			Extended to May 15, 2025 Return of Organization Exempt From	5 m Inc	ome Tax	OMB No. 1545-0047
For	_ <b>Q</b>	90	<b>.</b> .			2022
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it m			
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the la	-		Open to Public Inspection
-			ar year, or tax year beginning JUL 1,2023 and endir	ng JUN	30, 2024	
B c	Check if pplicab	le: C Name o	forganization	D	Employer identifica	tion number
X	Addre	LINK	Unlimited Scholars			
	Name		usiness as		23-738692	8
	Initial		and street (or P.O. box if mail is not delivered to street address) Room	m/suite E	Telephone number	
	Final return		. State St. 125	50	313 657 4	
	termi ated	,	own, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	2,560,484.
	Amer		ago, IL 60602	H(a	a) Is this a group retu	
	Appli tion pend		nd address of principal officer: Dr. Toinette Gunn		for subordinates?	Yes X No
		same	as C above		<b>b)</b> Are all subordinates inclu	Ided? Yes No
<u> </u> ]	Tax-ex	empt status:		527	If "No," attach a lis	
	Nebs		linkunlimited.org		c) Group exemption	
			X Corporation Trust Association Other I	L Year of fo	rmation: 1974 M	State of legal domicile: ${\tt IL}$
Fa	art I	Summary	mhe min		A TINK II-1	المسلمهم
e	1		e the organization's mission or most significant activities: The mission of the significant activities with response to a second students with response to a second student second statement of the se			
anc						
Governance	2	Check this bo				.s. 25
ğ	3	Number of inc		23		
				23		
Activities &	6		of individuals employed in calendar year 2023 (Part V, line 2a) of volunteers (estimate if necessary)			23
ž	0   7 a					0.
¥	b h		d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)	2	,543,353.	2,308,920.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		2,696.	3,769.
Ĕ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,431.	204,402.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	,549,480.	2,517,091.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		360,680.	284,106.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	. 1	,784,983.	1,505,366.
use.	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) 375,097.			
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		,045,151.	768,761.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		,190,814.	2,558,233.
	19	Revenue less	expenses. Subtract line 18 from line 12		-641,334.	-41,142.
t Assets or d Balances		<b>-</b>			ing of Current Year	End of Year
Sset	20	Total assets (I	, , ,		<u>,484,707.</u> 293,162.	2,503,799.
Net A	21		; (Part X, line 26)		,191,545.	<u>353,886.</u> 2,149,913.
_	art II	Net assets or	fund balances. Subtract line 21 from line 20	. 2	,191,343.	4,147,713.
		-	I declare that I have examined this return, including accompanying schedules and s	etatamente	and to the best of my k	nowledge and belief it is
	•		. Declaration of preparer (other than officer) is based on all information of which pr	-		וו וא געשור איז
	,	s., and complete	- 2 colaration of proparer (care than endory to based on an internation of which pr	. sparor nus i	any mornougo.	

Sign	Signature of officer	Date									
Here	Dr. Toinette Gunn, Preside										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	Mel Padillo	Mel Padillo	03/03/25 self-employed P03172019								
Preparer	Firm's name DESMOND & AHERN,	LTD.	Firm's EIN 36-3321958								
Use Only	Firm's address 10827 S. WESTERN	AVENUE									
	CHICAGO, IL 60643	Phone no. (773)779-4720									
May the I	May the IRS discuss this return with the preparer shown above? See instructions										

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

Form 990 (2023)

orm 990 (20)		23-7386928	Page
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
	describe the organization's mission:	al	
	mission of LINK Unlimited Scholars is to connect Bla		~
	resources and opportunities that strengthen the nec		5
	succeed as they advance to, through and beyond colleg	le.	
2 Did the	organization undertake any significant program services during the year which were not listed on the		
	990 or 990-EZ?	Yes	XNo
If "Yes,	describe these new services on Schedule O.		
	organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	describe these changes on Schedule O.		
4 Describ	e the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
Section	501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, ar	nd
revenue	e, if any, for each program service reported.		
	) (Expenses \$ 1,059,731. including grants of \$ 284,106. ) (Reve		522.
	EMIC ENRICHMENT: Scholars build a strong foundation		
	em that helps them thrive in academic settings. Duri		r,
-	ffer our students a four-to-six-week intensive serie		
	udes a standardized test preparation course for risi		
	rings during the school year include tutoring as nee		
	larship support. Since 1966, we have served over 5,0	00 low to	
mode	erate-income students.		
4b (Code: _	) (Expenses \$ 284 , 125 including grants of \$ ) (Reve	nue\$	
	EGE ACCESS: Students find information and receive me	entorship-bas	ed
	lance to gain college access, make informed, economic		
	ctions, and earn degrees. For more than 20 years, 10		
	lars were accepted into selective or highly selectiv		nd
	rersities, institutions with high graduation rates an		
	oort systems. To date, our college matriculation rate		
-	1%. Our Scholars are outpacing their peers and grad		
	ates higher than the national average (55% vs. 48%),		e
	national average for Black students (55% vs. 28%) an		
thre	e times the average for Black students in Chicago (5	5% VS. 1/%).	
	200 271		
	) (Expenses \$ 298,271. including grants of \$ ) (Reve lership Development & Career Exposure: Students cult		
	lership skills, which reinforces a strong sense of pe	rgonal	
	itity, confidence in social relations, and values. We		<u>_</u> 1
	irday Academies/workshops throughout the academic yea		
	focus on social emotional learning, mental health,		
	lership styles and skill development, and community s		Υ,
read	tership styles and skill development, and community s	service.	
1d Other -	rogram sonvices (Describe on Schedule $\Omega$ )		
	rogram services (Describe on Schedule O.) s \$ 82,978 including grants of \$ ) (Revenue \$	`	
(Expenses		)	
<del>re</del> rotarpr	rogram service expenses 1,725,105.	<b>0</b>	90 (202
		Form 9	JU (202
32002 12-21-23	2		
0304 4	02354 180898 2023.05060 LINK UNLIMITE	D SCHOLARS	1808
0304 4	02354 180898 2023.05060 LINK UNLIMITED	D SCHOLARS	180

Form 990 (2023) LINK Unlimited Scholars
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
332003	12-21-23	Form	<b>32</b> 0 (	(2023)

332003 12-21-23

3 2023.05060 LINK UNLIMITED SCHOLARS

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated 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		
	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
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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Δ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a	v	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	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 noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	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 23			
	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			
Ū	(gambling) winnings to prize winners?	1c	х	
332004	12-21-23			(2023)
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2023.05060 LINK UNLIMITED SCHOLARS 180898\_1

Form	990 (2023) LINK Unlimited Scholars tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		23-7386	928	P	<sub>age</sub> 5			
					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 23								
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
				3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b		<u> </u>			
4a	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	account	:)?	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 Ac		. ,	<b>F</b> -		x			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 8886-T?			50 50					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		<u> </u>			
Ua				6a		x			
b	any contributions that were not tax deductible as charitable contributions?			Ua		<u> </u>			
D.	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			0.5					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the pavor?	7a	х				
				7b		X			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
	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	ontract	?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	9 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the							
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
				9a		<u> </u>			
b				9b		<u> </u>			
10	Section 501(c)(7) organizations. Enter:								
	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							
11	Section 501(c)(12) organizations. Enter:	44-							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b							
122	amounts due or received from them.) 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	<b>12b</b>		120					
13	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							
с	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		<b> </b>			
15	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?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	e?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.			Г - ····	000	(0000)			
332005	12-21-23 <b>–</b>			Form	390	(2023)			

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 Form 990 (2023)
 LINK Unlimited Scholars
 23-7386928
 Page

 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. X

	tion A. Governing Body and Management					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		25		.03	
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<u> </u>	v other				
-	officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the						
•	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 9				4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		x
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap				<u> </u>		
74	more members of the governing body?				7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				10		
b	persons other than the governing body?				7b		x
0					75		- 11
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea The governing body?	-	-		80	Х	
a b	Each committee with authority to act on behalf of the governing body?				<u>8a</u> 8b	X	
b					QO	-23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue C	ode.)			Vac	
40-	Did the eventication have lead checkers by activity of the			I	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• •					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	filing the fo	rm?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," des	scribe			37	
	on Schedule O how this was done			1	12c	<u>X</u>	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	-	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	<u>X</u>	
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.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent witl	na				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pai	ticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	6				
_	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\_ extsf{IL}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T	(section 50	01(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 Sch	edule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest pol	icy, and	financ	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 boo	ks and	records				
	George Johnson Company - 872.465.1330						
	2221 South State Street, Chicago, IL 60616						
						_	(202

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, box 6 of 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)	(C)						(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					ne	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	amount of			
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tr	tional		vold	t con		1099-NEC)		and related organizations		
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) Toinette Gunn	50.00		_	0	-	1						
CEO/President		1		х				234,772.	0.	0.		
(2) Janine Franklin	40.00											
Sr. Director		1				x		135,424.	Ο.	0.		
(3) Kenneth Johnson	2.00											
Chair-Person		х		х				0.	Ο.	0.		
(4) Anthony Ashe	2.00											
Vice-Chair		Х		Х				0.	0.	0.		
(5) Gilda Spencer	2.00											
Secretary		Х		Х				0.	0.	0.		
(6) Aisha Lavinier	2.00											
Member		Х						0.	0.	0.		
(7) Allen Ashley	2.00											
Member		Х						0.	0.	0.		
(8) Angela Miller-May	2.00											
Member		Х						0.	0.	0.		
(9) Ciere Cornelius Boatright	2.00											
Member		Х						0.	0.	0.		
(10) Craig Dunham	2.00											
Member		Х						0.	0.	0.		
(11) Craig Richey	2.00											
Member		Х						0.	0.	0.		
(12) Edward Bourelly	2.00											
Member		Х						0.	0.	0.		
(13) Eric Patton	2.00											
Member		Х						0.	0.	0.		
(14) Franklin Reynolds	2.00											
Member		Х						0.	0.	0.		
(15) Gregory Mathurin	2.00											
Member		Х						0.	0.	0.		
(16) Marcy Carlin	2.00											
Member		Х						0.	0.	0.		
(17) Mark Williams	2.00											
Member		Х						0.	0.	0.		
332007 12-21-23										Form <b>990</b> (2023)		

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable	E	ed	
	hours per	box	, unles	s pers	son is	s both	n an	compensation	compensation	amount o		
	week		cer an	d a dir	recto	r/trus	tee)	from	from related		other	
	(list any hours for	irecto						the	organizations	1	mpensa	
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from th	
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	1	ganizat nd relat	
	below	Individual trustee or director	Institutional trustee	-	Key employee	st col	er	10001120)			ganizati	
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former				5	
(18) Matthew Panzica	2.00				_							
Member		x						0.	0.			0.
(19) Yolanda Knight	2.00											
Member		x						0.	0.			Ο.
(20) Nicholas Freeman	2.00											
Member		х						0.	0.			Ο.
(21) Stephen Hackney	2.00											
Member		x						0.	0.			0.
(22) Steven Napolitano	2.00											
Member	2.00	x						0.	0.			Ο.
(23) Terrence Dee	2.00											<u> </u>
Member	2.00	х						0.	0.			Ο.
(24) Thomas Hynes	2.00								0.			<u> </u>
Member	2.00	х						0.	0.			0.
(25) Thomas Sampson	2.00	Δ						0.	0.			0.
Member	2.00	x						0.	0.			0.
	2.00	^		_				0.	0.			0.
(26) Torrence Moore Member	2.00	x						0.	0.			0.
								370,196.	0.			0.
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VII								370,196.	0.			0.
d Total (add lines 1b and 1c)								· · ·				0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	a ab	ove	) wn	o re	eceived more than \$100,	000 of reportable			2
compensation from the organization											Yes	No
							1- 1- c.				103	
<b>3</b> Did the organization list any <b>former</b> officer,												x
line 1a? If "Yes," complete Schedule J for su										3		
4 For any individual listed on line 1a, is the su											77	
and related organizations greater than \$150			•							4	X	
5 Did any person listed on line 1a receive or a	•							•		_		v
rendered to the organization? <i>If "Yes," com</i>	olete Schedule	e J fo	or su	<u>ch p</u>	perso	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor										ition f	rom	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	th c	or wi	thin T		ear.			
(A) Name and business	addraaa	370	<b>`</b>					(B)	onvisoo		(C)	n
	audress	NC	ONE	i i			_	Description of s	ervices (	Joint	ensatio	
							_					
							-+					
							$\dashv$					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2023)

332008 12-21-23

Form	n 990	) (2		NK Unlimi	te	d Schola:	rs		23-7386	928 Page 9
Pa	rt VI		Statement of Re	venue						
			Check if Schedule O o	contains a respor	nse d	or note to any lin	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ω υ	1 :	<u>a</u>	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts				1b						
n G			Fundraising events			39,642.				
ifts ar A			Related organizations			•				
s, G mila			Government grants (contr			130,723.				
ions Sii	1		All other contributions, gifts,			-				
buti			similar amounts not included		2,	138,555.				
d Or		g	Noncash contributions included in							
aŭ	1	h	Total. Add lines 1a-1f				2,308,920.			
						Business Code				
e	2 8	а			_					
e e	1	b								
n Se		С								
ran Sev		d			_					
Program Service Revenue		е								
٩	1		All other program service							
		g	Total. Add lines 2a-2f							
	3		Investment income (incluc				3,769.			3,769.
	4		other similar amounts) Income from investment of	of tax axampt bar			5,705.			5,705.
	4 5									
	5		Royalties	(i) Real		(ii) Personal				
	6	а	Gross rents	6a		() • • • • • • •				
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)							
			Gross amount from sales of	(i) Securiti		(ii) Other				
			assets other than inventory	7a						
	1	b	Less: cost or other basis							
ne			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
Re		d	Net gain or (loss)		·····					
Other Re	8 (	а	Gross income from fundraisin including \$ 39 contributions reported on	642. of						
			Part IV, line 18		8a	214,273.				
	1		Less: direct expenses			43,393.	1 = 0 0 0 0			
			Net income or (loss) from	-	ts		170,880.			170,880.
	9 8	а	Gross income from gamin							
			Part IV, line 19		9a					
			Less: direct expenses		9b					
			Net income or (loss) from	0 0	;					
	10 8	d	Gross sales of inventory, I		10a					
		h	and allowances Less: cost of goods sold		10a					
			Net income or (loss) from							
		-			,	Business Code				
Miscellaneous Revenue	11 :	а	Miscellaneous	l		900099	33,522.	33,522.		
ane	1	b								
sells eve		с			_					
Alisc B		d	All other revenue							
2			Total. Add lines 11a-11d				33,522.			
	12		Total revenue. See instruction	ons			2,517,091.	33,522.	0.	174,649.
33200	9 12-2	21-2	23				٥			Form <b>990</b> (2023)

LINK Unlimited Scholars Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(D) 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	201 106	201 106		
~	individuals. See Part IV, line 22	284,106.	284,106.		
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,				
5	trustees, and key employees	234,772.	232,850.	1,480.	442
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,046,030.	599,671.	216,256.	230,103
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	30,148.	19,596.	5,125.	5,427
9	Other employee benefits	78,418.	50,972.	13,331.	<u>5,427</u> 14,115
0	Payroll taxes	115,998.	75,399.	19,719.	20,880
1	Fees for services (nonemployees):				•
а					
b					
с	Accounting	47,823.	18,163.	22,650.	7,010
	Lobbying				
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	225,184.	85,523.	106,654.	33,007
12	Advertising and promotion	2,095.	1,362.	356.	377
13	Office expenses	13,329.	8,369.	2,643.	2,317
14	Information technology	9,522.	6,189.	1,619.	1,714
15	Royalties				
6	Occupancy	24,463.	15,901.	4,159.	4,403
17	Travel	14,070.	9,146.	2,391.	2,533
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			15.040	
2	Depreciation, depletion, and amortization	89,659.	58,278.	15,242.	16,139
3	Insurance	17,255.	11,216.	2,933.	3,106
24	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.)				
а	Decompose anno 14 a a	177,918.	177,918.		
b	Equipment and maintenan	56,388.	36,652.	9,586.	10,150
c	Ded Debt	25,050.		25,050.	_0,200
d		20,917.	13,596.	3,556.	3,765
	All other expenses	45,088.	20,198.	5,281.	19,609
25	Total functional expenses. Add lines 1 through 24e	2,558,233.	1,725,105.	458,031.	375,097
26	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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10 180898\_1 2023.05060 LINK UNLIMITED SCHOLARS

Form 990 (2023)

### Form 990 (2023) Part X Balance Sheet LINK Unlimited Scholars

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		Check if Schedule O contains a response or note to a	ny line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		340,023.	1	590,820.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,373,386.	3	1,226,498.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these per	sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons described in se	ction 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Duran side success and shafe we shall be success		7,327.	9	8,639.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1,905,263.			
	b	basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b	1,300,386.	694,535.	10c	604,877.
	11	Investments - publicly traded securities		69,436.	11	604,877. 72,965.
	12	Investments - other securities. See Part IV, line 11			12	
	13				13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line		2,484,707.	16	2,503,799. 154,908.
	17	Accounts payable and accrued expenses	105,141.	17	154,908.	
	18	Grants payable		18		
	19	Deferred revenue	188,021.	19	198,978.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV		21		
ŝ	22	Loans and other payables to any current or former off				
litie		trustee, key employee, creator or founder, substantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of these per		22		
1	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables	s to related third			
		parties, and other liabilities not included on lines 17-24	4). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		293,162.	26	353,886.
<i></i>		Organizations that follow FASB ASC 958, check he	re X			
ces		and complete lines 27, 28, 32, and 33.				
Net Assets or Fund Balances	27	Net assets without donor restrictions		899,045.	27	<u>1,027,413.</u> 1,122,500.
Ba	28	Net assets with donor restrictions	<u></u>	1,292,500.	28	1,122,500.
pur		Organizations that do not follow FASB ASC 958, ch	eck here			
Ę		and complete lines 29 through 33.				
S S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipme	ent fund		30	
t As	31	Retained earnings, endowment, accumulated income	or other funds		31	
Nei	32	Total net assets or fund balances		2,191,545.	32	2,149,913.
	33	Total liabilities and net assets/fund balances		2,484,707.	33	2,503,799.
						Form <b>990</b> (202)

Form 990 (2023)

Form	990 (2023) LINK Unlimited Scholars	23-	7386928	Pad	<sub>qe</sub> 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	2,517	7,0	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,558	3,2	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	-41	1,1	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,191	L,5	45.
5	Net unrealized gains (losses) on investments	5		-4	90.
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	2,149	9,93	13.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

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
2023
Onen te Dublie

Open to Public Inspection

Nan	me of the organization Employer identification number										
_									3-7386928		
Pa	art I	Reason for Public (	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: (	For lines 1 through 12, c	heck only o	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	n 170(b)(1	l)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	-					e general i	oublic described in		
		section 170(b)(1)(A)(vi). (C			0						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9	$\square$	An agricultural research org				ed in coniu	inction with a	land-orant	college		
		or university or a non-land-g				-		-	•		
		university:	,			·, <b>,</b>	,				
10	$\square$	An organization that norma	lly receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membersh	ip fees, and	d aross receipts from		
		activities related to its exem									
		income and unrelated busir		•				•••	•		
		See section 509(a)(2). (Cor				eee aequi					
11		An organization organized a	-	ively to test for public sa	fetv See	section 50	9(a)(4)				
12	$\square$	An organization organized a			•			rry out the	nurnoses of one or		
		more publicly supported or		-	-			•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga	• •					-	aivina		
		the supported organization		-	• • •	-					
		organization. You must o			indjointy o				pporting		
b		<b>Type II.</b> A supporting org	•		tion with its	s sunnorte	d organizatio	n(s) by hay	vina		
~		control or management o	-				•		•		
		organization(s). You mus							Joned		
с		Type III functionally inte	-		in connect	ion with a	and functional	lv integrate	ed with		
	, <u> </u>	its supported organization						ly integrate			
d		<b>Type III non-functionally</b>						ted organi:	zation(s)		
Ū	•	that is not functionally int		• • •				-			
		requirement (see instructi	•	0 1	•		•	anatonti			
6								I Type III			
U	·	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.									
f	Ente	Enter the number of supported organizations									
c		vide the following information	• • • • • • • • • • • • • • • • • • • •								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization (described on lines 1.10 in your governing document? support (see instructions) <b>Yes No</b>						support (see instructions)			
				above (see instructions))							
Tet											
Tota	ai										

Part II

LINK Unlimited Scholars

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2272361.	2914263.	3135854.	2415170.	2308920.	13046568.	
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	2272361.	2914263.	3135854.	2415170.	2308920.	13046568.	
	The portion of total contributions							
Ű	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)						1195576.	
•							11850992.	
	Public support. Subtract line 5 from line 4.						штороруг.	
		(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(6) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2019 2272361.	(b) 2020 2914263.	(c) 2021 3135854.	(d) 2022 2415170.	(e) 2023	(f) Total 13046568.	
	Amounts from line 4	22/2301.	2914203.	2722024.	2415170.	2300920.	<u>T 20402000</u>	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1 515	1 776	000	2 606	2 760	10 650	
	and income from similar sources $\dots$	1,515.	1,776.	896.	2,696.	3,769.	10,652.	
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.	3,431.	33,522.		
11	Total support. Add lines 7 through 10						13105279.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	D1(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	90.43 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	90.08 %	
16a	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual		• •					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th							
	organization meets the facts-and-circl	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization		•		• •		s	
							(Form 990) 2023	

332022 12-21-23

	Schedule A	Form	990	) 2023
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# Schedule A (Form 990) 2023 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.)
Section	A Public Support

<u>Sec</u>	ction A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (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							
-	are not an unrelated trade or bus- iness under section 513						
4							
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 furnished by a governmental unit to						
-	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
	Amounts from line 6	(0) 2010	(6) 2020	(0) 2021	(0) 2022		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	• Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
ہ 11	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) orga	nization,
	check this box and stop here		-				
	ction C. Computation of Publi					<del></del>	
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2023. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						
<u>2</u> 0	Private foundation. If the organization						
_	23 12-21-23						dule A (Form 990) 2023
			15				

<sup>2023.05060</sup> LINK UNLIMITED SCHOLARS 180898\_1

LINK Unlimited Scholars

1

Yes No

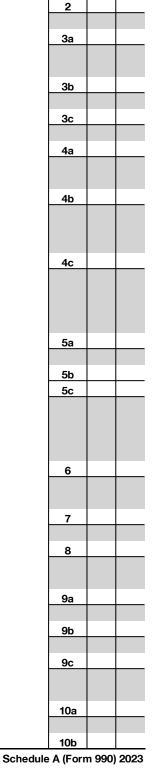
### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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) 2	2023	LINK	Unlimited	Scholars
Part IV	Support	ing Organiza	ations (	continued)	

2

V. N

Yes No

			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	ction 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 "No," describe in</i> <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled the	supporting orga	nization.
Section C. Ty	pe II Support	ting Organiza	ations

 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
 Image: Control of the support of the support of the support of the same persons that control or managed
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Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 organization used to satisfy the Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- 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.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a d	overnmental entity	(see instructions)	
---	--	---	-------------------------	-------------------	--------------------	--------------------	--

17

- 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.* 

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	st complete	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		
	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		
	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		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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## Schedule A (Form 990) 2023 LINK Unlimited Scholars

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Pai	t V Type III Non-Functionally Integrated 509	a)(s) Supporting Orga	mzations (continu	ued)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	6	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-			T	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
-					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 LINK	Unlimited	Scholars	23-7386928 F	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa	c, 4b, 4c, 5a, 6, 9a, 9b d 3; Part IV, Section E	, 9c, 11a, 11b, and 11 , lines 1c, 2a, 2b, 3a, ;	I, line 10; Part II, line 17a or 17b; Part III, line 12; c; Part IV, Section B, lines 1 and 2; Part IV, Section C and 3b; Part V, line 1; Part V, Section B, line 1e; Part ete this part for any additional information.	),
	(See instructions.)				
332028 12-21-2	3		20	Schedule A (Form 990	0) 2023

SCHEDULE D	Su
(Form 990)	Co

## upplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization LINK Unlimited Scho	olars	Employer identification number
Pa			
	organization answered "Yes" on Form 990, Part IV, lin		
	5	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1	Total number at end of year Aggregate value of contributions to (during year)		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds
Ű	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		-
			ľ m m
Pa		anization answered "Yes" on Form 990, P	
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreation		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included on line 2a	<u>2</u> c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of evenences incurred in monitoring increating hand	ling of violations, and enforcing concernation	on accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section $170(h)$	(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
-	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	5	
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these items	).
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	•
а	Revenue included on Form 990, Part VIII, line 1		\$

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b Assets included in Form 990, Part X

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21 2023.05060 LINK UNLIMITED SCHOLARS

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Schedule D (Form 990) 2023

Sche		limited Scl					<u>23-73</u>			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Othe	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following tha	t make si	ignificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	c	🖌 📃 Loan or	exchange progra	am					
b	Scholarly research	e	ð 🗌 Other _							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organizatio	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical t	treasures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	ation answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contribu	utions or other as	sets not	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
с	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
	Ending balance					. 1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow of	or custodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if						<u> </u>	( ) F		<del></del>
		(a) Current year	(b) Prior yea	r (c) Two yea	irs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	L								
2	Provide the estimated percentage of the curr		e (line 1g, colum	n (a)) held as:						
a	Board designated or quasi-endowment		%							
a	Permanent endowment	%								
С	· · · · · · · · · · · · · · · · · · ·	<u>%</u>								
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that are had	ld and administa	rad far th					
Ja	organization by:	ssion of the organiza	allon that are ne			le		ſ	Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule					3b		
4	Describe in Part XIII the intended uses of the								1	·
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11	a. See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	• • •	Cost or other asis (other)		ccumulate	ed	(d) Bool	k value	e
10	Land		,	100,000.		p. colution		100		00.
	Land			<u>100,000</u> . 625,903.	1	170,6	50.			53.
	BuildingsLeasehold improvements		<u> </u>	16,210.	<u> </u>	13,19			3,02	
	Equipment			103,512.		84,63			3,8'	
	Other			59,638.		31,90			7,7	
	. Add lines 1a through 1e. (Column (d) must e		V line 10c act		I				-	<u> 77.</u>
Total	i Alaa miloo ta tinougit te. (Columni (a) Must e	qual FUIII 990, Part	A, III IE TUC, COIL						-, -	

Schedule D (Form 990) 2023

### LINK Unlimited Scholars 23-7386928 Page 3 Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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) 2023

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Sche	dule D (Form 990) 2023 LINK Unlimited Scholars			23-	7386928	Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,522,	,279.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-490.			
b	Donated services and use of facilities	2b	5,678.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	5	<u>,188.</u>
3	Subtract line 2e from line 1			3	2,517	,091.
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	2,517	,091.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		xpenses per i	returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2 5 6 2	011
1	Total expenses and losses per audited financial statements			1	2,563	,911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		F (70			
a	Donated services and use of facilities		5,678.	-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)				-	670
	Add lines 2a through 2d			2e		,678.
3	Subtract line 2e from line 1			3	2,558	, 233.
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				0
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 18.</i> )			5	2,558	,233.
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, 2024.

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(Form 990)       Complete if the organization answered Yes" on Form 990-FZ, the set is complete the inserved       2023         Complete if the organization answered Yes" on Form 990-FZ, the set information.       Employee Identification number 23 – 7386 928         Name of the organization required to complete the part.       Employee Identification number 23 – 7386 928         Part       Fundraising Activities. Complete the organization answered "Yes" on Form 990, Part VI, line 17. Form 990-FZ thes are not required to complete the part.       Employee Identification number 23 – 7386 928         Part       Fundraising Activities. Complete the organization answered "Yes" on Form 990, Part VI, line 17. Form 990-FZ thes are not required to complete the part.       Employee Identification number 23 – 7386 928         Image: Instrument of the organization result of the following activities. Check all that app:       Employee Identification of operative mere grants       Employee Identification of operative mere grants         Image: Instrument of the instrument of the part.       Employee Identification of operative mere grants       Employee Identification of operative mere grants         Image: Identifications       Image: Identification of operative mere grants       Image: Identification of operative mere grants       Image: Identification of operative mere grants         Image: Identifications       Image: Identification of operative mere grants       Image: Identification of operative mere grants       Image: Identification of operative mere grants         Image: Identifications	SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
Operativet of the Treasury Water Alfeace Services       Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 tor instructions and the latest information.       Open to Public impection         Name of the organization       Employer identification number 2.3 - 7.38.69.28         Part       Fundational Activities. Complete it the organization answered "Vest" on Form 990, Part IV, line 17. Form 990-EZ liters are not required to complete this part. <ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>Indicate whether the organizations</li> <li>Indicate whether the organization raised funds/atlanses) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization.</li> <li>Indicate whether the organization raise (III) Activity</li> <li>Indicate whether the organization and the apply indicate and the apply indicate</li></ul>	(Form 990)		or if the	2023						
Improvement Server         Improvement Server         Improvement Server         Improvement Server         Improvement Server         Improvement Server           Name of the organization         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Improvement Server         Improvement Server           Intervent Server         Intervent Server         Intervent Server         Intervent Server           Intervent Server         Intervent Server         Intervent Server           Intervent Server         Intervent Server         Intervent Server           Intervent Server         Intervent Server         Intervent Server           Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server         Intervent Server <th< td=""><td>Department of the Treasury</td><td colspan="9">Attach to Form 900 or Form 900 EZ</td></th<>	Department of the Treasury	Attach to Form 900 or Form 900 EZ								
LINK Unlimited Scholars       23-7386928         Part       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not recignized to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Internet and email solicitations       f         2       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         5       If the 0 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Arount paid for or entity (fundraiser)       (ii) Professional fundraising services?       (v) Amount paid for or entity (fundraiser)         (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (v) Arount paid for or entity (fundraiser)       (v) Amount paid for or entity (fundraiser)         (ii) Name and address of individual or entities (fundraiser)       (iii) Professional fundraiser)       (v) Amount paid for or entity (fundraiser)       (v) Amount paid for or entity (fundraiser)       (v) and the professional fundraiser)       (v) anount paid for or entity (fundraiser)	Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	ne latest informatior	า.		•	
Part       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       •         b       Internet and email solicitations       •         c       Phone solicitations       g         d       Indicate was a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         e       In the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         i       In the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         i       Internet and eaddress of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Activity       (iii) Activity       (iii) Activity       (iii) Activity       (iii) Activity       (iiii) Activity       (iiii) Activity	Name of the organization		limited Scholars							
required to complete this part.         1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a   Mail solicitations       e   Solicitation of non-government grants         b   Internet and email solicitations       f   Solicitation of government grants         c   Phone solicitations       g   Special fundraising events         d   Inperson solicitations       g   Special fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual or entities (fundraiser) or entity (fundraiser)       (ii) Activity       (iii) Activity   fundraiser   iisted in col. (i)       (v) Arnount paid to orretained by organization         (i) Name and address of individual or entity is constrained to solicit contributions       g   Special fundraiser   iisted in col. (i)       (v) Arnount paid to orretained by organization         (ii) Activity       Yes No       iisted in col. (i)       (v) Arnount paid to organization         g   Special fundraiser       iisted in col. (	Part I Fundrais			ered "Y	es" or	n Form 990, Part IV, li	ine 1			
	required to	complete this part	t.							
Key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services?       Yes       No         b If "Yes," list the 10 highest paid individuals or entities (fundralisers) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization.       (i) Name and address of individual or entities (fundralisers)       (ii) Del fundraliser       (iv) Gross receipts to (or retained by) fundraliser       (v) Amount paid to (or retained by) fundraliser         (i) Name and address of individual or entity (fundraliser)       (ii) Activity       Image: the second of comparised of the organization       (v) Amount paid to (or retained by) fundraliser         (ii) Amount paid to comparise the second of comparise to the comparise to the comparise to the comparised of the organization       Image: the second of comparised of the organization       (v) Amount paid to (or retained by) organization         (iii) Activity       Image: the second of comparise to the comparise to t	<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>	tions email solicitations tations licitations	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	taas	or		
compensated at least \$\$,000 by the organization.         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity by the organization       (iv) Gross receipts from activity fundraiser by organization       (vi) Amount paid to (or retained by) organization         Yes       No       Image: state stat	•		<b>v</b> ,		Ũ				es 🗌 No	
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity       (iii) Cross receipts for control, for entianed by fundraiser (incol. (i))       (v) Amount paid for entianed by organization         Ves       No       Image and address of individual or entity (fundraiser)       (vi) Amount paid to (or retained by organization)       (vi) Amount paid to (or retained by organization)         Ves       No       Image and address of individual or entity (fundraiser)       (vi) Amount paid to (or retained by organization)         Image and address of individual or entity (fundraiser)       Ves       No       Image and address of individual or entity (fundraiser)       (vi) Amount paid to (or retained by organization)         Image and address of individual or entity (fundraiser)       Ves       No       Image and address of individual or entity (fundraiser)       (vi) Amount paid (fundraiser)         Image and address of individual or entity (fundraiser)       Ves       No       Image and address of individual or entity (fundraiser)       (vi) Amount paid (fundraiser)         Image and address of individual or entity (fundraiser)       Ves       No       Image and address of individual or entity (fundraiser)       (vi) Amount paid (fundraiser)         Image and address of individual or entity (fundraiser)       Image and address of individual or entity (fundraiser)       Image and address of individual or entity (fundraiser)       (vi) Amount paid (fundraiser)         Image and				ant to	agreei	ments under which th	ne fur	ndraiser is to	be	
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       Image association of the second of th										
Total       Image:	.,		(ii) Activity	fundraiser have custody or control of from activity fundraiser				or retained by fundraiser	) to (or retained by)	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
	Total									
		ich the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is (	exempt from	registration	

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Schedule G (Form 990) 2023

LHA 332081 09-13-23

LINK Unlimited Scholars

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Golf Outing	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
۵			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	253,915.			253,915.
	2	Less: Contributions	39,642.			39,642.
	3	Gross income (line 1 minus line 2)	214,273.			214,273.
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs	32,246.			32,246.
Direct Expenses	7	Food and beverages				
ΞI	~	Entertainment	2,080.			2,080.
						0 0 6 7
	9	Other direct expenses	9,067.			2,080. 9,067.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	<b>9 , 0 6 7 .</b> 9 in column (d)			43,393.
	9	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization	9 , 0 6 7 . 9 in column (d) ne 3, column (d)			43,393.
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	9 , 0 6 7 . 9 in column (d) ne 3, column (d)			43,393. 170,880.
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	9,067. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	43,393. 170,880.
Pai	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization	9,067. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	<u>43,393.</u> 170,880.
Bevenue	9 10 11 rt I	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	9,067. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	43,393. 170,880.
Pal	9 10 <u>11</u> rt I 	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	9,067. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	43,393. 170,880.
Pai	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	9,067. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	43,393. 170,880.
Pal	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization = \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	9,067. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	43,393. 170,880.
Bevenue	9 10 <u>11</u> rt I 2 3 4 5	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	9,067. 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	43,393. 170,880.
Bevenue	9 10 <u>11</u> rt I 2 3 4 5 6	Other direct expenses	9,067. 19 in column (d) ne 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bing	990, Part IV, line 19, or of (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	43,393. 170,880.

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

332082 09-13-23

Schedule G (Form 990) 2023

No

No

Sch	edule G (Form 990) 2023	LINK Unlimit	ted Scholars	23-7386928 Pag	ge <b>3</b>
11	Does the organization conduct g	aming activities with nonr	nembers?		No
	Is the organization a grantor, ber	eficiary or trustee of a tru	st, or a member of a partnership or other entity	formed	No
13	Indicate the percentage of gamin				NO
				13a	%
					%
			he amonization's coming (aponial avanta heals		- 70
14	Enter the name and address of th	te person who prepares t	he organization's gaming/special events books	and records:	
	Name				
	Address				
15a	Does the organization have a cor	ntract with a third party fro	om whom the organization receives gaming reve	nue? Yes	No
b	If "Yes," enter the amount of gan		-	nd the amount	
	of gaming revenue retained by th	e third party \$			
С	If "Yes," enter name and address	s of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	5 5				
	Name				
	Gaming manager compensation	\$			
	daming manager compensation	Ψ	_		
	Description of services provided				
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
а	Is the organization required unde	er state law to make charit	able distributions from the gaming proceeds to		
	retain the state gaming license?				No
b	Enter the amount of distributions	required under state law	to be distributed to other exempt organizations	or spent in the	
	organization's own exempt activi		\$		
Pa	rt IV Supplemental Info	rmation. Provide the ex	planations required by Part I, line 2b, columns	iii) and (v); and Part III, lines 9, 9b, 10	ıb,
			any additional information. See instructions.		
		· · ·			
_					
33208	83 09-13-23			Schedule G (Form 990) 2	2023
			27	. ,	

Part IV	Supplemental Information	(continued)	
			Schedule G (Form 990)

332084 04-01-23

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OM	3 No. 1545-	0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		2	202	3
Department of the Treasury		Compr		Attach to Forn				Op	en to Pu	ublic
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			nspectio	
Name of the organizati	on							Employer identif	cation n	number
	LINK Unli	mited Scho	olars					23-	7386	928
	nformation on Grants a									
	zation maintain records t									No
	ward the grants or assis IV the organization's pro								es L	
	d Other Assistance to I					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	,	
	hat received more than \$						,	· · · ·		
	ldress of organization vernment	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpos or assis		nt
								-		
					-		-			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

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.
 Part III can be duplicated if additional space is needed.

<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
150	284,106.	٥.		
	recipients	recipients cash grant	recipients cash grant cash assistance	

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

SC	HEDULE J	Compensation Information	ļ	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
	-	Compensated Employees		20	<u>Z</u> J	)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.		Open to	Pub	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		identification		mber
		LINK Unlimited Scholars	23-	738692	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 For	m 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for per-	sonal use			
	Travel for com		residence			
	Tax indemnification and gross-up payments					
	Discretionary s	spending account Personal services (such as maid, chaufi	eur, chef)			
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			<u>1b</u>		<u> </u>
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		
•						
3		ny, of the following the organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the QEQ (Foundation Directory had any laid in Part III)	ition to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant				
		ther organizations X Approval by the board or compensation	committee			
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?		4-		X
•		nes 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 compensa	tion			
	contingent on the r					
а	•			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer	ts			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sche	dule J (Forr	n 990	) 2023

LHA 332111 11-06-23

23-7386928

### 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-MIS0 compensation	C and/or 1099-NEC				in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) Toinette Gunn	(i)	234,772.	0.	0.	0.	0.	234,772.	0.		
CEO/President	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (ii)									
	[(II)							 		

Schedule J (Form 990) 2023

### 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) 2023

SCH	EDU	LE	L
-----	-----	----	---

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

2023
On an to Dublic

OMB No. 1545-0047

Departmen	t of the Treasury						0 or Form 990-EZ.				0	pen to	Publ	
	venue Service	Go	to ww	w.irs.gov/Form	1990 f	or inst	ructions and the lat	est information.			In	spect	ion	
Name of the organization									Employer identification number					
Davit	E			mited Sc							869	28		
Part I								ction 501(c)(29) organ						
	Complete if the	he organization						o; or Form 990-EZ, Pa	urt V, I	ine 40	b.			
1 (a)	Name of disqualifie	ed person	(b) H	Relationship betw person and or			ified (e	c) Description of tran	sactio	n			es	cted?
(1)												_	$\rightarrow$	
(2)													$\rightarrow$	
(3)													$ \rightarrow $	
(4)												_	$\square$	
(5)													$ \rightarrow $	
(6)														
							ualified persons dur	ing the year under		\$				
3 Ent														
		, <b>,</b>			,									
Part I	Complete if th	he organizatio	n answ	erested Pers vered "Yes" on I , Part X, line 5, 6	=orm 9 3, or 22	2.	Part V, line 38a, or	Form 990, Part IV, lin	e 26;	or if th			-	
in	(a) Name of terested person	(b) Relation with organ		<b>(c)</b> Purpose of loan	fror	oan to or n the ization?	<b>(e)</b> Original principal amount	(f) Balance due		) In ault?	by bo	proved ard or hittee?	(1) "	/ritten ment?
					То	From			Yes	No	Yes	No	Yes	No
(1)											<u> </u>		<b> </b>	<u> </u>
(2)													<u> </u>	<u> </u>
(3)											<u> </u>		L	<u> </u>
_(4)											<u> </u>		L	<u> </u>
(5)													<b> </b>	<u> </u>
(6)													<b> </b>	<u> </u>
(7)													<b> </b>	<u> </u>
(8)											──		<b> </b>	──
(9)											<u> </u>			<u> </u>
(10)													<u> </u>	
Total	II Cronto or	Accietones	Don	efiting Inter			\$							
Part I				vered "Yes" on I										
								(d) Type	of			1 Dum		<u>.</u>
(a) Name of interested person		(b) Relationship between interested person and the organization				(c) Amount of assistance						) Purpose of assistance		
(1)														
(2)														
(3)														

Schedule L (Form 990) 2023

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

(7) (8) (9) (10)

Part IV	Business Transa	actions Invo	lvina Intereste	d Persons
Schedule L	. (Form 990) 2023	LINK	Unlimited	Schola

### LINK Unlimited Scholars

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	165 UITFUITT 330, Fait IV, IITE 20a, 20	50, 01 200.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)Julie Welborne	Director	12,390.	Facilitated		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information					

artv Supplemen

Provide additional information for responses to questions on Schedule L. See instructions.

### Sch L, Part IV, Business Transactions Involving Interested Persons:

### (a) Name of Person: Julie Welborne

### (d) Description of Transaction: Facilitated the Program Retreats for

### Scholars

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O (Form 990)

Name of the organization



23-7386928

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

LINK Unlimited Scholars

opportunities that strengthen the necessary skills to succeed as they

advance to, 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 \$ 82,978. including grants of \$ 0. Revenue \$ 0.

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

The Form 990 is provided to the Finance Committee of the Board along with

the audited financial statements. The Finance Committee members ask

questions and review the documents and approve them. The approved

documents are provided to the full Board ahead of the next meeting and

presented during so that questions, if applicable, can be answered.

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

If there is a potential conflict of interest, it is discussed at the Board

level to determine if a conflict exists and if so, a decision is made on

how to proceed.

Form 990, Part VI, Section B, Line 15:

The Board convenes a committee that is responsible for using a search firm

to hire the President & CEO. The search firm's responsibility is to also

 determine salaries based on comparisons with other similar nonprofits.

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

 LHA
 332211 11-14-23

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Name of the organization	Employer identification number
LINK Unlimited Scholars	23-7386928
After review and deliberation, an amount is proposed and	the final decision
and approval is made by the Board.	
Other key employees are hired by the President & CEO, whi	ch includes an
interview and onboarding process that includes organizati	onal
participation. Salaries are also determined based on comp	arisons with other
similar nonprofits.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents and financ	ial statements
available upon request.	
Form 990, Part XII, line 2c:	
The process has not changed from the prior year.	