persons desorbed in section 408(6)(13) and persons desorbed in section 408(6)(13) and persons desorbed in section 408(6)(13) and 408(13) employer contributions (9 Other salaries and wages (8 Pension plan accusals and combibations (include section 4018) and 403(1) employer contributions (9 Pension plan accusals and combibations (include section 4018) and 403(1) employer contributions (9 Pension plan accusals and combibations (include section 4018) and 403(1) employer contributions (9 Pension services (include section 4018) and 403(1) employer contributions (9 Pension services (include section 4018) and 403(1) employer contributions (9 Pension services (include section 4018) and 403(1) employer contributions (9 Pension services (include section 4018) and 403(1) employer (9 Pension services (include section 4018) and 4018 and 4	1					
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and 4 foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees of trustees of trustees of trustees of trustees and key employees of trustees of	_				0.0000000000000000000000000000000000000	
3 Grafts and other assistance to foreign organizations, foreign preventments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation on clinicidused above to disqualified persons (as defined under section 4986/(17)) and persons described in section 4986/(17)) and persons described in section 4986/(17)) and persons described in section 4986/(17)) and persons described in section 4986/(17)) and persons described in section 4986/(17)) and persons described in section 4986/(17)) and 4000/(18) employer contributions) 78,276 7 Other salaries and wages Special and 4000/(18) and	2					7.00.47.05.05.05.05.05.05.05.05.05.05.05.05.05.
organizations, foreign governments, and foreign individuals, See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees of the persons (as defined under section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4918(p(1)) and persons described persons described in section 4918(p(1)) and persons described in section 4918(p(1)) and persons described persons and persons described persons and persons described persons and persons described persons and persons and persons and persons described persons and persons and persons and persons and persons and persons a	-					
Servicin Individuals See Part IV, lines 15 and 16 See Rentify and to or for members	3	-				
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons described in section 4958(c)(3(8) 7 Offers satinise and wages 8 Pension plan accousts and contributions (reducte section 401(x) and 403(x) employer contributions 9 Offer employee benefits 7 78, 276 7 6 55, 891 7 12, 385 9 Offer employee benefits 7 786, 022 7 02, 692 7						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(6)(1)) and persons described in section 4958(6)(1) and persons described in section 4958(6)(1) and persons described in section 4958(6)(1) and persons described in section 4958(6)(1) and 403(a) employer contributions (include section 401(k) and 403(a) employer contributions) 78,276						
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(()(1)) and persons (as defined under section 4958(()(1)) and persons described in section 4958(()(3)(8)) Coffer sensities and wages Socion 401(8) and 403(8) employer contributions Coffer employee benefits Teles for services (nonemployees): ### Amanagement						
6 Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8) . 7 Other salariées and wages	Þ					
persons (as defined under section 4988(x)(1)) and persons described in section 4988(x)(3)(8) 7 Other salariés and wages	e	· ·				
persons described in section 4968(c)(3)(B) 7	0	· · · · · · · · · · · · · · · · · · ·				
7 Other salariées and wages Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions) 78,276 768,022 702,692 65,330 788,022 702,692 65,330 788,022 702,692 65,330 788,022 702,692 65,330 788,023 788						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 78,276 65,891 12,385 768,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 65,330 789,476 789,022 702,692 789,022 789,0	7	· · · · · · · · · · · · · · · · · · ·				
section 401(k) and 403(b) employer contributions) 78, 276 65, 891 12, 385 9 Other employee benefits 768, 022 702, 692 65, 330 10 Payroll taxes 384, 280 348, 752 35, 528 11 Faces for services (nonemployees): a Management			5,537,978	5,000,507	537,471	
9 Other employee benefits 768,022 702,692 65,330 Payroll taxes 384,280 348.752 35,528 384,280 348.752 35,528 384,280 348.752 35,528 8 Management	ø	·				
10 Payroll taxes 384,280 348,752 35,528 11 Fees for services (nonemployees):		,		I		
Fees for services (nonemployees): a Management				· · · · · · · · · · · · · · · · · · ·		
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 13 Office expenses 13 Office expenses 14, 561 11, 140 13, 421 14 Information technology 15 A, 697 26, 662 28, 035 16 Occupancy 276, 636 260, 732 15, 904 17 Travel 518, 143 507, 140 11, 003 11, 003 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 23, 454 16, 891 6, 563 21 Payments to affiliates 22 Depreciation, depletion, and amortization 243, 174 233, 402 29, 772 21 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule O.) 3 SUPPLIES 370, 268 361, 910 8, 358 b MAINTENANCE & REPAIRS 69, 896 60, 673 9, 223 5 SMALL EQUIPMENT 21, 908 21, 519 399 24, 196 310, 105e expenses 310, 256 361, 910 8, 358 47, 133 17, 035 30, 098 6 All other expenses. 5 Total functional expenses. Add lines 1 through 24e 8, 849, 850 7, 925, 654 924, 196 924, 196 934, 196 944, 196		- ·	384,280	348,752	35,528	
b Legal		· · · · · · · · · · · · · · · · · · ·				
d Lobbying d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 24,561 11,140 13,421 14 Information technology 54,697 26,662 28,035 58 Royalties 60 Cocupancy 276,636 260,732 15,904 17 Travel 518,143 507,140 11,003 81 Payments of travel or entertainment expenses for any federal, state, or local public officials 91 Conferences, conventions, and meetings 16 Cocupancy 276,636 260,732 15,904 11,003 11,003 11,003 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 12 Depreciation, depletion, and amortization 12 Payments to affiliates 12 Depreciation, depletion, and amortization 12 Payments to affiliates 12 Depreciation, depletion, and amortization 12 Payments to affiliates 12 Depreciation, depletion, and amortization 12 Payments to affiliates 13 SUPPLIES 143,018 66,204 76,814 143,018 66,204 76,814 143,018 66,204 76,814 143,018 66,204 76,814 143,018 66,204 76,814 143,018 66,204 76,814 144,019		-				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion 9,108 9,108 9,105 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		- <u>-</u>				
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 9,108 9,108 9,105 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 9,108 9,105 3 13 Office expenses 24,561 11,140 13,421 14 Information technology 54,697 26,662 28,035 15 Royalties 54,697 26,662 28,035 16 Occupancy 276,636 260,732 15,904 17 Travel 518,143 507,140 11,003 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 23,454 16,891 6,563 10 Interest 66,543 65,182 1,361 12 Payments to affiliates 66,543 65,182 1,361 12 Payments to affiliates 743,018 66,204 76,814 14 Other expenses. Itemize expenses on sine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 28 SUPPLIES 740,896 60,673 9,223 29 SWALL EQUIPMENT 21,908 21,519 389 20 JUES AND SUBSCRIPTIONS 47,133 17,035 30,098 20 All other expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196 20 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 1 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· -				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion 9,108 9,105 3 3 Office expenses 24,551 11,140 13,421 14 Information technology 54,697 26,662 28,035 5 Royalties 7 5 Royalties 7 6 Cocupancy 276,636 260,732 15,904 7 Travel 518,143 507,140 11,003 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 16,563 16						
(A) amount, list line 11g expenses on Schedule O.) 100,397 81,837 18,560 4 dvertising and promotion 9,108 9,105 3 Office expenses 24,561 11,140 13,421 Information technology 54,697 26,662 28,035 Royalties 54,697 26,662 28,035 Cocupancy 276,636 260,732 15,904 Travel 518,143 507,140 11,003 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 23,454 16,891 6,563 Interest 66,543 65,182 1,361 Payments to affiliates 66,543 65,182 1,361 Payments to affiliates 92 23,454 16,891 6,563 Interest 66,543 65,182 1,361 Perpeciation, depletion, and amortization 243,174 233,402 9,772 Insurance 143,018 66,204 76,814 Cother expenses. Iterrize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3 SUPPLIES 370,268 361,910 8,358 MAINTENANCE € REFAIRS 69,896 60,673 9,223 C SMALL EQUIPMENT 21,908 21,519 389 D DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 12,358 69,380 43,978 Total functional expenses Add lines 1 through 24e 8,849,850 7,925,654 924,196 Joint costs from a combined educational campaign and fundraising solicitation. Check here ▶		-				
Advertising and promotion 9,108 9,105 3 Office expenses 24,561 11,140 13,421 11,140 11,140 11,140 11,140 13,421 11,140 11,140 11,140 11,140 11,140 11,140 11,140 11,140 13,421 11,140	g					
13 Office expenses		- · ·	100,397	81,837	18,560	
Information technology		- · · · · · · · · · · · · · · · · · · ·	9,108	9,105	3	
15 Royalties		· · · · · · · · · · · · · · · · · · ·	24,561	11,140	13,421	
16 Occupancy 276,636 260,732 15,904 17 Travel 518,143 507,140 11,003 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 23,454 16,891 6,563 10 Interest 66,543 65,182 1,361 12 Payments to affiliates 243,174 233,402 9,772 10 Insurance 143,018 66,204 76,814 20 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SUPPLIES 370,268 361,910 8,358 b MAINTENANCE & REPAIRS 69,896 60,673 9,223 c SMALL EQUIPMENT 21,908 21,519 389 d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 All other expenses 112,358 68,380 43,978 5 Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196 6 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		<u> </u>	54,697	26,662	28,035	
17 Travel		· · · · · · · · · · · · · · · · · · ·			***************************************	
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·	276,636	260,732	15,904	
for any federal, state, or local public officials Conferences, conventions, and meetings 23,454 16,891 6,563 Interest 66,543 65,182 1,361 Payments to affiliates Depreciation, depletion, and amortization 243,174 233,402 9,772 Insurance 143,018 66,204 76,814 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3 SUPPLIES 370,268 431,910 8,358 MAINTENANCE & REPAIRS 69,896 60,673 9,223 C SMALL EQUIPMENT 21,908 21,908 21,519 389 d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196		<u> </u>	518,143	507,140	11,003	
19 Conferences, conventions, and meetings 23,454 16,891 6,563 10 Interest 66,543 65,182 1,361 11 Payments to affiliates	18	· · · · · · · · · · · · · · · · · · ·				
Interest		- I		-44		
21 Payments to affiliates			23,454	16,891	6,563	
Depreciation, depletion, and amortization		<u> </u>	66,543	65,182	1,361	
23 Insurance		•				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SUPPLIES 370,268 361,910 8,358 b MAINTENANCE & REPAIRS 69,896 60,673 9,223 c SMALL EQUIPMENT 21,908 21,519 389 d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 Total functional expenses. Add lines 1 through 24e . 8,849,850 7,925,654 924,196 Dint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			243,174	233,402	9,772	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SUPPLIES 370,268 361,910 8,358 b MAINTENANCE & REPAIRS 69,896 60,673 9,223 c SMALL EQUIPMENT 21,908 21,519 389 d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 7 total functional expenses. Add lines 1 through 24e . 8,849,850 7,925,654 924,196 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		Insurance	143,018	66,204	76,814	
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SUPPLIES 370,268 370,268 361,910 8,358 b MAINTENANCE & REPAIRS 69,896 60,673 9,223 c SMALL EQUIPMENT 21,908 21,519 389 d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 25 Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196 26 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	24	Other expenses. Itemize expenses not covered				
(A) amount, list line 24e expenses on Schedule O.) a SUPPLIES 370,268 361,910 8,358 b MAINTENANCE & REPAIRS 69,896 60,673 9,223 c SMALL EQUIPMENT 21,908 21,519 389 d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 25 Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196 26 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						
a SUPPLIES b MAINTENANCE & REPAIRS c SMALL EQUIPMENT d DUES AND SUBSCRIPTIONS e All other expenses Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 26 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		line 24e amount exceeds 10% of line 25, column				
b MAINTENANCE & REPAIRS 69,896 60,673 9,223 c SMALL EQUIPMENT 21,908 21,519 389 d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 25 Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196 26 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		(A) amount, list line 24e expenses on Schedule O.)			Character and the state of the	
C SMALL EQUIPMENT d DUES AND SUBSCRIPTIONS e All other expenses Total functional expenses. Add lines 1 through 24e 8,849,850 25 Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	а	SUPPLIES	370,268	361,910	8,358	
d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 25 Total functional expenses. Add lines 1 through 24e · 8,849,850 7,925,654 924,196 26 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	b	MAINTENANCE & REPAIRS	69,896	60,673	9,223	
d DUES AND SUBSCRIPTIONS 47,133 17,035 30,098 e All other expenses 112,358 68,380 43,978 Total functional expenses. Add lines 1 through 24e · · 8,849,850 7,925,654 924,196 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	C		21,908	21,519		
e All other expenses 112,358 68,380 43,978 25 Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196 26 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	d		47,133			
Total functional expenses. Add lines 1 through 24e 8,849,850 7,925,654 924,196 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	е	All other expenses	112,358			
26 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						0
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	26					
fundraising solicitation. Check here ▶ ☐ if						
following SOP 98-2 (ASC 958-720)	····	* "				

Form 990 (2021) COMMUNITY LINK INC

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)	<u>· · ·</u>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,207,872	1	2,833,634
	2	Savings and temporary cash investments	75,620	2	75,642
	3	Pledges and grants receivable, net	54,000	3	·
	4	Accounts receivable, net		4	52,500
	5	Loans and other receivables from any current or former officer, director,	650,394	. (4) (A)	841,568
	3		j		
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5 5	
	6	controlled entity or family member of any of these persons		一種の数	
	0			6	
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
ş	7	Notes and loans receivable, net			
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	175,707	9	148,544
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,823,862		1900	
	b	Less: accumulated depreciation	3,157,585	10c	3,008,025
	11	Investments - publicly traded securities		11	
	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	60,955	15	
	16	Total assets. Add lines 1 through 15 (must equal fine 33)	6,382,133	16	6,959,913
	17	Accounts payable and accrued expenses	442,362	17	609,330
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	is fell constants of the first		
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,835,262	23	1,710,832
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	157,343	25	159,924
	26	Total liabilities. Add lines 17 through 25	2,434,967	26	2,480,086
		Organizations that follow FASB ASC 958, check here		404	
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	3,947,166	27	4,459,827
Bai	28	Net assets with donor restrictions		28	20,000
2		Organizations that do not follow FASB ASC 958, check here		0.1560. 6.4660.	
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,947,166	32	4,479,827
Ź	33	Total liabilities and net assets/fund balances	6,382,133	33	6,959,913
EEA	·				Form 990 (2021)

				*	
Forr	n 990 (2021) COMMUNITY LINK INC	37-095	5971	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	,425,	992
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,849,	850
3	Revenue less expenses. Subtract line 2 from line 1	3			142
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,947,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		*****	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(43.	481)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		***************************************		
	32, column (B))	10	4	,479,	827
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛮
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Sold:	2	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			$\mathcal{F}_{i} = 0$	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1637,	1945
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				N.
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		W 15		
	separate basis, consolidated basis, or both:				
	X Separate basis		The state of the s		

3a

3b

Form **990** (2021)

X

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of
the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Schedule O.

EEA

Single Audit Act and OMB Circular A-133?

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization Employer identification number COMMUNITY LINK INC 37-0955971 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. ď Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E) Total

Schedule A (Form 990) 2021 COMMUNITY LINK INC 37-0955971 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 7,649,231 7,108,539 7,237,348 7,061,886 7,237,548 36,294,552 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 7,649,231 7,108,539 7,237,348 7,061,886 7,237,548 36,294,552 The portion of total contributions by 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 . 36,294,552 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 7,649,231 7,108,539 7,237,348 7,061,886 7,237,548 36,294,552 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 3,377 320 5,232 7,055 4,273 20,257 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 36,314,809 Gross receipts from related activities, etc. (see instructions) 12 First 5 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 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 99.94 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2021. 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 П b 10%-facts-and-circumstances test - 2020. 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 supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

	ule A (Form 990) 2021 COMMUNITY	LINK INC				37-0955971	Page 3
Par	t III Support Schedule for Organiz						
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify und	der Part II.
	If the organization fails to qualify	under the te	sts listed beli	ow, please co	mplete Part I	l.)	
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees				· · · · · · · · · · · · · · · · · · ·		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the			<u> </u>			
***	organization's benefit and either paid to		į				
	·						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					İ	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	YORKS		3444444	SEN CONTRA	Elektrica an	
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(-/	(2) 2010	(0) 2010	(4) 2020	(6) 2021	(i) rotar
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
U	section 511 taxes) from businesses						
	-						
	acquired after June 30, 1975	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
C	Add lines 10a and 10b						
11	Net income from unrelated business	***************************************					
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					į	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	anization's first	second, third,	fourth, or fifth t	ax vear as a se	ction 501(c)(3)	
	organization, check this box and stop here				-		▶ □
Secti	on C. Computation of Public Support	Percentage	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2021 (line 8,			3 column (f)		15	%
16	Public support percentage from 2020 Sche		=			16	
	on D. Computation of Investment Inc			• • • • • • • •		10	%
17				ina 40	(6)	1 45 1	
	Investment income percentage for 2021 (line					17	%
18	Investment income percentage from 2020 S					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the organiz	zation did not c	neck the box o	n line 14, and li	ne 15 is more t	han 33 1/3%, ar	nd line
	17 is not more than 33 1/3%, check this box						ition 🕨 🔲
b	33 1/3% support tests - 2020. If the organization di	id not check a box	con line 14 or line	e 19a, and line 16 i	is more than 33 1/	3%, and	
	line 18 is not more than 33 1/3%, check this box and						▶ 🗍
20	Private foundation. If the organization did r	not check a box	on line 14, 19	a, or 19b, chec	k this box and s	see instructions	▶ 🗍
EEA							(Form 990) 2021
							•

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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?
- 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.
- 7 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).
- Bid the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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**.
- 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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rai	Supporting Organizations (continued)			,
44	Liga the organization appended a sift or contribution from the first transfer of	1 303 16 15 15 15 15 15 15 15 15 15 15 15 15 15	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, and the periodic decorated and the periodic decorated at the area	1000	Histor	
h	11c below, the governing body of a supported organization?	11a	ļ	
b	A family member of a person described in line 11a above? A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b	l volens	1 18 5 6 5 6
С	provide detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations	TIC		<u></u>
	The state of the s		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	"得得最好	163	76.0
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		1	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Taff per tage	1 3
2	Did the organization operate for the benefit of any supported organization other than the supported	NEW YORK		1900
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1,07	
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		(
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		7140120	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		4 00 n	
	or management of the supporting organization was vested in the same persons that controlled or managed			
A	the supported organization(s).	1		<u> </u>
Secti	ion D. All Type III Supporting Organizations			
4		I kikama	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		100	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			THE STATE OF
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	/ Ley4%	21,21
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	70.00		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Masch	1916
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	4 -	1341	49.8/2
	a significant voice in the organization's investment policies and in directing the use of the organization's		A. (A. (A. (A. (A. (A. (A. (A. (A. (A. (
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100 A	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			14
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			100
h	that these activities constituted substantially all of its activities.	2a	9009308G	835807
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
3	have engaged in these activities but for the organization's involvement.	2b	-35-34V	1.000 (A.C.)
э a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	2-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	13.5	-
n	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	onto supported organizations: ii rea, describe iii Fait vi iie role played by the organization in this regard.	่าก		

Schedule	٠.٨	/Earm	agan	2024
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COMMUNITY LINK INC

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Page 6

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) (B) Current Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Pother expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) (A) Prior Year (Optional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 3 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
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5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
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7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): (B) Current Year (optional)
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): (B) Current Year (optional)
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
3. Average monthly value of securities.
a Average monthly value of securities 1a
b Average monthly cash balances 1b
c Fair market value of other non-exempt-use assets 1c
d Total (add lines 1a, 1b, and 1c)
e Discount claimed for blockage or other factors
(explain in detail in Part VI):
2 Acquisition indebtedness applicable to non-exempt-use assets 2
3 Subtract line 2 from line 1d. 3
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,
see instructions).
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5
6 Multiply line 5 by 0.035.
7 Recoveries of prior-year distributions 7
8 Minimum Asset Amount (add line 7 to line 6) 8
Section C - Distributable Amount Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A) 1
2 Enter 0.85 of line 1.
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3
4 Enter greater of line 2 or line 3.
5 Income tax imposed in prior year 5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions).
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization
(see instructions).

Par	V Type III Non-Functionally Integrated 509(a)(Supporting Organ	izations (continue	d)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part \	/I)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	i the organization is resp	onsive		
9	(provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6			8	
10				9	
10	Line 8 amount divided by line 9 amount		()	10	24151
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			14.E	
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See			Į	
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018			New	
d	From 2019		學出版學是因為其他的		
e	From 2020			100	
<u>f</u>	Total of lines 3a through 3e		general consistence of	OUR VI	
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount	and special and an array of the second	Elea El	1.00	
<u>i</u>	Carryover from 2016 not applied (see instructions)			33.V	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from		Proceedings of the second		
	Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years		····		रम्भू में विदेश के विद्यालया है।
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.	COUNTY CONTROL OF THE PROPERTY OF THE CONTROL OF TH			
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result			1	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			179	
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7: Excess from 2017		Office Action		
a	F		September 1		
b	Excess from 2018			- A 2 () A	
<u> </u>	Excess from 2019		AND CONTRACTOR OF THE CONTRACT		
<u>d</u>	Excess from 2020				
e	Excess from 2021	100000000000000000000000000000000000000	SAME SELECTION OF THE S		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number COMMUNITY LINK INC 37-0955971 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASBASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASBASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X

	e D (Form 990) 2021 COMMUNITY LINK						37-09559		Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	storical T	reasures	, or Oth	er Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the fol	lowing that m	ake signi	ficant use of its		
	collection items (check all that apply):					-			
a	Public exhibition		d	Loan o	or exchange p	rograms			
b	Scholarly research		е						
С	Preservation for future generations			La.					
4	Provide a description of the organization's co	ollections and explain	now they	further the	organization's	s exempt	nurnose in Part		
	XIII.		,	1011110111110	organization (o compr	parpooe in care		
5	During the year, did the organization solicit o	r receive donations of	of art histo	nrical treasu	res or other s	similar			
	assets to be sold to raise funds rather than to							M Vos	∏No
Par	t IV Escrow and Custodial Arra	angements.		organization.	70 0011001111				
1200 38000	Complete if the organization		" on For	m 990. F	Part IV. line	9. or r	eported an amo	unt on Fi	orm
	990, Part X, line 21.				C	0, 0, .	oportoa an ame	on Contra	5.,,,,
1a	is the organization an agent, trustee, custodi	an or other intermed	iary for co	ntributions o	or other asset	s not			
	included on Form 990, Part X?							Yes	□No
ь	If "Yes," explain the arrangement in Part XIII							□ 163	□ 140
		a. Ia complete the let	g too				Amo	unt	
С	Beginning balance					. 10		CIT	
d	Additions during the year								
e	Distributions during the year							····	
f	Ending balance						·		***
2a	Did the organization include an amount on F							Yes	□No
b	If "Yes," explain the arrangement in Part XIII.					-		_	H
	t V. Endowment Funds.	Oneok here if the ca	(praziation	nas been pi	Ovided Offic	BI VIII		<u> </u>	<u> LJ </u>
- v.= ç.====.	Complete if the organization	answered "Yes	" on For	m 990 P	art IV line	10			
	Outplate if all organization	I			T.		4.15.20	T ,	
1a	Beginning of year balance	(a) Current year	(d) P	rior year	(c) Two year	s back	(d) Three years back	(e) Four ye	ars back
_	Contributions					I		ļ	
b									
С	Net investment earnings, gains, and								
	iosses							 	
d	Grants or scholarships							ļ	
е	Other expenditures for facilities and								
	programs		·					<u></u>	
f	Administrative expenses	- M							
g	End of year balance		<u> </u>		<u> </u>			<u> </u>	
2	Provide the estimated percentage of the curr	•		column (a))	held as:				
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Term endowment • %								
	The percentages on lines 2a, 2b, and 2c should be contaged in the percentages of lines 2a, 2b, and 2c should be contaged in the percentages of lines 2a, 2b, and 2c should be contaged in the percentages of lines 2a, 2b, and 2c should be contaged in the percentages of lines 2a, 2b, and 2c should be contaged in the percentages of lines 2a, 2b, and 2c should be contaged in the percentages of lines 2a, 2b, and 2c should be contaged in the percentages of lines 2a, 2b, and 2c should be contaged in the percentage and a should be contaged and a should be contaged and a should be contage	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that a	re held and	administered	for the			
	organization by:							Υ Υ	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment fun	ds.					
Parl									
	Complete if the organization	answered "Yes"	on For	m 990, P	art IV, line	11a. S	ee Form 990, P	art X, line	e 10.
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c) /	Accumulated	(d) Book va	alue
		(investm	ent)	(0	other)	de	preciation		
1a	Land				156,972	10000		45	6,972
b	Buildings				283,643		2,902,196		1,447
С	Leasehold improvements								
d	Equipment			1,0	083,247		913,641	16	9,606
е	Other								
Fotal.	Add lines 1a through 1e. (Column (d) must equa		column (B)	line 10c l				3 00	9 025

	(a) Description of security or category (including name of security)		(b) Book	alue			c) Method of valuation: end-of-year market value
(1) Financial d	derivatives						
	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							·
(F)					ļ		
(G)					-		
(H)					de karê Red Verfe les	nadnidás is san	
	n (b) must equal Form 990, Part X, col. (B) line		······································				
Part VIII	Investments - Program Related Complete if the organization ans		n 990, Pa	t IV, lir	ne 11c. Se	e Form	990, Part X, line 13.
	(a) Description of investment		(b) Book	alue			Method of valuation: end-of-year market value
(1)							
(2)							
(3)							
(4)					<u> </u>		
(5)							
(6)							
(7)					 		
(8)							
(9)							
(9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line	13.)				l e	
(9)	Other Assets.		m 000 Pa	+ I\/ lie	_1	o Form	000 Part V line 15
(9) Fotal. (Column		wered "Yes" on For	n 990, Pa	t IV, lir	_1	e Form	
(9) Fotal. (Column Part IX	Other Assets.		n 990, Pa	t IV, lir	_1	e Form	990, Part X, line 15.
(9) Fotal. (Column Part IX (1)	Other Assets.	wered "Yes" on For	n 990, Pa	rt IV, lir	_1	e Form	
(9) Fotal. (Column Part IX (1) (2)	Other Assets.	wered "Yes" on For	n 990, Pa	t IV, lir	_1	ee Form	
(9) Fotal. (Column Part IX (1) (2) (3)	Other Assets.	wered "Yes" on For	n 990, Pa	t IV, lir	_1	ee Form	
(9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets.	wered "Yes" on For	n 990, Pa	rt IV, Iir	_1	ee Form	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets.	wered "Yes" on For	m 990, Pa	rt IV, lir	_1	e Form	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	wered "Yes" on For	m 990, Pa	rt IV, lir	_1	ee Form	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	wered "Yes" on For	m 990, Pa	rt IV, lir	_1	ee Form	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	wered "Yes" on For	n 990, Pa	t IV, lir	_1	ee Form	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans	wered "Yes" on Form (a) Description	n 990, Pa	t IV, lir	_1	ee Form	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets.	wered "Yes" on Form (a) Description	m 990, Pa	t IV, lir	_1		
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization ansi	wered "Yes" on Fore			ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answers. (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answers.	wered "Yes" on Fore	n 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization answer or organization and the organizati	wered "Yes" on Form (a) Description 15.)	n 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal in	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	n 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal in	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization answer or organization and the organizati	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal in (2) ACCRUED	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal in (2ACCRUED (3)	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal in (2ACCRUED (3) (4)	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal in (2ACCRUED (3) (4) (5)	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal in (2) ACCRUED (3) (4) (5) (6)	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal in (2ACCRUED (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer of the interest of the organization answer of the complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa		ne 11d. Se		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2)ACCRUED (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (6)	Other Assets. Complete if the organization answer of the interest of the organization and the interest of the organization and the interest of the interest of the organization and the interest of t	wered "Yes" on Form (a) Description 15.) wered "Yes" on Form (b) Book v	m 990, Pa	rt IV, lir	ne 11d. Se	. ► 11f. See	(b) Book value

Part	XI Reconciliation of Revenue per Audited Financial Statements		Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	9,523,619
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities	97,627	1	
C	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII.) 2d		7.00	
е	Add lines 2a through 2d		2e	97,627
3	Subtract line 2e from line 1		3	9,425,992
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,425,992
Part	XII Reconciliation of Expenses per Audited Financial Statements	With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	8,947,477
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		X. (1)	
а	Donated services and use of facilities	97,627		
b	Prior year adjustments	* ', ', ', ', ', ', ', ', ', ', ', ', ',	1	
С	Other losses		1	
d	Other (Describe in Part XIII.) 2d		1.	
e	Add lines 2a through 2d		2e	97,627
3	Subtract line 2e from line 1		3	8,849,850
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0.535	0,049,000
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)		i	
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,849,850
Part			<u> </u>	0,049,000
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a	and 2b: Part V line 4: Part	X line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		, and	
,	any addition	nar maternacion,		
		···		
				,
		•		

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Name of the organization ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

	UNITY LINK INC			·		37-095	5971
Par	Fundraising Activities. Form 990-EZ filers are not r		-		ered "Yes" on F	orm 990, Part IV, I	ne 17.
1	Indicate whether the organization rais	······			s Check all that ann	.hz	
a	Mail solicitations	od rasido amouga, ur	e [of non-government		
b	Internet and email solicitations		f		of government gran	•	
С	Phone solicitations		g [idraising events		
d	n-person solicitations						
2a	Did the organization have a written or	oral agreement wit	h any individ	ual (including	officers, directors, tr	ustees,	
	or key employees listed in Form 990,				· ·		Yes No
ь	If "Yes," list the 10 highest paid individ		draisers) pu	rsuant to agre	ements under which	the fundraiser is to be	
	compensated at least \$5,000 by the o	rganization.					
			T			(v) Amount paid to	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
			ļ				
2							
3					1		
-							
4							
5							
6							
7							
8							
Ü							
9							
10			,				
			\				***************************************
Total							
3	List all states in which the organization	is registered or lice	ensed to soli	cit contributio	ns or has been notifi	ed it is exempt from	
	registration or licensing.						
			· · · · · · · · · · · · · · · · · · ·				

		G (Form 990) 2021 COM	MUNITY LINK INC		37	7-0955971 Page 2
L	art II	Fundraising Events. Comp	olete if the organization	answered "Yes" on Forn	n 990, Part IV, line 18, o	r reported more
		than \$15,000 of fundraising	event contributions an	d gross income on Forn	n 990-EZ, lines 1 and 6	b. List events with
		gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Φ			BUDDY WALK (event type)	ANNUAL APPEA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	127,900	42,670		170,570
	3	Less: Contributions Gross income (line 1 minus line 2)	127,900	42,670		170,570
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	- , ,			
Pa	rt III	Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin	anization answered "Ye ne 6a.	s" on Form 990, Part IV,	line 19, or reported mo	re than
Revenue		, and	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- A	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subtr	act line 7 from line 1, colum	nn (d)		
9 a b	ı İsth	er the state(s) in which the organizatine organization licensed to conduct gas," explain:	aming activities in each of t	these states?		· · · · Yes No
10a		re any of the organization's gaming lides," explain:		d, or terminated during the t	•	· · · · · · Yes No
 EA						Schodulo G (Form 900) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

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 MANAGEMENT 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 ETHICAL CONFLICTS. IF A CONFLICT BECOMES EVIDENT DURING THE YEAR, INTERNAL POLICY REQUIRES IMMEDIATE NOTIFICATION TO THE PERFORMANCE AND OVERSIGHT COMMITTEE TO REVIEW. O3. 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) 2021 Name of the organization	Page 2 Employer identification number
COMMUNITY LINK INC	37-0955971
INTERNAL COMPENSATION COMMITTEE, CONSISTING OF THE EXECUTIVE DIRECTOR,	DIRECTOR OF
FINANCE, AND PROGRAM DIRECTORS. ALL SALARIES ARE INCLUDED IN THE ORGANI	ZATION'S ANNUAL
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, AN	ID FINANCIAL
STATEMENTS ARE AVAILABLE FOR REVIEW AT THE BUSINESS OFFICE. FORM 990 IS	: AVAILABLE FOR
REVIEW AT WWW.GUIDESTAR.ORG AND COMPANY WEBSITE AT COMMLINK.ORG. THE OF	RGANIZATION'S
FINANCIAL STATEMENT DATA IS SUMMARIZED AND PRESENTED IN THE ORGANIZATION	ON'S NEWSLETTER.
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 \$ 5,849	
PRIOR PERIOD ADJUSTMENT - BAD DEBT \$37,632	
GRANT PURCHASED ASSETS ARE REPORTED AS A GRANT PROGRAM EXPENSE IN THE Y	YEAR INCURRED TO
SATISFY THE EXPENSE REPORTING REQUIREMENTS OF THE GRANT. HOWEVER, GENER	RALLY ACCEPTED
ACCOUNTING PRINCIPLES REQUIRE THE COST OF THE ASSETS BE DEPRECIATED OVE	ER THEIR ESTIMATED
USEFUL LIFE. THEREFORE, THE CAPITAL ASSETS PURCHASED FROM THE GRANTS AF	RE ADDED BACK AND
DEPRECIATION EXPENSE IS RECORDED ON THE STATEMENT OF ACTIVITIES.	
07. Part III, response or note to any other line in Part III	
ADULT DAY PROGRAM(CONTINUED):	
AND JOB SEARCH ACTIVITIES IN ORDER TO PREPARE THEM FOR COMMUNITY EMPLOY	(MENT.

JOB PLACEMENT - SERVICES INDIVIDUALS WITH DEVELOPMENTAL AND/OR PHYSICAL DISABILITIES THAT

ARE HAVING DIFFICULTY OBTAINING AND MAINTAINING COMMUNITY EMPLOYMENT. INDIVIDUALS RECEIVE

SUPPORT WITH JOB DEVELOPMENT, JOB ACCOMMODATIONS, AND JOB MAINTENANCE. COMMUNITY

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
COMMUNITY LINK INC	37-0955971
INTEGRATED LIVING ARRANGEMENT (CONTINUED):	
RESOURCES, ESTABLISHING/MAINTAINING RELATIONSHIPS WITH OTHER AGENCIES AND PR	ROGRAMS, AND
OBTAINING AND MAINTAINING ENTITLEMENTS, CILA INTERMITTENT CARE RECIPIENTS AF	LSO RECEIVÊ
ASSISTANCE WITH HOME LIVING SKILLS, APPOINTMENTS, RECREATION AND LEISURE, AN	ND
TRANSPORTATION.	
	.,