

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047
2008
Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 20 09

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization Community Link, Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1665 N. 4th Street
 City or town, state or country, and ZIP + 4
Breese, IL 62230

D Employer identification number
37 0955971

E Telephone number
(618) 526-8800

F Name and address of principal officer: Larry Davis, Pres.,
1665 N. 4th St., Breese, IL 62230

G Gross receipts \$ 6,562,660

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ commlink.org

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: 1972 **M State of legal domicile:** IL

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Goal is to promote the general welfare of adults & infants with developmental disabilities by fostering the development of programs in their behalf, providing rehabilitation & habilitation services, & assisting those individuals & their families in acquiring needed services.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>13</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>13</u>
	5 Total number of employees (Part V, line 2a)	<u>5</u>	<u>352</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>105</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>1,009,625</u>	<u>1,053,900</u>
	9 Program service revenue (Part VIII, line 2g)	<u>4,784,820</u>	<u>5,476,983</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>10,136</u>	<u>5,259</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>26,488</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>5,804,581</u>	<u>6,562,630</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>4,420,720</u>	<u>4,722,130</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>1,408,582</u>	<u>1,516,415</u>	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>5,829,302</u>	<u>6,238,545</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>(24,721)</u>	<u>324,085</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>3,854,988</u>	<u>4,086,748</u>
	21 Total liabilities (Part X, line 26)	<u>2,753,346</u>	<u>2,690,876</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,101,642</u>	<u>1,395,872</u>
		<u>Beginning of Year</u>	<u>End of Year</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Larry Davis Date: 12/28/09
 Type or print name and title: Larry Davis Board President

Paid Preparer's Use Only

Preparer's signature: Fredrick & Busher CPA Date: 12/17/09 Check if self-employed
 Preparer's identifying number (see instructions): P00111795
 Firm's name (or yours if self-employed), address, and ZIP + 4: Glass & Shuffett, Ltd. EIN: 37 1012844
1819 W. McCord, PO Box 489, Centralia, IL 62801 Phone no.: (618) 532-5683

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

See Attachment #1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,374,462 including grants of \$ 0) (Revenue \$ 3,850,208)

See Attachment #2

4b (Code:) (Expenses \$ 1,533,996 including grants of \$ 0) (Revenue \$ 2,086,971)

See Attachment #3

4c (Code:) (Expenses \$ 603,583 including grants of \$ 0) (Revenue \$ 931,189)

See Attachment #4

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► \$ 5,512,041 (Must equal Part IX, Line 25, column (B).)

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	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		N/A
6 Did the organization maintain any donor advised funds or any accounts where 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		✓
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		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		✓
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
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 questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a Section 501(c)(3) and 501(c)(4) 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		✓
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
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	352		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . N/A	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A		
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?		✓
6	Does the organization have members or stockholders?		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		✓
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9a	Does the organization have local chapters, branches, or affiliates?		✓
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A.		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	✓	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	✓	
13	Does the organization have a written whistleblower policy?	✓	
14	Does the organization have a written document retention and destruction policy?	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	✓	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	✓	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		✓
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A.		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Fran Taylor, 1665 N. 4th St.**
Breese, IL 62230

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Larry Davis President	-	✓						0	0	0
Sharon Bickl Vice President	-	✓						0	0	0
Kathy Jansen Secretary	-	✓						0	0	0
Mike Nettemeier Treasurer	-	✓						0	0	0
Mike Berndsen Board Trustee	-	✓						0	0	0
Kathy Droege Board Trustee	-	✓						0	0	0
Barb Gerstner Board Trustee	-	✓						0	0	0
John Hudspeth Board Trustee	-	✓						0	0	0
Jan Wilburn Board Trustee	-	✓						0	0	0
John Lengerman Board Trustee	-	✓						0	0	0
Gary Robert Board Trustee	-	✓						0	0	0
Pat Voss Board Trustee	-	✓						0	0	0
Chanda Thomas Board Trustee	-	✓						0	0	0
John Foppe Exec. Director - Current	40				✓			43,851	0	0
John Sedivy Exec. Director - Former	40				✓	✓		54,413	0	0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 35,405					
	d Related organizations	1d					
	e Government grants (contributions).	1e 872,841					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 145,654					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		1,053,900				
Program Service Revenue			Business Code				
	2a Fees for Services		900099	5,113,088	5,113,088		
	b Client Worker Contract		900099	363,895	363,895		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		5,476,983					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			5,164	5,164		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross Rents	(i) Real	(ii) Personal				
			16,850				
		b Less: rental expenses					
		c Rental income or (loss)	16,850				
	d Net rental income or (loss) ▶			16,850	16,850		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			125				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	95				
	d Net gain or (loss) ▶			95	95		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	a	2,154					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶		2,154	2,154			
Miscellaneous Revenue		Business Code					
11a Miscellaneous		900099	7,484	7,484			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			7,484				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			6,562,630	5,508,730	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,663,594	3,226,063	437,531	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	134,637	114,437	20,200	
9	Other employee benefits	636,024	564,409	71,615	
10	Payroll taxes	287,875	248,431	39,444	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	108,754	101,399	7,355	
12	Advertising and promotion	5,928	6	5,922	
13	Office expenses	33,243	15,274	17,969	
14	Information technology	31,559	28,758	2,801	
15	Royalties				
16	Occupancy	233,126	208,319	24,807	
17	Travel	538,424	532,722	5,702	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,878	6,684	8,194	
20	Interest	121,092	115,810	5,282	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	144,477	138,908	5,569	
23	Insurance	62,062	37,840	24,222	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	R & M - Vehicles	55,828	55,828		
b	Misc.	45,591	22,656	22,935	
c	Small Equipment	35,998	31,491	4,507	
d	Supplies Programs	31,168	31,168		
e	Spec. Asst. to Indiv.	27,448	27,448		
f	All other expenses	26,839	4,390	22,449	
25	Total functional expenses. Add lines 1 through 24f	6,238,545	5,512,041	726,504	
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	683,906	1	544,729
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	695,932	4	1,139,078
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	65,677	9	72,183
	10a	Land, buildings, and equipment: cost basis	3,959,327		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	1,628,569		
			2,409,473	10c	2,330,758
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,854,988	16	4,086,748	
Liabilities	17	Accounts payable and accrued expenses	419,924	17	427,815
	18	Grants payable		18	
	19	Deferred revenue	36,243	19	2,800
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable	2,167,185	24	2,122,431
	25	Other liabilities. Complete Part X of Schedule D	129,994	25	137,830
	26	Total liabilities. Add lines 17 through 25	2,753,346	26	2,690,876
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,101,642	27	1,395,872
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,101,642	33	1,395,872	
34	Total liabilities and net assets/fund balances	3,854,988	34	4,086,748	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		✓
b	Were the organization's financial statements audited by an independent accountant?	✓	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b	If "Yes," did the organization undergo the required audit or audits? N/A		

Community Link, Inc
Attachment to Form 990
6-30-09

Attachment #1 -- Organization's Mission

Community Link, a charitable community organization, is built upon a tradition of offering services which meet the highest quality standards to individuals, whether child or adult who are in need because of disability, age or economics. Whether services are provided in the home, in a residential setting, in a day-program setting, or on the job, those services are focused on the individual, their family and their community and are provided in a competent, caring, and professional manner.

The Mission of Community Link is to honor its tradition by providing increased opportunities for all program participants to enjoy meaningful independent lives and to become full members of their community.

Attachment #2 -- Adult Day Programs

DEVELOPMENTAL TRAINING

The Developmental Training Program enables adults with developmental disabilities develop independent living skills which promote the independence necessary to live and work in the community.

WORK TRAINING

Adults with developmental disabilities who experience difficulties obtaining and maintaining a job in the community enroll in the Work Training program. Persons receive training on work related skills and behaviors while performing paid work in a sheltered setting.

SUPPORTED EMPLOYMENT

The Supported Employment Program provides adults with developmental disabilities support services in order to obtain and maintain employment in the community. Support services include job coaching, job development, accommodations, and integration.

JOB READINESS TRAINING

Job Readiness Training is designed to provide training to individuals with disabilities who desire community employment by assessing and improving their work skills. Individuals participate in paid work, situational assessments, and job search activities in order to prepare them for community employment.

JOB PLACEMENT

Job Placement services individuals with developmental and/or physical disabilities that are having difficulty obtaining and maintaining community employment. Individuals receive support with job development, job accommodations, and job maintenance.

Attachment #3 -- Community Living Programs

COMMUNITY INTEGRATED LIVING ARRANGEMENT - 24 HOUR CARE

The 24-hour CILA program provides a group home setting for individuals with developmental disabilities. Individuals receive a wide array of services based on their individual needs and preferences. CILA residents receive assistance in coordinating resources and entitlements, learning skills for greater independence, and accessing the community. Staff provides supervision and assists residents in operating and maintaining their home. Community Link has six 24-hour CILA locations - Aviston, Breese, Carlyle, Germantown, and Highland.

Attachment #3 -- Community Living Programs (continued)

COMMUNITY INTEGRATED LIVING ARRANGEMENT - INTERMITTENT CARE

The Intermittent CILA program provides support to adults with developmental disabilities who otherwise would have difficulty living alone. Staff provides an array of services to people residing in the home of their choice, including coordinating resources, establishing/maintaining relationships with other agencies and programs, and obtaining and maintaining entitlements. CILA Intermittent Care recipients also receive assistance with home living skills, appointments, recreation and leisure, and transportation.

SERVICE COORDINATION

Service Coordination is an independent service that provides information, referral, follow-up, and advocacy services to individuals with developmental disabilities who reside in Clinton County. Service Coordination is available to those individuals who are not specifically assigned to another service coordination agency. Services provided are based on individual needs and preferences.

FAMILY SUPPORT

Family Support provides a wide array of services to adults with developmental disabilities living in the community. Services and supports may include case coordination, assistance with obtaining and maintaining entitlements, home living skills, appointments, recreation and leisure, and transportation.

SPECIALIZED SERVICES

Specialized Services provides support to a designated group of people with developmental disabilities who reside in area nursing homes. Staff provides transportation and opportunities for community outings, recreation and leisure activities, and skills training.

RESPIRE CARE

Respite Care Services provides assistance to families and individuals with developmental disabilities who reside in the family home. Respite Care is short-term care for the family member with disabilities which allows caregivers to be away from home. Services are intended to help promote and support the concept of individuals remaining in the family, avoiding placement in institutional environments.

Attachment #4 -- First Step Infant Programs

First Step offers three types of services to meet the needs of infants, toddlers, and young children and their families in Clinton, Washington and the surrounding counties.

EARLY INTERVENTION

Children experiencing developmental delays or a medical condition that may cause developmental delays may be eligible for Early Intervention Services.

PREVENTION

Children not eligible for Early Intervention Services, but who may be experiencing some developmental delays, or children whose parents are interested in receiving information and learning ways to teach through play may be eligible for Prevention Services.

EARLY HEAD START

Children 0-3 whose families meet the Federal Income Guidelines, as well as pregnant women, may be eligible for Early Head Start Services.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,643,702	4,816,288	4,890,822	5,333,996	6,166,988	25,851,796
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	4,643,702	4,816,288	4,890,822	5,333,996	6,166,988	25,851,796
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						25,851,796

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,643,702	4,816,288	4,890,822	5,333,996	6,166,988	25,851,796
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,364	5,670	9,487	10,136	5,164	32,821
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 IV.)						
11 Total support. Add lines 7 through 10						25,884,617
12 Gross receipts from related activities, etc. (see instructions)					12	1,915,305
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.8700	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.9000	%
16a 33 1/3% support test—2008. 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 ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Community Link, Inc.

Employer identification number

37 | 0955971

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	N/A	
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of certified historic structure
- Preservation of open space N/A
- 2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- N/A
- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- 1b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- 2b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. N/A

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶%
 - b Permanent endowment ▶%
 - c Term endowment ▶%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		267,530		267,530
b Buildings		3,111,179	1,154,334	1,956,845
c Leasehold improvements				
d Equipment		580,618	474,235	106,383
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,330,758

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,562,630
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,238,545
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	324,085
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	324,085

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,868,368
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	305,738
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	305,738
3	Subtract line 2e from line 1	3	6,562,630
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	6,562,630

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,544,283
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	305,738
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	305,738
3	Subtract line 2e from line 1	3	6,238,545
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	6,238,545

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Golf (event type)	Buddy Walk (event type)	2 (total number)	(Add col. (a) through col. (c))
Revenue	1 Gross receipts	15,730	11,317	20,130	47,177
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	15,730	11,317	20,130	47,177
Direct Expenses	4 Cash prizes	560			560
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	3,419	1,239	6,554	11,212
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(11,772)
9 Net income summary. Combine lines 3 and 8 in column (d) ▶				35,405	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. N/A

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Community Link, Inc.

Employer identification number

37

0955971

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	N/A	
2	N/A	
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Community Link, Inc.

Employer identification number

37 0955971

Part VI - Section A, Line 10:

Form 990 is prepared by an outside consultant. Management reviews the completed Form 990 and distributes copies to the members of the Performance and Oversight Committee for review. The committee recommends approval to the entire Board of Directors.

Part VI - Section B, Line 12c:

Conflict of interest forms are prepared by Board members and key employees annually. The Performance and Oversight Committee examines all conflict of interest statements and alleged Code of Ethics violations and applies guidelines to ensure transparency and resolve ethical conflicts. If a conflict becomes evident during the year, internal policy requires immediate notification to the Performance & Oversight Committee for review.

Part VI - Section B, Line 15a and b:

See attached schedule.

Part VI - Section C, Line 19:

The Organization's governing documents, conflict of interest policy and financial statements are available for review at the business office. Form 990 is available for review at www2.guidestar.org. The Organization's financial statement data is summarized and presented in the Organization's newsletter. The Organization is currently developing its website to include such information.

PROCEDURE FOR EVALUATING
THE EXECUTIVE DIRECTOR

Evaluating the Executive Director is a key responsibility of the Board of Directors and important to organizational success. This process is necessary to ensure the carrying out of the organization's mission and goals as well as to provide feedback and support to the Executive Director.

This process will be completed annually by the Board President and the Executive Committee. In the event of a new Executive Director, the Board will conduct two reviews in the first year at six month intervals. The Executive Committee will:

- Distribute to each Board member a copy of the evaluation tool which they have developed. The tool will be based upon the Executive Director's job description, established goals, previous year's performance and suggestions for the next year. Initially and annually, goals and expectations will be established by the Board with the Executive Director's input. The tool will also be given to the Executive Director for self-evaluation.
- The Board President will set a deadline for the return of the evaluation form which will allow time for the Executive Committee to compile the results. The Board President will be in charge of collecting the evaluations.
- The Executive Committee will summarize the results and comments made by the Board members.
- The Board President will review the job description for the Executive Director and make any recommended changes for the next year.
- The Board President will set a meeting date with the Executive Director to discuss the Board's evaluation of the Executive Director and the self-assessment. The discussion will include performance, progress on established goals and the setting of goals for the next year. The new goals set for the next year should be approved by the full Board.
- Both the Board President and the Executive Director will review the process and success of the evaluation and determine if the process needs any revisions before the next review.

PROCEDURE FOR DETERMINING
EXECUTIVE DIRECTOR'S SALARY

- Annually, the President of the Board appoints a Compensation Committee to review the Executive Director's salary. The Committee may consist of Board members and outside individuals.
- The Compensation Committee recommends the salary for the Executive Director to the Board President.

PROCEDURE FOR DETERMINING
OTHE KEY EMPLOYEE SALARIES

- Other key employees are compensated based on a compensation policy and structure that is determined by the Internal Compensation Committee, consisting of the Executive Director, Director of Finance and Director of Human Resources.

All salaries are included in the Organization's annual budget that is approved by the Board of Directors.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Schedule

Schedule O (Form 990) is used by an organization that files Form 990 to provide the IRS with narrative information required for responses to specific questions on Form 990, or to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990.

Who Must File

All organizations that file Form 990 must file Schedule O (Form 990). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 10 and 19. If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990) as needed.

Complete the required information on the appropriate line of Form 990 or its schedules prior to using Schedule O (Form 990).

Identify clearly the specific part and line(s) of Form 990 or its schedule(s) to which each response relates. Follow the part and line sequence of Form 990 or the part and line sequence of its schedule(s).

Late return. If the return is not filed by the due date (including any extension granted), use Schedule O (Form 990) to provide a statement giving the reasons for not filing on time.

Amended return. If the organization checked the *Amended Return* box on Form 990, line B, use Schedule O (Form 990) to list each part or schedule and line item of the Form 990 that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return*.

Parts III, V, VI, VII, and XI. Use Schedule O (Form 990) to provide any narrative information required for the following questions.

1. Part III, *Statement of Program Service Accomplishments*.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
2. "No" response to Part V, *Statements Regarding Other IRS Filings and Tax Compliance*, line 3b.
3. Part VI, *Governance, Management, and Disclosure*.
 - a. Material differences in voting rights in line 1a.
 - b. "Yes" responses to lines 2–7.
 - c. "No" responses to lines 8 or 9b.
 - d. Description of process for review, if any, on line 10.
 - e. "Yes" response to line 11.
 - f. "Yes" response to line 12c.
 - g. Description of process for determining compensation on lines 15a and 15b.
 - h. Description for making documents public on lines 18 and 19.

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

a. Estimate of average hours per week, if any, devoted to related organizations for which compensation was reported in columns (E) or (F).

b. Description of reasonable efforts undertaken in regard to column (E).

5. Part XI, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Schedule G (Form 990 or 990-EZ). If applicable, use Schedule O (Form 990) to describe payments of fundraising expenses or reimbursements as required in Part 1, line 2b, column (v).

Schedule K (Form 990). If applicable, use Schedule O (Form 990) to describe the organization's use of alternative 12-month reporting periods with respect to bond issues reported on Schedule K (Form 990).

Schedule L (Form 990 or 990-EZ). Use Schedule O (Form 990) if additional space is needed to report information required by Schedule L (Form 990 or 990-EZ).

Schedule R (Form 990). Use Schedule O (Form 990) to provide the group exemption relationships described on Schedule R (Form 990).

Other. Use Schedule O (Form 990) to provide narrative explanations and descriptions to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.

SCHEDULE OF DEPRECIATION AND DEPLETION

Attachment 6: page 1 - 990 Page 2, Part II, Line 42

Open to Public

For Calendar year 2008, or tax year period beginning 07-01-2008

and ending 06-30-2009

Inspection.

Employer Identification Number

Community Link

37-0955971

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
Vehicles		310,459	221,896	Straight Line	5	20,758
Furniture, Fixtures, Equipment		270,159	211,375	Straight Line	5	20,206
Buildings		3,111,179	1,050,821	Straight Line	30	103,513
Total		3,691,797	1,484,092			144,477

2008 DETAIL STATEMENTS

Community Link
37-0955971

STATEMENT #1 - Acct. payable and exp. end yr (990-EO PG 11 Line 17b)

Accounts Payable.....	94,110
Package Insurance Payable.....	34,967
Workers Compensation Assessment Payable.....	77,634
Accrued Expenses.....	221,104

TOTAL CARRIED TO 990-EO PG 11 Line 17b..... 427,815

STATEMENT #2 - Accounts payable end year (990-PF PG 2 Line 17)

	Beginning	Ending
Accounts Payable.....	94,589	94,110
Package Insurance Payable.....	37,172	34,967
Workers Compensation Assessment Payab	64,048	77,634
Accrued Expenses.....	224,115	221,104

TOTAL CARRIED TO 990-PF PG 2 Line 17..... 419,924 427,815

STATEMENT #3 - Donated services (SCH D PG 4 Line 2b)

In-Kind service revenue.....	217,813
In-Kind Food Revenue.....	52,651
In-Kind Rent Revenue.....	15,555
In-Kind Mileage Revenue.....	1,381
In-Kind Interest Revenue.....	18,338

TOTAL CARRIED TO SCH D PG 4 Line 2b..... 305,738

STATEMENT #4 - ()

	Beginning	Ending
Compensated Absences Payable.....	129,994	137,830

TOTAL CARRIED TO 129,994 137,830