	_		Extended to May 15, 202 Return of Organization Exempt Fro		noomo Tax	OMB No. 1545-0047
Form	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			2021
		of the Treasury	Do not enter social security numbers on this form as it	t may b	e made public.	Open to Public
Interr	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
<u>A</u> F	or th			ing J	UN 30, 2022	
	heck if pplicab	le:	forganization		D Employer identifica	tion number
	Addre chang Name	ge LINK	Unlimited Scholars			-
	_chang	ge Doing b	usiness as		23-738692	8
	returr	Number	· · · · · · · · · · · · · · · · · · ·	m/suite	E Telephone number	
	Final returr termi	n-	S State Street		312-225-5	
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,147,856.
	_returr]Appli		ago, IL 60616		H(a) Is this a group retu	
	_tion pendi		nd address of principal officer: Dr. Toinette Gunn		for subordinates?	
			as C above		H(b) Are all subordinates inclu	
		empt status:		527	1 '	
_		,	linkunlimited.org X Corporation Trust Association Other ►	•	H(c) Group exemption	
	orm o Irt I	Summary	X Corporation	L Year	of formation: 1974 M	State of legal domicile: 11
			e the organization's mission or most significant activities: Link Ur	ol im	ited Scholard	' miggion
e	1		onnect high potential African Americ			
an	~		$x \triangleright$ if the organization discontinued its operations or disposed of			
Governance	2 3					28
ğ	3 4		lependent voting members of the governing body (Part VI, line Ta)			27
	-					24
Activities &	5 6		of individuals employed in calendar year 2021 (Part V, line 2a)			258
ţi			of volunteers (estimate if necessary)			0.
Ac			business revenue from Part VIII, column (C), line 12			0.
		Not unrelated		<u> </u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		2,914,263.	3,135,854.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
vel Š		•	come (Part VIII, column (A), lines 3, 4, and 7d)		1,776.	896.
ŭ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,130.	11,106.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,921,169.	3,147,856.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		284,163.	291,557.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		987,285.	1,616,363.
Ise			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ing expenses (Part IX, column (D), line 25)	•		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,246,540.	1,329,191.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,517,988.	3,237,111.
	19	Revenue less	expenses. Subtract line 18 from line 12		403,181.	-89,255.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	🖵	3,119,049.	3,211,618.
tAs	21	Total liabilities	(Part X, line 26)	L	197,839.	378,739.
			fund balances. Subtract line 21 from line 20		2,921,210.	2,832,879.
	nrt II	Signature				
			I declare that I have examined this return, including accompanying schedules and			nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.	

Sign	Signature of officer		Date							
Here	Dr. Toinette Gunn, Presi	ident and CEO								
	Type or print name and title									
	Print/Type preparer's name P	Preparer's signature	Date Check	PTIN PTIN						
Paid	Jason L. Gierhahn, CPA J	ason L. Gierhahn,	C 05/01/23 self-empl	oyed P02385275						
Preparer	Firm's name 🕨 DESMOND & AHERN, I	LTD.	Firm's EIN 🕨	36-3321958						
Use Only	Firm's address 🖌 10827 S. WESTERN A	AVENUE								
CHICAGO, IL 60643-3206 Phone no. (773)779-472										
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice,	, see the separate instructions.		Form 990 (2021)						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

	m 990 (2021) Link Unlimited Scholars	23-7386928 Page	∋ 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	`	X
1	Briefly describe the organization's mission:		
	Link Unlimited Scholars' mission is to connect high po		
	American high school students with mentors, resources		
	foundational skills required for success as they advant	ice into,	
	through, and beyond college.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X N	
	If "Yes," describe these new services on Schedule O.		10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces? Yes X N	No
U	If "Yes," describe these changes on Schedule O.		••
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 262, 635. including grants of \$291, 557.)	(Revenue \$ 11,106.	•)
	Academic enrichment comprises the majority of Link's		
	helping high-potential black students in Chicago thriv		
	settings as they work to create and maintain high GPA		
	elements of their academic profiles. This programming		
	a culturally responsive way through a six-week summer		
	intensive and ongoing programming during the academic		
	2000, 100% of scholars served have graduated from high	n school.	
	(Code:) (Expenses \$ 338, 525. including grants of \$)		
40	(Code:) (Expenses \$) (Expenses \$) (Expenses \$) (Scholars are supported through individualized, research	(Revenue \$	_)
	advising allowing them to find the best fit school for		—
	academically, personally, and financially. Link's co		
	also provides guidance for scholars in completing the		
	FAFSA applications. 100% of Link's class of 2021 sch		
	accepted into four-year colleges and universities have		
	\$12MM in scholarships and grants with 28% of scholars		
	full-tuition funding. 60% of Link scholars have grad		
	four years, as compared to only 21% of black students		
		_	
4c	(Code:) (Expenses \$355,379. including grants of \$) Students cultivate leadership development skills with	(Revenue \$	_)
	their volunteer mentor and enrichment activities, which		
	strong sense of personal identity, confidence in socia		
	shared values. Scholars take a summer learning class		
	explore different leadership styles, build leadership		
	about how to put those skills into action. They also		
	annual retreats that focus on social emotional learning	ng, mental health,	
	and how to advocate for themselves.		
A -1	Other program convises (Deservice on School vice O		
40	Other program services (Describe on Schedule O.) (Expenses \$ 98,865. including grants of \$) (Revenue \$	X	
40	(Expenses \$ 98,865. including grants of \$) (Revenue \$ Total program service expenses ▶ 2,055,404.)	
40		Form 990 (20)	1211
13200	02 12-09-21		(י בי
.5200.	2		
705	501 402354 180898 2021.05080 LINK UNLIMI	TED SCHOLARS 1808	89

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Form 990 (2021) Link Unlimited Scholars
Part IV Checklist of Required Schedules

1 bit the organization described in section 501(s) or 4947(a)[1] (ofter than a private brundation? 1 X 2 X 1 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X Complete Schedule C, Part I 3 X 3 Sectors 501(g) organizations to the organization that receives membership dues, assessments, or amila manutan any durin advaces tands or any similar tands or accounts In vFrs, complete Schedule D, Part I 5 X 5 Dit the organization means in during assessments, or the similar advaces tands or accounts In vFrs, complete Schedule D, Part II 7 X 6 Dit the organization means in during assessment, credit resin or deta negation service? 7 X 7 Dit the organization means in during assessment, instering during assessment, since that accounters infinitar assets? 7 X 8 Dit the organization means or into a conservation assessment, instering during assets in portal				Yes	No
2 Is the organization required to complete Schedule () Schedule of Combutory See instructions 2 X 3 Did the organization require interior to inder coblical campaign activities on built of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section S01(k)(3) organizations. Did the organization require interior (interior to inder coblection (interior	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidate for public office? <i>J P P P</i> , <i>Complete Schedule C, Part I</i> . 3 X 4 Section 501(b) organization. Dit the organization engage in lobbying activities, on have a section 501(b) election in effect during the tax year? <i>II 'Pas,' complete Schedule C, Part II</i> . 4 X 5 Did the organization ensetiens of 001(b) organization that receives membership dues, assessments, or animar amounts as defined in Rev. Proc. 8119 <i>II 'Pas,' complete Schedule D, Part II</i> . 6 X 7 Did the organization residue of not a conservation assessment, including easements to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II 'Pas,' complete Schedule D, Part II</i> . 6 X 9 Did the organization markina collections of vorks of art. Nisorical treasures, or other similar assets? <i>II 'Pas,' complete Schedule D, Part II</i> . 8 X 9 Did the organization, markina collections of vorks of art. Nisorical treasures, or other similar assets? <i>II 'Pas,' complete Schedule D, Part II</i> . 8 X 9 Did the organization, markina collections of vorks of art. Nine 12, for escow or curbadial account lability, save as a custacian for an anount for bracking and part N. 10 X 9 Did the organization report an amount for intanet passetin indicate treasure indicate for more of a total asse		If "Yes," complete Schedule A			
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Sectors 90((c)(3) organizations. D, the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(a)(4), 501(a)(6), or 501(a)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Pros. 98:119 // Yes,' complete Schedule C, Part II 6 X 6 Did the organization relative of the amounts in such thad or accounts for which downs have the right to provide active on the distribution or investment a manutis nast fund or accounts for which downs have the right to provide active areas, or historic all resaurus, or other similar assets? If 'Yes,' complete Schedule D, Part II 6 X 7 X 8 8 X 7 X 8 Did the organization mergine areas, or historic all resaurus, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization mergine and amount in Part X, line 11, for serow or custodial account liability, serve as a custodian for amounts on tisted in Part X, rop provide certific comparization, incertory or provide certific comparization, hold assets in donor-restricted endowments 7 X 10 Did the organization, amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X 10 X 11 If the organizati	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(8), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 591:97. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization marken any doorn advised in music or any similar tonds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 X B Did the organization marken any doorn advised in easement, including easements for breaver open space, the environment, historic land areas, or historic attreasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization namount in Part X, ill 21, for eacrow or custodial account lability, since as a custodian for anounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization service any of the following questions is "Yes," then complete Schedule D, Part IV 10 X 11 It the organization service any of the following questions is "Yes," then complete Schedule D, Part X III 11 X 12 Did the organization service any of the following questions is "Yes," then complete Schedule D, Part X	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X is the organization a sector Soft(k) 507(k) 507(k			3		<u> </u>
5 Is the organization assector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rex. Proc. 981/97 (#*ves,* complete Schedule C, Part II 5 X 6 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule C, Part II 6 X 7 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule C, Part II 7 X 8 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule D, Part II 7 X 8 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule D, Part II 7 X 9 Did the organization marked in Rex. Y, Ine 21, for escrew or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt management, credit repart, or debt negotiation services? 9 X 10 Dat the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quase endowments? If *ves,* complete Schedule D, Part V 10 X 10 Dat the organization server or anount for remarked regart with the organization server or anount for webschedue D, Part V 11 X 10 Dat the organization copy of an amount for remarked remark X, line 12, that is 5% or more of its total asest reported in Part X, line 167 /# *ves,* complete Schedule D,	4				v
similar amounts as defined in Rev. Proc. 88-197 // Y/ss,* complete Schedule Q, Part II 5 X 6 Did the organization maintain any door 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the erganization maintain collections of works of art, historical reasures, or other similar asset? // **s,* complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar asset? // **s,* complete Schedule D, Part II 7 X 8 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 7 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // **s,* complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - organ related in Part X, line 107 // **s,* complete Schedule D, Part V 11 11 X 11 Did the organization report an amount for investments - program related in Part X, line 107 // **s,* complete Schedule D, Part X 11 X 12 Did the organization report an amount for investments - program related in Part X, line 137, Hat is 5% or more of its to	-		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amount is near funds or accounts for which donors have the right to provide advise on the distribution or investment of amount is near funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in sub-funds or accounts for the insinitar assets? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land avail, or live of an anount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed In Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for any or the following questions is "Yes," then complete Schedule D, Part V, UNI, X, or X, as applicable. 9 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 Did the organization report an amount for investments - porgram related 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 VI 114 X 11 Did the organization report an amount for investments in Part X, line 12, Ithat is 5% or more of its total assets repo	5		5		x
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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? III "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listel in Part X, or provide credit counseling, debt mangement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowment? If "res," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part V 11a X 111 X IIII X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	6		3		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic strutures? If "Yes," complete Schedule D, Part II 7 X 8 X X X X 9 Did the organization maintain collections of works of art, historical treasures, or their similar asset? If "Yes," complete Schedule D, Part II 8 X 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 It 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 VI 11a X 12 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 VI 11a X 13 Did the organization report an amount for investments - program related in Part X, line 12, Itat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X <td>0</td> <td></td> <td>6</td> <td></td> <td>x</td>	0		6		x
the environment, historic all dareas, 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 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization report an amount for lind, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 11 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 VI 11a X 11 Did the organization report an amount for investments - organ related 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 VIII 11a X 12 Did the organization organization solution to ruber liabilities in Part X, line 12? If 'Yes,' complete Schedule D, Part X 114 X 13 Did the organization included in noncial attements for the tax year?	7				
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrew 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? Y 'Yes,'' complete Schedule D, Part V 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 Did the organization report an amount for lond, buildings, and equipment in Part X, line 127 If 'Yes,' complete Schedule D, Part V Did the organization report an amount for lond, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part V Did the organization report an amount for thorestiments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 257 If 'Yes,' complete Schedule D, Part X Did the organization separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X Did the organization separate, independent audited financial statements for the tax year? Yes,' complete Schedule D, Part X Did the organization asport on D'N' to line 12a, then completes Schedule D, Part X<td>•</td><td></td><td>7</td><td></td><td>х</td>	•		7		х
Schedule D, Pert III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on lisked in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 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 11 If 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 11 If the organization report an amount for indubitings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII 11 X 11 Did the organization report an amount for investments - other ascurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VIII 11 X 11 Did the organization report an amount for there assets in Part X, line 127, Hire 15% or omore of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part X 11 X 11 Did the organization robort an amount for other labilities in Part X, line 27, H'Yes,' complete Schedule D, Part X 11 X 11 Did the organization included in consolidated financial statements for the taxyeari	8				
9 Did the organization report an amount in Part X, line 21, for serce 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 9 X 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? // 'Yes,' complete Schedule D, Part V 11 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VI 11 X 14 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VI 11 X 14 Did the organization report an amount for other liabilities in Part X, line 15% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part XI 114 X 14 X 114 X 114 X 15 Did the organization inchould in consolidated financial statements			8		Х
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization, directly or through a related organization, should assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, should assets in donor-restricted endowments 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part V 11 11 2 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11 X 2 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X III 11 X 2 Did the organization report an amount for other liabilities in Part X, line 15?, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 114 X 3 Did the organization separate or consolidated financial statements for the tax year include andedresses the organization organate ore onsolidated. Inde	9	,			
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V , UII, UII, UI, UI, UI, UI, UI, UI, UI,					
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11a X 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 X b) Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for investments - program related in Part X, line 13?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d) Did the organization report an amount for other liabilities in Part X, line 15?, the Yes," complete Schedule D, Part X 11e X e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization is beparate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11e X 13 It he organization isolability for unceriant tax positions under FIN 48 (ASC TOP) ("Yres," complete Schedule D, Part X 11e X 14a X Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13 Is			9		X
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or for foreign individuals? /f "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? /f "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 Part VIII, lines 1c and 8a? /f "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? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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? /f "Yes," complete Schedule I, Parts I and II 21 X	16				
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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 Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a 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 20a X	17				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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 X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
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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 X					X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
	21				v
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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		162	
	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 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		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		
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		X X
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		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 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		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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u>-</u> -
	Part V, line 1	34		X
	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 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 related organization?	0		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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 on Schedule O for Part VI, lines 11b and 19?			<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 50			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
•				Yes	No	
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 24				
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	I	2b	х		
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions		20			
3a			3a		x	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x	
b	If "Yes," enter the name of the foreign country	/				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).				
5a			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribution	ons or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		X	
g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
~			8			
9	Sponsoring organizations maintaining donor advised funds.		0-			
a h			9a 9b			
ы 0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-			
1	Section 501(c)(12) organizations. Enter:		-			
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against		-			
^D	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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 the					
	organization is licensed to issue qualified health plans	13b				
0	Enter the amount of reserves on hand	13c				
-			14a		X	
-	but the organization receive any payments for indoor tarining services during the tax years					
4a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		-	
4a b			14b			
4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	ation or	14b 15		x	
4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or				
4a b 5	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	ation or			x x	
4a	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	ation or	15			
4a b 5	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	ation or income?	15			
4a b 5 6	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	ation or income?	15			

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 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 on Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	28	4			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	27				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	n 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 dire	ect supervision				
	of officers, directors, 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 w	as 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		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	more members of the governing body?		7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock					
	persons other than the governing body?		7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t					
a	The governing body?	0-	8a	х		
	Each committee with authority to act on behalf of the governing body?		8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue					
	the memory of th	e Code.)		Yes	N	
0-	Did the organization have local chapters, branches, or affiliates?		10a	163	X	
					- 13	
D	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?					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?	11a	X		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10	v		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe		37		
	on Schedule O how this was done		12c	X		
3	Did the organization have a written whistleblower policy?		13	X		
4	Did the organization have a written document retention and destruction policy?		14	X		
5	Did the process for determining compensation of the following persons include a review and approval by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official		15a	Х		
b	Other officers or key employees of the organization		15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	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	
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	on's				
	exempt status with respect to such arrangements?		16b			
ec.	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{IL}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 99	0-T (section 501(c)(3)	s only)	availal	ble	
	for public inspection. Indicate how you made these available. Check all that apply.		• •			
	Own website Another's website X Upon request Other (explain on S	Schedule ()				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	,	d finan	cial		
-	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 a	nd records				
	GJC CPA's & Advisors - 312-225-5465					
	2221 South State Street, Chicago, IL 60616					

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated						
	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 the 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 the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	_	m ploy	st col	ar.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jonathan T. Swain	50.00		_				-			
President & CEO		X		Х				180,731.	Ο.	13,471.
(2) Kelli Hobson	50.00									
Executive Vice President		1				X		117,271.	Ο.	6,779.
(3) Stephen Hackney	2.00									
Chairman		X		Х				0.	Ο.	0.
(4) Thomas Hynes	2.00									
Advancement Chair		Х		Х				0.	0.	0.
(5) Kenneth Johnson	2.00									
Vice Chair		Х		Х				0.	0.	0.
(6) Matthew Panzica	2.00									
Treasurer		Х		Х				0.	0.	0.
(7) Gilda Livingston Spencer	2.00									
Secretary		Х		Х				0.	0.	0.
(8) Heidi Albert	2.00									
Director		Х						0.	0.	0.
(9) Anthony Ashe	2.00									
Director		Х						0.	0.	0.
(10) Allen Ashley	2.00									
Director		Х						0.	0.	0.
(11) Brent Baccus	2.00									
Director		Х						0.	0.	0.
(12) Nancy Baker	2.00									
Director		Х						0.	0.	0.
(13) Marcy Carlin	2.00									
Director		Х						0.	0.	0.
(14) Ciere Cornelius Boatwright	2.00									
Director		Х						0.	0.	0.
(15) Daniel Cox	2.00									
Director		Х						0.	0.	0.
(16) Jason J. DeJonker	2.00									
Director		Х						0.	0.	0.
(17) Bill Fausone	2.00	l						_		-
Director		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)					(E)		(F)				
Name and title	Average	Position (do not check more than one						Reportable	Reportable	E	stimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	ar	mount of
	week		cer an	dad	lirecto	or/trus T	tee)	from	from related		other
	(list any hours for	recto						the	organizations		npensation
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		rom the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	۲ ۲	ganization Id related
	below	Individual trustee or director	Institutional trustee	5	ƙey employee	est col	er				anizations
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former				
(18) Nicholas Freeman	2.00										
Director		Х						0.	0.	,	0.
(19) Robert Griggs	2.00										
Director		Х						0.	0.	,	0.
(20) LeeAndra Jamison	2.00										
Director		Х						0.	0.	, 	0.
(21) Aisha Lavinier	2.00										
Director		Х						0.	0.		0.
(22) George Lombardi	2.00								•		•
Director	0.00	Х						0.	0.	·	0.
(23) Angela Miller-May	2.00	37						0	0		0
Director	2 00	Х						0.	0.		0.
(24) Torrence Moore Director	2.00	х						0.	0.		0.
(25) David Neithercut	2.00	Δ						0.	0.		0.
Director	2.00	х						0.	0.		0.
(26) Michael Revord	2.00									+	
Director	2.00	x						0.	0.		0.
1b Subtotal								298,002.	0.		0,250.
c Total from continuation sheets to Part VII								0.	0.		0.
d Total (add lines 1b and 1c)								298,002.	0.	2	0,250.
2 Total number of individuals (including but no							o re		000 of reportable		
compensation from the organization						,		,	•		2
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	loyee on		
line 1a? If "Yes," complete Schedule J for su	ıch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	he organization		
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual		4	X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor									<i>'</i> '	ation fro	om
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	rith c	or wi	thin		ear.		0)
(A) Name and business	address	м	ONE	r.				(B) Description of s	ervices	-	C) ensation
		INC		-			_	20001101010			
2 Total number of independent contractors (ir	•	ot lin	nited	l to			ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz See Part VII, Section		in	11 2	+	(07		ha	ota			990 (2021)
DEE TATE VII, DECLIOI		- 11	ua	レエ	011	ວ.	19			Form	2021)

See Part VII, Section A Continuation sheets
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	limited S						23-738	6928
Part VII Section A. Officers, Directors, (A) Name and title	Trustees, Key Er (B) Average	nplc		C)	est (Compensated Employe (D) Reportable	ees <u>(continued)</u> (E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee		Former (K	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatio from the organization and related organization
27) Franklin Reynolds irector	2.00	x				0.	0.	C
28) Craig Richey irector	2.00	x				0.	0.	(
29) Julie Welborn	2.00							
irector		X				0.	0.	(

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		2021) Link Unlimited	d Schola:	rs		23-7386	928 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, s	1 a	Federated campaigns 1a					
ant	 b	Membership dues 1b					
ŋ G	c	Fundraising events 1c					
ar A	d	Related organizations 1d]			
s, G	е	Government grants (contributions)					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3 ,	135,854.				
d O	g	Noncash contributions included in lines 1a-1f					
ရ ပိ	h	Total. Add lines 1a-1f		3,135,854.			
			Business Code				
ice	2 a						
er v ue	b						
ven Ven	C						
grai Re	d						
Program Service Revenue	e f	All other program service revenue					
_	q	_ · · · · · · ·					
	3	Investment income (including dividends, intere					
	-	other similar amounts)		896.			896.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
venue		and sales expenses 7b Gain or (loss) 7c					
Other Re		Net gain or (loss) Gross income from fundraising events (not	P				
Ę	0 a	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	>				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
-+	С	Net income or (loss) from sales of inventory					
sn		Miscellaneous	Business Code 900099	11,106.	11,106.		
neor	11 a		500033	,00.	,100.		
ven	b						
Miscellaneous Revenue	c c	All other revenue					
ž	a	All other revenue		11,106.			
	12	Total revenue. See instructions		3,147,856.	11,106.	0.	896.
132000	9 12-09		F	, , , , , , , , , , , , , , , , , , , ,			Form 990 (2021)

Link Unlimited Scholars Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX	(C)	<u>Σ</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	291,557.	291,557.		
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,	101 000	10 100	05 010	24 244
	trustees, and key employees	121,729.	12,173.	85,210.	24,346
3	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 975 595			212 150
7	Other salaries and wages	1,275,585.	796,514.	165,915.	313,156
3	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		40.000		00.400
)	Other employee benefits	84,543.	48,929.	15,194.	20,420
)	Payroll taxes	134,506.	77,844.	24,174.	32,488
1	Fees for services (nonemployees):				
	Management	0.0		0.0	
	Legal	26.		26.	
	Accounting	53,711.		53,711.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		440 800	F 00F	
	column (A), amount, list line 11g expenses on Sch 0.)	568,920.	448,702.	5,805.	114,413
2	Advertising and promotion	32,790.	18,977.	5,893.	7,920
3	Office expenses	202,425.	92,027.	71,991.	38,407
1	Information technology	123,701.	98,961.	12,370.	12,370
5	Royalties		17 010	F 247	7 10/
6	Occupancy	29,752.	17,219.	5,347.	7,186
7	Travel	32,113.	18,585.	5,772.	7,756
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	630.		630.	
)	Interest	030.		030.	
l	Payments to affiliates	80 660	51 00F	16,115.	21 650
2	Depreciation, depletion, and amortization	89,668. 14,756.	51,895. 8,540.	2,652.	<u>21,658</u> 3,564
3	Insurance	14,/30.	0,540.	4,034.	3,304
ŀ	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 0.)				
2	Bad debt	77,692.		77,692.	
a b	Program	50,234.	50,234.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Miscellaneous	44,940.	23,247.	11,991.	9,702
d	Fundraising	4,000.		, , , , , , , , , , , , , , , , , ,	4,000
	All other expenses	3,833.		3,833.	1,000
e 5	Total functional expenses. Add lines 1 through 24e	3,237,111.	2,055,404.	564,321.	617,386
, ;	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 Fight following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

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ľŭ		Check if Schedule O contains a response or note to a	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			847,769.	1	718,429.
	2	Savings and temporary cash investments	-	2	-		
	3	Pledges and grants receivable, net	650,692.	3	1,662,592.		
	4	Accounts receivable, net				4	· · ·
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia					
		controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p		(as defined			
	_	under section 4958(f)(1)), and persons described in s				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				8,725.	9	10,080.
		Land, buildings, and equipment: cost or other	I		- / · = - ·		
		basis. Complete Part VI of Schedule D 10	a	1,863,275.			
	h	Less: accumulated depreciation 10	b	1,863,275. 1,109,874.	797,675.	10c	753,401.
	11	Investments - publicly traded securities			72,160.	11	753,401. 67,116.
	12	Investments - other securities. See Part IV, line 11			, _ , _ 0 0 0	12	0,,12200
	13	Investments - program-related. See Part IV, line 11				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11			742,028.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line			3,119,049.	16	3,211,618.
	17	Accounts payable and accrued expenses	83,589.	17	212,435.		
	18	Grants payable		18	212,1550		
	19		114,250.	19	166,304.		
	20	Deferred revenue Tax-exempt bond liabilities			111/2000	20	100,0010
	21	Escrow or custodial account liability. Complete Part I				21	
	22	Loans and other payables to any current or former of				21	
Liabilities	~~~	trustee, key employee, creator or founder, substantia					
bilit		controlled entity or family member of any of these pe				22	
Lia	23	Secured mortgages and notes payable to unrelated t		rtios		22	
	23	Unsecured notes and loans payable to unrelated thin				23	
	24	Other liabilities (including federal income tax, payable				24	
	25	parties, and other liabilities not included on lines 17-2					
		of Schedule D	24). 001			25	
	26	Total liabilities. Add lines 17 through 25			197,839.	25	378,739.
	20	Organizations that follow FASB ASC 958, check h	oro	X	197,039.	20	570,755.
S		and complete lines 27, 28, 32, and 33.					
nce	27				1,565,018.	27	1 320 437.
ala	28				1,356,192.	28	<u>1,320,437.</u> 1,512,442.
ЧB	20	Net assets with donor restrictions			1,550,152.	20	1,512,412.
'n		Organizations that do not follow FASB ASC 958, c and complete lines 29 through 33.	Sheck h				
Net Assets or Fund Balances	20	i ü				20	
sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equipm				30	
∍t A	31	Retained earnings, endowment, accumulated income			2,921,210.	31	2 832 870
ž	32	Total net assets or fund balances				32	2,832,879.
	33	Total liabilities and net assets/fund balances			3,119,049.	33	3,211,618.

Form **990** (2021)

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Link Unlimited Scholars

Form 990 (2021)
Part X Balance Sheet

	1990 (2021) Link Unlimited Scholars	<u>23-73</u>	86928	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,23		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,923		
5	Net unrealized gains (losses) on investments	5		9:	24.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2,832	2,8	<u>79.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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?		2 b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

I.

Name of the organization	
--------------------------	--

Nan	ne of t	the organization		- 1 1					identification number
_			Unlimited						3-7386928
Pa	irt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X		•				.,	e general r	oublic described in
•		section 170(b)(1)(A)(vi). (C	-		on a gore			ie general r	
8		A community trust describe		(1)(A)(vi) (Complete Par	ни)				
9	H	An agricultural research org			-	ad in coniu	inction with a	land-arant	college
3		or university or a non-land-g	-			-		-	-
		university:	grant conege of agrici			name, ony	, and state of	the college	
10		-	lly receives (1) more	than 22 1/20/ of its supp	ort from o	ontributior		in food and	d aroon ronninto from
10		An organization that norma activities related to its exem	• • • •					-	
				-					-
		income and unrelated busin		(less section 511 tax) ind	in busines	ses acqui	red by the org	anization a	itter Julie 30, 1975.
		See section 509(a)(2). (Con	-				O(-)(A)		
11	\square	An organization organized a	•		•				
12		An organization organized a	-	•	-			-	
		more publicly supported or							neck the box on
	_	lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	•	-			
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	integrated. A supp	oorting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al								

Link Unlimited Scholars

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the totat listed below placed and part III.

fails to qualify under the tests listed below	, please complete Part III.)
---	------------------------------

Se	ction 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.")	2025895.	1817293.	2272361.	2914263.	3135854.	12165666.
2	Tax revenues levied for the organ-						
	ization'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	2025895.	1817293.	2272361.	2914263.	3135854.	12165666.
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 shown on line 11,						
	column (f)						1441100.
	Public support. Subtract line 5 from line 4.						10724566.
Se	ction B. Total Support	. 					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2025895.	1817293.	2272361.	2914263.	3135854.	12165666.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	32,311.	1,739.	1,515.	1,776.	896.	38,237.
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.)					11,106.	
11	5						12215009.
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	-		-			. —
80	organization, check this box and stor ction C. Computation of Publi						
	· · · · · · · · · · · · · · · · · · ·			(1)			87.80 %
	Public support percentage for 2021 (I		•			14 15	
15	Public support percentage from 2020 33 1/3% support test - 2021. If the o						
102		-					
ŀ	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		•		lino 15 is 22 1/204		······································
L	and stop here. The organization gual						
17-	10% -facts-and-circumstances test				13 162 or 16b a		
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
٢	10% -facts-and-circumstances test	•	•		•	7a and line 15 is	
L.	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•		• •		
	·····		,,	, , .,	,		(Form 990) 2021
							-

132022 01-04-22

Schedule A (Form 990) 2021 Link Unlimited Scholars Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

qualify under the tests listed below, please complete Part II.)

Sec	tion 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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
~	o						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
U	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section 5	01(c)(3) oraaniz	ation,
	check this box and stop here	•					
Sec	ction C. Computation of Publi	c Support Per	centage				···· F
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest						70
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 01-04-22		,	,			le A (Form 990) 2021
			16				· · · · / = · · ·

2021.05080 LINK UNLIMITED SCHOLARS 180898_1 Link Unlimited Scholars

1

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Yes No

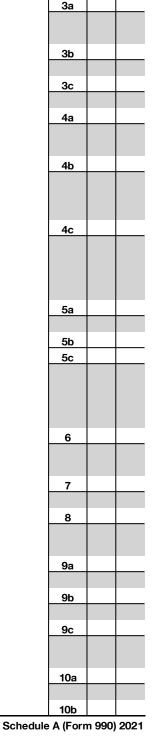
Part IV | Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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")? // "Yes," and if you checked box 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).
- 8 Did 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 disgualified 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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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Schedule A	(Form 990) 202	1 Link	Unlimited	Scholar
Part IV	Supporting	Organizations (continued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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		
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			

s

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D	. All Type II	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			
	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		
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		
3	By reason of the relationship described on line 2, above, 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			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

- a 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	a governmental entity (see instruction <u>s).</u>
-----	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify 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 that these activities constituted substantially all of its activities.
- 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 have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2021

Yes No

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Schedule A	(Form	990) 202
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1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	complet	te Sections A through E.	
Sect	ion 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.	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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.	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		
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).	6		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 Link Unlimited Scholars 23-7386928 Page 7					
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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 the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

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Schedule A	(Form 990) 2021 Link	Unlimited So	cholars	23-7386928 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c	Provide the explanation 4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, lir	s required by Part II, line 10; Part , 11a, 11b, and 11c; Part IV, Sec es 1c, 2a, 2b, 3a, and 3b; Part V	: II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, ′, line 1; Part V, Section B, line 1e; Part V,
132028 01-04-2	2		0.1	Schedule A (Form 990) 2021

SCHEDULE D)
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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.

OMB No. 1545-0047 Open to Public Inspection

epartment of the Treasury Internal Revenue Service Name of the organization

|--|

Employer identification number Link Unlimited Scholars 23-7386928 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes 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 No 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 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) and section 170(h)(4)(B)(ii)? Yes No 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. 1a If the organization elected, as permitted under FASB ASC 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.

b If the organization elected, as permitted under FASB ASC 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) Povonuo included on Form 000 Part VIII line 1 ሰ

НА	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 202
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovide)
	(ii) Assets included in Form 990, Part X		\$
			Ψ

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Sche	chedule D (Form 990) 2021 Link Unlimited Scholars					23-73			age 2		
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	r Similaı	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	. 🗌 🛛	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	-		•	-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							. Part IV. I	ine 9. or		
	reported an amount on Form 990, Pa			0					,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iarv for c	ontribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		_
		·	U						Amount		
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		j
Par							10.				
	•	(a) Current year	(b) Pr	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment	•	%	, oolanni (a							
b	Permanent endowment										
		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		tion that	are held a	nd administer	ed for th	e organiza	ation			
oa	by:		ation that	are neid a			e organize		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the								00		
Par	t VI Land, Buildings, and Equipm		witherit tu	1103.							
	Complete if the organization answere), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) A	ccumulate	d	(d) Book	value	
		basis (investr		• •	(other)		preciation		(4) 200		-
1 a	Land				0,000.				100),00	00.
	Buildings				5,903.	1,(040,5	78.		5,32	
	Leasehold improvements				6,210.		11,90			1,30	
	Equipment				1,162.		57,39			3,7	
	Other				, /		,				
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)				753	3,40	01.
		<u></u>		י שווו גשויים				Cabadula		-	

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021	Link	Unlimited	Scholars
Dort VII Invootmonto	Other See	uritico	

(a) Description of security or cate	QOTV (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-year market value
<u> </u>				
Closely held equity interests	s			
Other				
(A)				
(B)				
(C)				
D)				
(E)				
E)				
G)				
<u>a,</u> H)				
II. (Col. (b) must equal Form 99	N Part X col (B) line 12)			
art VIII Investments -	Program Related.			
	-	n Form 990. Part IV. line 1	1c. See Form 990, Part X, line 13.	
(a) Description o		(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
1)			()	,
2)				
2) 3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
al . (Col. (b) must equal Form 99	0 Part V col (P) line 12)			
art IX Other Assets.	, 1 art A, col. (D) inic 10.)	l.		
	nanization answered "Yes" or	n Form 000 Dart IV line 1		
Complete if the or		n Form 990. Part IV. line i	1d. See Form 990, Part X, line 15.	
Complete if the org			1d. See Form 990, Part X, line 15.	(b) Book value
		escription	1d. See Form 990, Part X, line 15.	(b) Book value
(1)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			1d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) D	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal F	(a) D	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal F art X Other Liabilitie	(a) D	escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (<i>Column (b) must equal F</i> art X Other Liabilitie Complete if the org	(a) D Torm 990, Part X, col. (B) line es. ganization answered "Yes" of	escription		
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (<i>Column (b) must equal F</i> al. (<i>Column (b) must equal F</i> (a) Complete if the orgonality of the	(a) D	escription		
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal F other Liabilitie Complete if the org (a) D (1) Federal income taxes	(a) D Torm 990, Part X, col. (B) line es. ganization answered "Yes" of	escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal F art X Other Liabilitie Complete if the org (a) D (1) Federal income taxes (2)	(a) D Torm 990, Part X, col. (B) line es. ganization answered "Yes" of	escription		
1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal F int X Other Liabilitie Complete if the orgonality of the complete if the	(a) D Torm 990, Part X, col. (B) line es. ganization answered "Yes" of	escription		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a) D Torm 990, Part X, col. (B) line es. ganization answered "Yes" of	escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal F art X Other Liabilitie Complete if the org (a) D (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(a) D Torm 990, Part X, col. (B) line es. ganization answered "Yes" of	escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (a) Column (b) must equal F (a) Complete if the org (a) C (b) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(a) D Torm 990, Part X, col. (B) line es. ganization answered "Yes" of	escription 15.) n Form 990, Part IV, line 1		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 Link Unlimited Scholars			23-'	7386928	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	3,153,	780.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	924.			
b	Donated services and use of facilities	2b	5,000.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	5,	924.
3	Subtract line 2e from line 1			3	3,147,	856.
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				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,147,	856.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			<u>г т</u>	2 0 4 0	
1	Total expenses and losses per audited financial statements			1	3,242,	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	F 000			
а	Donated services and use of facilities		5,000.	-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)	· · · · · ·			-	
е	Add lines 2a through 2d			2e		000.
3	Subtract line 2e from line 1			3	3,237,	111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,237,	111.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Link had adopted the requirements for accounting for uncertain tax

positions and management has determined that Link was not required to

record a liability related to uncertain tax positions as of June 30, 2022.

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SCHEDULE I (Form 990)		irants and Oth					OMB No. 1545-0047		
(Form 990)		vernments, an ete if the organizatio					2021		
Department of the Treasury	Compi	ete il the organizatio	Attach to For		1 1 v , inte 2 1 01 22.		Open to Public		
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection		
Name of the organization Link Unl:	imited Sch	olars					Employer identification number 23-7386928		
Part I General Information on Grants and Assistance									
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	ion		
criteria used to award the grants or ass									
2 Describe in Part IV the organization's p	rocedures for monit	oring the use of grant	funds in the United	d States.					
Part II Grants and Other Assistance to recipient that received more than	•			1 0	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 4 Enter total number of other organization 	ns listed in the line 1	table					Sakadula I (Farm 000) 2021		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
cholarships	142	291,557.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	COMPENSATION Information		OMB No. 1545-00		545-0047	7
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees		20		
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Public	C
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization			identificatio		ıber
		Link Unlimited Scholars	23-5	7386928	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
_		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la d'acta e del de 16 au					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Fuer view Directory but eveloping in Dect III)	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant ther organizations X Compensation survey or study X Approval by the board or compensation c	ommittoo			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а		e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?				Х
С	-	eive payment from an equity-based compensation arrangement?		4c		Х
	•	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		Х
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	-				
а						<u>X</u>
b	Any related organiz	ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		ies 5 and 6? If "Yes," describe in Part III		7		<u> </u>
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
				8		<u> </u>
9		id the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990):	2021

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23-7386928

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jonathan T. Swain	(i)	180,731.	0.	0.	0.	13,471.	194,202.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O



23-7386928

Form 990, Part I, Line 1, Description of Organization Mission:

Link Unlimited Scholars

with mentors, resources, and foundational skills required for success

as they advance into, through, and beyond college.

Form 990, Part III, Line 4d, Other Program Services:

Carrer exposure: Real-world application & career pathways scholars

gain real-world application towards the development of workplace skill

building and access to various career pathways.

Expenses \$ 98,865. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

The Form 990 is provided to each Board member at the Board meeting where

the financial statements audit is presented. The Board members ask

questions and review the Form 990 prior to the Board meeting so that

questions, if applicable, can be answered.

Form 990, Part VI, Section B, Line 12c:

Contract, awards, and grants are reviewed by the Board prior to approval.

Form 990, Part VI, Section B, Line 15:	
The Board sets a committee that is responsible for using a se	arch firm to
hire key employees. The search firm's responsibility is to a	lso determine
salaries based on comparisons with other nonprofits of simila	r size
missions.	
After review and deliberation, an amount is proposed and the	final decision
and approval is made by the Governing Board.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

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180898 1

Schedule O (Form 990) 2021	Page 2
Name of the organization Link Unlimited Scholars	Employer identification number 23-7386928
	23 7300920
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents and financi	al statements
available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Payroll expense:	
Program service expenses	16,098.
Management and general expenses	4,999.
Fundraising expenses	6,718.
Total expenses	27,815.
Professional - other:	
Program service expenses	432,604.
Management and general expenses	806.
Fundraising expenses	107,695.
Total expenses	541,105.
Total Other Fees on Form 990, Part IX, line 11g, Col A	568,920.
Form 990, Part XII, line 2c:	
The process has not changed from the prior year.	

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