Yes

Form 990 (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED

	In Statement of Program Service Accomplishments
٠٠	Check of Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	TO ENRICH, SUSTAIN, AND ENSURE THE IDENTITIES, CULTURE, AND ECONOMIC SURVIVAL OF
	AFRICAN AMERICANS AND PERSONS OF AFRICAN DESCENT`
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 \$34,391 including grants of \$) (Revenue \$)
44	
	TO ENRICH, SUSTAIN AND ENSURE THE IDENTITIES, CULTURE AND ECONOMIC SURVIVAL OF AFRICAN
	AMERICANS AND PERSONS OF AFRICAN DESCENT.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	, (and and a second sec
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 34,391
EEA	Form <b>990</b> (2018)

### Form 990 (2018) · · Part IV Chec 8) · · CAPITAL CITY CHAPT OF LINKS INC Checklist of Required Schedules

	·			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	<del> </del>	<del>  ^``</del>
•		3		X
4	darial dated for public effect of the confection	<b> </b>	├	<del>  ^-</del>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1.	ĺ	İ
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<del></del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	١_		۱
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	├	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable			
_	• • • • • • • • • • • • • • • • • • • •			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.		v
	complete Schedule D, Part VI	11a	-	X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<b> </b>		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15		140		- 21
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes " complete Schedule F. Parts II and IV	15		v
46	to any terest to generate the rest of the	13		Χ
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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- 1	
	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	19		Χ
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?	20b	$\neg \neg$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
EEA			90 (20	
, ,			- 1-2	-/

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	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			l
	employees? If "Yes," complete Schedule J	23		Х
24a				
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	1	
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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ŀ		1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	] .		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	'		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		ľ	
F3	19? Note. All Form 990 filers are required to complete Schedule O	_38		X
Par	<del></del>			
	Check if Schedule O contains a response or note to any line in this Part V	• • •		4
۵.	Fater the number recorded in Page 2 of Farm 4000 Fig. 10 of the Market		Yes	No
1a _	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable		Ì	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c	000 (0	X 018)
EEA		Loim	990 (2	U (Ø)

20	Enter the number of ampleyage reported on Form IV. 2. Transmitted of IV/age and Tay		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			] ; .
ь	Statements, filed for the calendar year ending with or within the year covered by this return			X
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0		Λ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	35		-
₹a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	,	<del></del>	, · ,
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		Х
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).	•	7	<del></del>
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	.	ĺ	
a	and services provided to the payor?	7a		X
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			
ŭ	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 7		
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		X
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		~	1
•	sponsoring organization have excess business holdings at any time during the year?	8	<del></del>	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	-	-,	i
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	~	,	·
11	Section 501(c)(12) organizations. Enter	:		٠,
а	Gross income from members or shareholders		ļ	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	٠	3	
	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			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.		
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	12		Ì
b	Enter the amount of reserves the organization is required to maintain by the states in which			Ì
	the organization is licensed to issue qualified health plans			١ ١
С	Enter the amount of reserves on hand	}		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		$\neg$	
	excess parachute payment(s) during the year	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N	-		. 1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O		- 1	<del>)</del> [
				;

LPa	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			_
	Check if Schedule O contains a response or note to any line in this Part VI		· · ·	· [X]
Sec	ction A. Governing Body and Management			
	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	J	Ι,	] .
	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	1	[	
	committee, explain in Schedule O	-		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0		Ĺ <u></u>	
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	ĺ		1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	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?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		_	
	stockholders, or persons other than the governing body?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4.5°		1
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	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 in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		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?	.		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in 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		X
ь	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?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed District of Columbia			
18	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			
	Own website Another's website Donner Grant Donner General Donner G			
19				
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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			
	MARILYN G. CHARITY (202)427-7553, 315 UTAH AVENUE NW, Washington, DC 20015			

<b>-</b>	~~~	100	٠.		
Form	MMU	120	l O I	٠	٠

CAPITAL CITY CHAPT OF LINKS INC

52-1167430

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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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C) Position (D) (E) (F) (B) (A) (do not check more than one Name and Title Average box, unless person is both an Reportable Reportable Estimated compensation from amount of hours per compensation officer and a director/trustee) veek (list anv from related the organizations compensation hours for (W-2/1099-MISC) omanization from the related Individual trustee employee <ey employee lighest compensated (W-2/1099-MISC) organizations organization and related below dotted organizations line) Irustee (1) PHYLLIS C GREEN 0 PRESIDENT (2) NICOLE VENABLE Χ VICE PRESIDENT 0 (3) MARILYN CHARITY TREASURER 0 (4) GANESHA MARTIN FINANCIAL SECRETARY Х 0 (5) JEANNIE CARR 0 RECORDING SECRETARY O (6) STACI\_HARTEELL CORRESPONDING SECRETARY Х 0 0 (9) (10) (11) (12)(13)(14)

•	(A) Name and title		(C) Position (do not check more than c box, unless person is bot officer and a director/trust				both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
				Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	0	empensation from the erganization and related rganization	n d
(15)												_	
<u>(16)</u>													
(17)									<del></del>				_
<u>(18)</u>								-	<u> </u>				
<u>(19)</u>													
(20)													
(21)													_
(22)												<del></del>	
(23)									···				
(24)			-					_					
(25)													
	al	on A						<b>&gt;</b>	0	0			0
2 Total num	nber of individuals (including but not limited to compensation from the organization							re tha		C			
3 Did the o	rganization list any former officer, director, o	=										Yes	No
4 For any i	e on line 1a? If "Yes," complete Schedule J fi ndividual listed on line 1a, is the sum of reption and related organizations greater than \$	oortable compe 150,000? <i>If</i> "Ye	nsatioi s," con	n an nplet	d oth te Sc	er c	omper ule J fo	nsatio or suc	ch		3		X
5 Did any p	person listed on line 1a receive or accrue co	ompensation fr	om an	y un	relat	ed o	rganız	ation	or individual		4		X
	res rendered to the organization? If "Yes," condependent Contractors	mplete Schedu	le J for	SUC	h pe	rson					5	<u> </u>	Х
	e this table for your five highest compensate action from the organization. Report compe												
	(A) Name and business address								(B) Description of s	services	Com	(C) pensation	
2 Total num	nber of independent contractors (including	but not limited t	o thos	a liet	tod a	bove	->						

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (D) Revenue excluded from tax under sections 512-514 Related or exempt function Unrelated Total revenue business revenue Federated campaigns . . . . . . . . 1a ons, Gifts, Grants Similar Amounts 1b 43,875 c Fundraising events . . . . . . . . . 1c 1d e Government grants (contributions) . . Contributions, and Other Sim 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 43,875 **Business Code** Program Service Revenue f All other program service revenue · · · · · · Investment income (including dividends, interest, 175 175 Income from investment of tax-exempt bond proceeds 6a Gross rents . . . . . . . . . b Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · ▶ 7a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses . . . . c Gain or (loss) · · · · · · Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . . a 181,297 **b** Less direct expenses . . . . . . . . b 151,691 c Net income or (loss) from fundraising events · · · · · · · ▶ 29,606 29,606 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . . a **b** Less direct expenses . . . . . . . . . b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a **b** Less cost of goods sold · · · · · · · **b** c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a b e Total. Add lines 11a-11d . . . . . . . . . . . . . . . . . . . . 12 Total revenue. See instructions · · · · · · · · · · · ▶ 73,656 29,781

# Form 990 (2018) CAPITAL CITY CHAPT OF LINKS INC Part IX Statement of Functional Expenses

Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>8b, 9</u>	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic				<i>,</i> ,
	individuals See Part IV, line 22			<del></del>	
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members	17,364	17,364		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)	Ì			
a	Management				<del>-</del>
þ	Legal······				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	<del></del>		·	
f	Investment management fees		<del></del>		
g	Other (If line 11g amount exceeds 10% of line 25, column				
10	(A) amount, list line 11g expenses on Schedule O ) · ·	747	747	<del></del>	
12 12	Advertising and promotion	16.000	16 000		-
13 14	Information technology	16,280	16,280		·
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<del></del>			
20	Interest			<del></del>	
21	Payments to affiliates			<del></del> 1	<del></del> -
22	Depreciation, depletion, and amortization			<del></del>	
23	Insurance				
24	Other expenses Itemize expenses not covered				,
••	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		•		, 1
	(A) amount, list line 24e expenses on Schedule O)			}	
а	(7) amount, not time 240 expenses on ocheanic of		<del></del>		
b					<del></del>
c					
d					·
e	All other expenses			<del></del>	
25	Total functional expenses. Add lines 1 through 24e	34,391	34,391	0	0
26	Joint costs. Complete this line only if the	34,391	34,391		<u> </u>
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here   If   If   following SOP 98-2 (ASC 958-720)				

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash - non-interest-bearing 42,136 1 63,251 2 2 3 3 Pledges and grants receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 Notes and loans receivable, net 7 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10c b Less accumulated depreciation . . . . . . . . . . 10b 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 ...... 14 14 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 42,136 63,251 17 17 Accounts payable and accrued expenses .......... 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L. 23 23 Secured mortgages and notes payable to unrelated third parties 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 26 26 Total liabilities. Add lines 17 through 25 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 42,136 63,251 33 Total net assets or fund balances ............. 33 42,136 63,251 34 Total liabilities and net assets/fund balances 34 42,136 63,251

		52-11 <i>6</i>	7430	Pi	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				<u>. 🔲</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		73,0	656_
2	Total expenses (must equal Part IX, column (A), line 25)	2	_	34,:	391_
3	Revenue less expenses Subtract line 2 from line 1	3		39,2	265_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		42,:	136
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		81,4	401_
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		Í		
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				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	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?		· · 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		· · 3a	$oxed{oxed}$	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ļ		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

EEA

# SCHEDULE À (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue, Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public

OMB No 1545-0047

pen to Public //Inspection

D 4 I	-		<u> </u>		
CAPITAL		CHAPT	OF	LINKS	INC
Name of the or	rganızatıo	n			

Employer identification number

		L CITY CHAPT OF LINKS I					52-11674		
_Pa	rt I	Reason for Public Charity	/ Status (All org	ganizations must co	omplete	this part	) See instruction	s /	
The	orgai	nization is not a private foundation beca	use it is (For lines	1 through 12, check only	one box )				
1		A church, convention of churches, or as	ssociation of churche	es described in section 1	70(b)(1)(A)	(i).			
2	$\Box$	A school described in section 170(b)(	I)(A)(iı). (Attach Sch	nedule E (Form 990 or 99	0-EZ))				
3	ī	A hospital or a cooperative hospital ser							
4	Ħ	A medical research organization operation				0/h)/1)/A)/	iii) Enter the		
•	ш	hospital's name, city, and state	ica in conjunction wi	in a nospital describes in	30000011 17		,. 2		
-	П		64 - 6 0 0 0 U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ad by a gay		unit d'accided in		
5	Ш	An organization operated for the bene	=	liversity owned or operati	ed by a gov	emmentai	unit described in		
		section 170(b)(1)(A)(iv). (Complete Pa	•						
6	닏	A federal, state, or local government or	•	•	,, ,, ,, ,				
7	Ш	An organization that normally receives	a substantial part of	of its support from a gove	rnmental u	nit or from	the general public		
		described in section 170(b)(1)(A)(vi).	(Complete Part II)						
8		A community trust described in section	i 170(b)(1)(A)(vi). (C	Complete Part II )					
9		An agricultural research organization de	escribed in section '	170(b)(1)(A)(ix) operated	l in conjunct	ion with a l	and-grant college		
		or university or a non-land-grant colleg	e of agriculture (see	e instructions) Enter the	name, city,	and state	of the college or		
		university							
10		An organization that normally receives	(1) more than 33 1	1/3% of its support from o	contribution	s, member	ship fees, and gross		
		receipts from activities related to its ex							
		support from gross investment income							
		acquired by the organization after June		,					
11	П	An organization organized and operated				(A)			
12	Ħ	An organization organized and operate	<del>-</del>	. /			arny out the nurnoses		
12	ш			/					
		of one or more publicly supported organ		/				_	
		Check the box in lines 12a through 12a	,					g	
	а	Type I. A supporting organization of	· /						
		the supported organization(s) the	/		of the dire	ctors or tru	stees of the		
		supporting organization You must	complete/Part IV,	Sections A and B.					
	b		supervised or contro	lled in connection with its	supported of	organizatio	n(s), by having		
		control or management of the sup	porting organization	n vested in the same pers	sons that co	introl or ma	anage the supported		
		organization(s) You must comple	ete/Part IV, Section	is A and C.					
	С	Type III functionally integrated.	supporting organiz	ation operated in connect	ion with, an	d functiona	lly integrated with,		
		its supported organization(s) (see in							
	d	Type III non-functionally integra	•	=			rted organization(s)		
		that is not functionally integrated	, , , <del>,</del>	<del>-</del>			-		
		requirement (see instructions) You		•					
	е	Check this box if the organization	<del>-</del>				ne II. Tyne III		
	C	<del></del>				і турст, ту	pe II, Type III		
		functionally integrated or Type III		grated supporting organi	izalion			Г	
	f	Enter the number of supported organiz						[	
	g	Provide the following information about		· •			T	T	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	1 ' '	rganization ir governing	(v) Amount of monetary support (see	(vi) Amour other suppo	
				above (see instructions))	docum	•	instructions)	instruction	
		/							
		/			Yes	No			
(A)									
(~) ——									
/D\									
(B)					İ				
(C)	/	•				ŀ			_
			-		1			<u> </u>	<del></del>
(D)									
					<del> </del>	<b>_</b>			<del></del>
(E)									
		-			<del> </del>				

52-1167430

90 or 990-EZ) 2018 CAPITAL CITY CHAPT OF LINKS INC 52-1167430 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)

Sec	tion A. Public Support	<del></del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
4	Total. Add lines 1 through 3 · · · · · · ·	<u> </u>				-	<u>-</u>
5	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		1				
	shown on line 11, column (f)					· · ·	
6	Public support. Subtract line 5 from line 4 · ·						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans,			<u>, , , , , , , , , , , , , , , , , , , </u>			
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support Add lines 7 through 10	•			, ,	_	
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	. <u></u>	<u></u> <u></u>				▶ 🗆
	tion C. Computation of Public Su	<u> </u>			<del></del>	<del></del>	
14	Public support percentage for 2018 (line 6, co					14	<u>%</u>
15	Public support percentage from 2017 Schedu					15	%
16a	33 1/3% support test - 2018. If the organization						
	box and stop here. The organization qualifies					· · · · · · · · · · · ·	▶ 📋
b	33 1/3% support test - 2017. If the organization						
4	this box and stop here. The organization quali		- · ·				· · · · • 🗀
17a	10%-facts-and-circumstances test - 2018. If	-					
	10% or more, and if the organization meets the		•	•	·		
	Part VI how the organization meets the "facts		•	="			, n
	organization						· · · · • 📙
b	10%-facts-and-circumstances test - 2017. If						
	15 is 10% or more, and if the organization mee				•		
	Explain in Part VI how the organization meets			,	•		. □
40	supported organization						· · · • 📙
18	Private foundation. If the organization did not			· ·			
	_instructions _ · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	. <b></b> .	· · · · · · · · · ·			· · · · _ <b>_P</b>

OBJ OF 990-EZ) 2018 CAPITAL CITY CHAPT OF LINKS INC
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	·					
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 organization's benefit and either paid to 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						
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 · · · · · · · · · · · ·					<u> </u>	_ <del>-</del>
8	Public support (Subtract line 7c from line 6)			·			
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·		<del> </del>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		*				
11	Net income from unrelated business activities not included in 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)	I.					
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the organization, check this box and stop here		ond, third, fourth, or fit				▶ 🗍
	ction C. Computation of Public Su	<del> </del>					
	Public support percentage for 2018 (line 8, col					15	<u>%</u>
16	Public support percentage from 2017 Schedul		<u></u>	<del></del>	· · · <u>· · ·</u> · · · · ·	16	
_	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line 10		•	. (.,,		17	<u>%</u>
18	Investment income percentage from 2017 Sche					18	- %
19a	33 1/3% support tests - 2018. If the organization 17 is not more than 33 1/3%, check this box and		•		•		▶ 📋
b	33 1/3% support tests - 2017. If the organizate line 18 is not more than 33 1/3%, check this box	and stop here. T	he organization quali	fies as a publicly su	ipported organization		▶ □
20_	Private foundation. If the organization did not	check a box on line	e 14, 19a, or 19b, che	ck this box and se	einstructions	<u> </u>	▶ ∐

52-1167430

Part IV **Supporting Organizations** 

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	Part V)		
Sec	tion A. All Supporting Organizations		,	_
		····	Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing	ı	ľ	
	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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	<u> </u>		_,
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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			ĺ
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		<b>-</b>	
•	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	55		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	<b></b>	<u>-</u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1-40		<u> </u>
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	.		-
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_		40	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination			3
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used		ĺ	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			1
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			1
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,	ĺ		ı
	(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)	5a		
b				
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ŀ	,	٠
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		-	_ o,
	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.	6		
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 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			L
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		,	
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	supporting organizations)? If "Yes," answer 10b below	10a		<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			3**
_	determine whether the organization had excess business holdings )	10b		
	action of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	1 1		

_	irt IV   Supporting Organizations (continued)	<u>'</u>		age o
Га	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	162	<del></del>
d	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	<del>~~~</del>	لتنتث
	below, the governing body of a supported organization?	11b		<del> </del>
	A family member of a person described in (a) above?	11b		<del> </del> -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	116		ــــــــــــــــــــــــــــــــــــــ
Sec	ction B. Type I Supporting Organizations		V	1 84 -
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	!		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	$ \cdot $ : $ \cdot $		7.
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	•	· ·	9
	controlled the organization's activities If the organization had more than one supported organization,	· ,	٠:	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u>  </u>		لـــــــــــــــــــــــــــــــــــــ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
		. ,	٠.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	] . ^]		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	.~.	٠,,	- '
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		·	
	supervised, or controlled the supporting organization	2		
Sec	tion 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		•	. 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			,
	or management of the supporting organization was vested in the same persons that controlled or managed	. '	٠."	i . "
	the supported organization(s)	1	_	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			. 1
_	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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?	1		
				41
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		·	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,	
·	significant voice in the organization's investment policies and in directing the use of the organization's	1 1		. 1
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	1 2	٨.	· ,
	supported organizations played in this regard	3		لنك
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıctions	<u> </u>	
a	The organization satisfied the Activities Test Complete line 2 below	CHOILS	,	
b				
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	inetnii	rtions	·1
2	Activities Test Answer (a) and (b) below.		Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<del></del>	,03	<del></del> -
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		. '	
			.	, .
	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	20	<del></del>	
L	that these activities constituted substantially all of its activities	2a	٠.	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	[ •• ]		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		· ;	
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>  .		لث
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	·	.	, [
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u>  </u>	Ì	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		<u>. ,.</u>	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on I	Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	itions m	ust complete Sections	A through E
Section A - Adjusted Net Income	(B) Current Year		
Oction A - Adjusted Net moone		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) D V	(B) Current Year
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)	,	-	
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)	1d		
e Discount claimed for blockage or other	1,		2
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 1-1/2% of line 3 (for greater amount,			<u> </u>
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<del></del>	
7 Recoveries of prior-year distributions	7	<del></del>	
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 85% of line 1	2	•	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	
4 Enter greater of line 2 or line 3	4	<del></del>	<del> </del>
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	11	•	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	ıntegra	ted Type III supporting	organization (see

instructions)

Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organiza</b>	ations (continued)			
Sec	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exem					
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity					
_ 3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons			
_4	Amounts paid to acquire exempt-use assets					
_ 5	Qualified set-aside amounts (prior IRS approval required)					
_6	Other distributions (describe in Part VI) See instructions					
_ 7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	organization is respons	ive			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
- <u> </u>	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI) See					
	instructions			]		
3	Excess distributions carryover, if any, to 2018					
a	From 2013					
b	From 2014					
C	From 2015					
	From 2016					
	From 2017					
	Total of lines 3a through e					
	Applied to underdistributions of prior years		<del></del>			
	Applied to 2018 distributable amount					
	Carryover from 2013 not applied (see instructions)					
i	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2018 from		<del></del>			
	Section D, line 7 \$					
a	Applied to underdistributions of prior years		<del></del>			
	Applied to 2018 distributable amount					
	Remainder Subtract lines 4a and 4b from 4					
	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions					
7	Excess distributions carryover to 2019 Add lines 3					
•	and 4c					
8	Breakdown of line 7					
	Excess from 2014					
	Excess from 2015 · · · ·					
	Excess from 2016					
	Excess from 2017 · · · ·					

e Excess from 2018

#### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2018 Open to Public Inspection ....

Name of the organization Employer identification number							
CAPITAL CITY CHAPT OF LINKS INC						52-1167430	
Part I Fundraising Activities	. Complete if	the organi	zation ans	wered "Yes" on F	orm 990	), Part IV, I	ine 17
Form 990-EZ filers are no	t required to co	mplete this	part				
1 Indicate whether the organization rais	ed funds through	any of the foll	owing activiti	es Check all that appl	y		•
a Mail solicitations		е 🗌	Solicitation of	of non-government gra	nts		
b Internet and email solicitations		f 🗌	Solicitation of	of government grants			
c Phone solicitations				Iraising events			
d In-person solicitations		ت د		•			
2a Did the organization have a written or	oral agreement w	oth any individ	fual (including	a officers directors tru	istees.		
or key employees listed in Form 990,	_					Πye	es 🗍 No
b If "Yes," list the 10 highest paid individ							,
compensated at least \$5,000 by the o		indiaisers) pu	i suam to agi	cements under which	tric fundial	30, 13 10 00	
compensated at least \$5,000 by the o	rganization						
					(v) Amo	ount paid to	
(i) Name and address of individual	l		draiser have	(IV) Gross receipts		tained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity		er listed in	organization
			<del></del>		α	ol (ı)	
	[	Yes	No			ļ	
1						ļ	
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3							
4							
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7			]				
8							
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9							
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otal					1.4.5.5		<del></del>
3 List all states in which the organization	is registered or lic	ensed to solid	cit contributio	ns or has been notified	i it is exem	pt from	
registration or licensing				,			
					<del></del>		<del></del>
							<del></del>
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			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>			
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	_						
		<del></del>					

Sche	art II	Fundraising Events. Comp	lete if the organization a	inswered "Yes" on Form	990, Part IV, line 18, or	reported more
_		than \$15,000 of fundraising	event contributions and			
	1	. gross receipts greater than		(h) 5	(-) Other counts	<del></del>
			(a) Event #1	(b) Event #2	(c) Other events  None	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
ě						
Revenue	1	Gross receipts	162,797			162,797
ፚ	1	Lara Cambala ta an				10.500
	3	Less Contributions Gross income (line 1 minus	18,500			18,500
		line 2) · · · · · · · · · · · ·	144,297			144,297
_		<del></del>				
	4	Cash prizes	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	_ ا	Naccast as as				
	5	Noncash prizes · · · · · ·	<u> </u>			
Š	6	Rent/facility costs · · · · · · ·				
ense						
Ëxp	7	Food and beverages	88,655			88,655
Direct Expenses	8	Entertainment				
Δ	•	Cilientalianient				
	9	Other direct expenses	63,036			63,036
		·				
	10	Direct expense summary Add lines	-			151,691
Pa	rt II	Net income summary Subtract line 1  Gaming. Complete if the or			▶	(7,394)
				85 OH FOHH 330. FAILIY	/. III	ne -
		than \$15,000 on Form 990	-	es on rolli 990, raitiv	7, line 19, or reported mo	ore
		than \$15,000 on Form 990	-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
venue		than \$15,000 on Form 990	-		(c) Other gaming	T
Revenue	1		-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1	than \$15,000 on Form 990  Gross revenue	-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
	1 2		-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
	2	Gross revenue	-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
sesued	1	Gross revenue	-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
sesued	2	Gross revenue	-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
	2	Gross revenue	-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
sesued	2	Gross revenue	-EZ, line 6a (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
sesued	3 4 5	Gross revenue	-EZ, line 6a (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo  Yes%	(c) Other gaming	(d) Total gaming (add
sesued	2 3 4	Cash prizes	-EZ, line 6a (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
sesued	3 4 5	Gross revenue		(b) Pull tabs/instant bingo/progressive bingo  Yes%	(c) Other gaming	(d) Total gaming (add
sesued	1 2 3 4 5	Gross revenue	Yes % No  through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes % No	(c) Other gaming	(d) Total gaming (add
sesued	2 3 4 5	Gross revenue	Yes % No  through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes % No	(c) Other gaming	(d) Total gaming (add
Direct Expenses	2 3 4 5 6 7 8	Gross revenue	Yes % No  2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	(d) Total gaming (add
sesued	2 3 4 5 6 7 8 Entl	Gross revenue	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming	(d) Total gaming (add
<b>6</b> Direct Expenses	2 3 4 5 6 7 8 Entities is t	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entities is t	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities iming activities in each of the	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
d a 6	2 3 4 5 6 7 8 Entities its it if "if"	Gross revenue	Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of the	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entities it if "It "We	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of the	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other gaming	(d) Total gaming (add col (a) through col (c))

# SCHEDULE **①** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

Open to Public Inspection

Employer identification number

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

CAPITAL CITY CHAPT OF LINKS INC	52-1167430
O1. Governing documents, etc, available to public (Part VI, line 19)	<del></del>
GOVERNING DOCUMENTS AVAILABLE ON REQUEST FROM TREASURER (FORM 990).	
SOUTH SECONDARY TO THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF THE TENED OF	
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