Short Form Cient
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Address change Address change Address change Benit O Link Inc Banit o Street #200 Benit o Link Inc Banit o Street #200 Benit o Link Inc Banit o Li	A	For	the 2019 calendar year, or tax year beginning , 2019, and ending	,		
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Total return Revenue		Addre		47 220	4007	
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Part		Initial		гетернопе по	imber	
Solition provided Solition		Final re	turn/terminated ITOTTTSCET, CA 93023			
Accounting Method: Cash Accrual Other (specify)		Amen	IF \		emption	
Website: * N/A						
Tax-exempt status (cleck set) ene)	G					
Form of organization:	1		/F 000			
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990 EZ. \$74,667.	J	Tax-e	Assemble status (check only one) - A sortox(s) sortox(s) sortox(s) sortox(s)	, 990-LZ,		
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I I Contributions, giffs, grants, and similar amounts received I 1 94, 927. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments 4 I substitute of the state of	L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al ►\$	174 667	
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2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 a Gross amount from sale of assets other than inventory. b Less: cost or other basis and sales expenses. 5 c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions score and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 a Gross sales of inventory, less returns and allowances. 7 b Less: cost of goods sold. 2 C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a). 7 C Solther revenue (describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1				
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	Net	75,1969			00 520	
	DA			21	99, 528. Form 990-F7 (2019)	

Pai	Check if the organization used Scho	tructions for Part II) edule O to respond to any qu	uestion in this Part II	*****		
			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			150,304.	22	99,528
23	Land and buildings				23	
24	Other assets (describe in Schedule O).				24	
25	Total assets			150,304.	25	99,528
26	Total liabilities (describe in Schedule O)		0.	26	0
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	150,304.	27	99,528
Par	t III Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)			Expenses
14/14	Check if the organization used Sc	chedule O to respond to any	question in this Part III	······ [] (uired for section 501
What	is the organization's primary exempt purpose? See	Schedule 0	its these leveret average	(and 501(c)(4) nizations; optional
mea: bene	ribe the organization's program service a sured by expenses. In a clear and concis- fited, and other relevant information for e					hers.)
28	The specific purpose of t	he corporation is	to provide a w	reb-based		
	community news and inform					
	residents of San Benito C	County, California				
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	195,867
29	Book of the control o					
	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30						
	(Grants \$) If th	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	nedule O)				
	(Grants \$) If th	is amount includes foreign g	rants, check here	▶ 🗍 ;	31 a	
32	Total program service expenses (add lin	nes 28a through 31a)		▶ :	32	195,867.
Par					the ir	
	Check if the organization used Sc					
	Conference: DOWN:	(b) Average hours per	(c) Reportable compensation	(d) Health benefits,		(a) Fallocated and a to (
	(a) Name and title	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and delen	red	(e) Estimated amount of other compensation
		position	(compensation		
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	retary	8	0.		0.	0.
	minder Brown					
	e President	2	0.		0.	0.
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	ert_Marden	920	702			
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	lie D. Schwabacher		NAMES OF THE PERSON			
Exe	cutive Dir.	40	40,250.		0.	0.
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				3 399		
BAA		TEEA0812L 0	8/23/19	1		Form 990-EZ (2019)

Par	tv Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	see S		
33			Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	2001.50		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
b	If 'Yes,' complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 ь		Χ
c		4999		Salar
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
	The organization's books are in care of ► Leslie David Schwabacher Located at ► 829 San Benito Street Hollister CA Telephone no. ► 831-62	28-0	130	
		г	Yes	No
b	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)?	42 b	165	X
	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40 -		Х
	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		
	If 'Yes,' enter the name of the foreign country ▶			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	,	· 🗆	NT / 7\
	and enter the amount of tax-exempt interest received or accrued during the tax year	1111		N/A N/A
	and effect the amount of tax exempt interest received of decreed during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		.03	110
	of Form 990-EZ	44 a		X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		Х
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
	If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	y3(32,000)	<u>X</u>
b	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45 b	0040(8694)	X

						Yes	МО
	the organization engage, directly or ind tidates for public office? If 'Yes,' compl				46		X
Part VI					40		
raitvi	All section 501(c)(3) organiza		questions 47-49b an	d 52, and complete	the table	S	
	for lines 50 and 51.						
	Check if the organization used Sche	dule O to respond to any	y question in this Part VI.				
47 Did t	he organization engage in lobbying activit	ies or have a section 501(h) election in effect during	the tax year? If 'Yes,'		Yes	No
	plete Schedule C, Part II				47		Χ
	e organization a school as described in						X
	the organization make any transfers to	and the same of th					X
	es,' was the related organization a sect plete this table for the organization's five h	107					
	oyees) who each received more than \$100				icy		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None							
		_					
	number of other employees paid over				100 000 (
51 Comp	plete this table for the organization's five hoensation from the organization. If ther	nighest compensated inder e is none, enter 'None.'	pendent contractors who ea	sch received more than \$	100,000 of		
	(a) Name and business address of each independer		(b) Type ((c) Compe	nsation	
None							
			-				
			_				1-00-00

			-				
			-				
	·						
			_				
	number of other independent contract				Constant of the Constant of th	100	
	he organization complete Schedule A? pleted Schedule A	, ,	· , J	ttach a	► X Yes		No
5.51.11	es of perjury, I declare that I have examined this returned complete. Declaration of preparer (other than off			best of my knowledge and bel			,
true, correct, a	and complete. Declaration of preparer (other than of	icer) is based on all information	of which preparer has any knowle	edge.			
Sign	Signature of officer	15		Date			
Here	Robert Marden	lient Con		Treasurer			
	Type or print name and title	HOILL OOP	y .				
	Print/Type preparer's name	Preparer's signature	Date	Check L if	TIN		
Paid	Mary E. Hubbell	110-77-11-	Spell 6/02/2	0 self-employed P	00067312		
Preparer		an & Pope, LLP		Firm's FIN	04_15415	:07	
Use Only	Firm's address ► 243 Sixth Stre Hollister, CA			Firm's EIN Phone no. 831	94-15415 -638-211	V	
May the IR	S discuss this return with the preparer		ructions	1	. ► X Yes		lo
BAA	F. Spare			- X 14	Form 990 -		
						,	/

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name o	ame of the organization Employer identification number							
Ben	it	oLink Inc					47-332490	
Parl		Reason for Public Cha						ctions.
The c	rga	nization is not a private found						
1		A church, convention of church					(i).	
2	П	A school described in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ)).)		
3	П	A hospital or a cooperative h						
4	П	A medical research organiza	tion operated in conj	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's
		name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in
6	П	A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8		A community trust described	in section 170(b)(1)((A)(vi). (Complete Part	II.)			
9	П	An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege
		or university or a non-land-gran	nt college of agriculture	e (see instructions). Enter	r the nam	ne, city,	and state of the college	or
10		An organization that normally r	eceives: (1) more than	33-1/3% of its support fr	rom contr	ributions	, membership fees, and	gross receipts
		from activities related to its e investment income and unred June 30, 1975. See section !	exempt functions—sullated business taxable	bject to certain exception e income (less section	ons, and	(2) no 1	more than 33-1/3% of	its support from gross
11	П	An organization organized ar			ety. See	section	1 509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1)	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one a)(3). Check the box in
а		Type I. A supporting organization organization(s) the power to re-	on operated, supervise gularly appoint or elect	d or controlled by its sur	ported o	rganizat	ion(s), typically by giving	g the supported on. You must
	П	complete Part IV, Sections A		1. 11. 12.4			ted evenimetics/o) bu	having control or
b	Ш	Type II. A supporting organiz management of the supporting must complete Part IV, Section 11.	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	tion(s). You
c		Type III functionally integrated.	A supporting organization	tion operated in connectio	n with, ar	nd function	onally integrated with, its	supported
d		rype III non-functionally integrated. The	rated A supporting ord	anization operated in cor	nection	with its	supported organization(s) that is not
e	П	functionally integrated. The cinstructions). You must com Check this box if the organize						
	ш	integrated, or Type III non-fu	inctionally integrated	supporting organization	٦.			
f	En	ter the number of supported of	organizations	d examination(a)				
g	Pro	ovide the following information me of supported organization	n about the supporter	o organization(s).			(v) Amount of manatary	(vi) Amount of other
() Na	me of supported organization	(II) EIN	(described on lines 1-10 above (see instructions))	organizat in your g docur	overning	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
(B)	В)							
(C)	c)							
(D)								
(E)								
Total		,						

6

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

Sec	Section A. Public Support									
Cale begi	ndar year (or fiscal year inning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		129,608.	167,931.	201,321.	174,422.	673,282.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	0.	129,608.	167,931.	201,321.	174,422.	673,282.			
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)						0.			
6	Public support. Subtract line 5 from line 4						673,282.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	0.	129,608.	167,931.	201,321.	174,422.	673,282.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.				850.	245.	1,095.			
11	Total support. Add lines 7 through 10						674,377.			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.			
	First five years. If the Form 990 is to organization, check this box and	stop here		d, fourth, or fifth tax	x year as a section	501(c)(3)	> X			
	tion C. Computation of Pub									
	Public support percentage for 20						<u>%</u>			
	Public support percentage from 2									
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization did qualifies as a pub	d not check the bo licly supported org	x on line 13, and ganization	line 14 is 33-1/39	% or more, check the	his box			
b	b 33-1/3% support test—2018. 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									
17a	10%-facts-and-circumstances teror more, and if the organization return the organization meets the 'facts'	meets the 'facts-ai	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part V	I how			
	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	meets the 'facts-ai d-circumstances' to	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	ox and s top here publicly supporte	. Explain in Part V d organization	I how the □			
18	Private foundation. If the organiz	zation did not ched	ck a box on line 13	3, 16a, 16b, 17a, c	or 17b, check this	box and see instri	uctions			
BAA			- CANDON SERVICE SERVICES	THE ART OF APPRICATION OF THE PROPERTY.	Sche	edule A (Form 990	or 990-FZ) 2019			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			0.02				
	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							3
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					20		
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support			4) 0017	4 15 0010	4.20010		40 T-1-1
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
	Amounts from line 6						_	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511							
_	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 50	1(c)(3)	>
Sec	tion C. Computation of Pu							
15	Public support percentage for 20						15	%
16	Public support percentage from						16	%
	tion D. Computation of Inv						47	0
17	Investment income percentage f						17	%
18	Investment income percentage f	rom 2018 Schedu	le A, Part III, line	17	10.45		18	
	33-1/3% support tests—2019. If is not more than 33-1/3%, check 33-1/3% support tests—2018. If the support tests is a support test is a	this box and sto	o here. The organ	ization qualifies	as a publicly supp	orted organiz	ation	
	line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qi	ualifies as a public	ly supported	organiz	zation
20	Private foundation. If the organi	zation did not che						
BAA			TEEA0403L	07/03/19	Sc	nedule A (Fo	rm 990	or 990-EZ) 2019

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations		Yes	No
			162	140
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
32	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ŀ	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.	3b		
(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.	3c		
48	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ŀ	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.	4b		
(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.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
ł	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?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
98	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
ı	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
(c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
10	a 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 10b below.	10a		
ı	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.)	10b		

			9	
Sch	edule A (Form 990 or 990-EZ) 2019 BenitoLink Inc 47-33249	907	F	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Se	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
2	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 organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).	1		
Se	ction 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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		
Se	ction 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 (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruc	tions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			

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 in (a) 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 (a) and (b) 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? *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.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	st on No ons must	v. 20, 1970 (explain ir complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	22 14 14 14 14 14 14 14 14 14 14 14 14 14	
Sec	tion 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):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
E	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	10	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
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-functionally int (see instructions).	egrated ⁻	Type III supporting or	ganization

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Schedule A (Form 990 or 990-EZ) 2019

Sched	dule A (Form 990 or 990-EZ) 2019 BenitoLink Inc		47-332	24907 Page
Parl	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ntions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses	97 X5 (2017) (30.00) (
	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
	Amounts paid to acquire exempt-use assets			v
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	details	
	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			

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c Excess from 2017.....
d Excess from 2018.....

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

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BenitoLink Inc

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source		2019	 2018	 2017	 2016	 2015
Classified Ads Tot	<u>\$</u> al <u>\$</u>	3 245. 3 245.	\$ 850. 850.	\$ 0.	\$ 0.	\$ 0.

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2019

Employer identification number

OMB No. 1545-0047

	oLink Inc		47-3324907			
Organiza	ation type (check one)	:				
Filers of	s of: Section:					
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	nc			
Form 990)-PF	527 political organization				
		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.			
General	Rule					
X		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin one contributor. Complete Parts I and II. See instructions for determining a contribut				
Special F	Rules					
	under sections 509(a)(received from any on	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line the contributor, during the year, total contributions of the greater of (1) \$5,000; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that			
	during the year, total	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein contributions of more than \$1,000 exclusively for religious, charitable, sciention of cruelty to children or animals. Complete Parts I, II, and III.	ved from any one contributor, fic, literary, or educational			
	during the year, control \$1,000. If this box is charitable, etc., purpo	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received in sections exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year ose. Don't complete any of the parts unless the General Rule applies to this contributions, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than for an exclusively religious, organization because			

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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1 Page **2**

Name of organization

BenitoLink Inc

Employer identification number

47-3324907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Community Foundation of San Benito 829 San Benito St. # 200	\$10,000.	Person X Payroll Noncash
	Hollister, CA 95023	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hazel Hawkins Hospital		Person X
	911 Sunset Drive	\$5,250.	Payroll
	Hollister, CA 95023	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Wolf Family		Person X
	829 <u>San Benito St. #200</u>	\$13,000.	Payroll Noncash
	Hollister, CA 95023	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	INN New Match		Person X
	829 San Benito St. #200	\$30,000.	Payroll Noncash
	Hollister, CA 95023		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RJR Recycling		Person X
	1771 San Felipe Rd.	\$5,000.	Payroll Noncash
	Hollister, CA 95023		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Taylor Farms		Person X Payroll
	150 Main St., Ste 300	\$12,000.	Noncash
	Salinas, CA 93901		(Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BenitoLink Inc

Employer identification number

47-3324907

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion	\$	561.
Bookkeeping		9,360.
Dues		335.
Education		1,994.
General and admin expenses		157
Insurance.		5,428.
Logal and professional foos		965.
Legal and professional fees. Licenses fees		
Machanian Camblia malatian		60.
Marketing & public relations		795.
Meals and entertainment		476.
Office Expenses		5,301.
Office Expenses Paypal fees		827.
Travel		2,533.
Website		10,330.
Total	Ś	39 122
iocai	~	33,122.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

BenitoLink connects San Benito County residents through local news and information, encouraging public dialogue to foster an engaged community.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a)	Did the organization, during the year, receive any funds, directly or	
indi	rectly, to pay premiums on a personal benefit contract?	No
(b)	Did the organization, during the year, pay premiums, directly or	
indi	rectly, on a personal benefit contract?	No