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Form **990**
Department of the Treasury
Internal Revenue Service

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 and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions.	C Name of organization FRED A LINK MEMORIAL FUND INC	D Employer identification number 34-6968192
		Doing Business As	E Telephone number 740-635-0431
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 175	G Gross receipts \$ -6558.
		City or town, state or country, and ZIP + 4 BRIDGEPORT, OH 43912	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527 **03**

J Website: _____

K Type of organization: Corporation Trust Association Other **9**

L Year of formation: **1992** **M** State of legal domicile: **AL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE ORGANIZATION IS TO HELP NEEDY CHILDREN WITHIN THE BRIDGEPORT SCHOOL DISTRICT WITH			
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)	3	7	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4		
5 Total number of employees (Part V, line 2a)	5		
6 Total number of volunteers (estimate if necessary)	6	7	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)			
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2925.	998.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-7556.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2523.	-6558.
		406.	
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)			
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-24)		404.	375.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		810.	375.
19 Revenue less expenses. Subtract line 18 from line 12		1713.	-6933.
		Beginning of Year	End of Year
20 Total assets (Part X, line 16)		35392.	28459.
21 Total liabilities (Part X, line 26)			
22 Net assets or fund balances. Subtract line 21 from line 20		35392.	28459.

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MAY 04 2009
OGDEN, UT

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: Betty Riley Date: 4/24/09
 Type or print name and title: Betty Riley, Treasurer

Paid Preparer's Use Only
 Preparer's signature: James M Riley
 Firm's name (or yours if self-employed), address, and ZIP + 4: SEACHRIST, KENNON & MARL
21 WADDLES RUN ROAD
WHEELING, WV 26003

SCANNED
SEP 0 1 2009
0006 0 0 1111

0425878835
July 22, 2009 LTR 2694C 0 R
34-6968192 200812 67
00024623

FRED A LINK MEMORIAL FUND INC
PO BOX 175
BRIDGEPORT OH 43912

4082

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

James R. King
Signature of officer or trustee

7/31/09
Date

Trustee
Title