



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 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"/> Terminated <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		D Employer identification number
		NORTH CENTRAL TEXAS INTERLINK, INC.		75-2276672
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		P. O. BOX 610246		(214) 621-0400
City or town, state or country, and ZIP + 4		F Group Exemption Number		
DFW AIRPORT, TX 75261		▶		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.INTERLINK-NTX.ORG

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

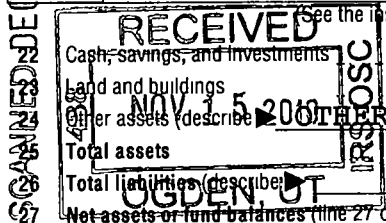
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **148,857.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Receipts	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe ▶ SEE STATEMENT 1)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)				
6b	Less: direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe ▶ _____)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
Cash, savings, and investments		134,258.	146,974.
Land and buildings			
Other assets (describe ▶ OTHER DEPRECIABLE ASSETS)		3,628.	4,682.
Total assets		137,886.	151,656.
Total liabilities (describe ▶)		0.	0.
Net assets or fund balances (line 27 of column (B) must agree with line 21)		137,886.	151,656.



20

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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 period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	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.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e 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		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ CANDY SLOCUM, EXECUTIVE DIRE Telephone no. ▶ (972) 621-0400 Located at ▶ P. O. BOX 610246, DFW AIRPORT, TX ZIP + 4 ▶ 75261		
42b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |
- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000 ▶ _____
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here	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.		
	<i>Condence J. Shorum</i> <small>Signature of officer</small>	11.5.10 <small>Date</small>	
	<i>CONDENCE J. SHORUM</i> <small>Type or print name and title</small>		
Paid Preparer's Use Only	Preparer's signature: <i>Rita Brook CPA</i>	Date: 10-28-10	Check if self-employed: <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: JHB, LLP 12801 N. CENTRAL EXPWY., #260 DALLAS, TX 75243	EIN ▶	Preparer's identifying number (See instr): Phone no. 214-368-8714

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	126,681.	104,887.	125,090.	124,945.	148,848.	630,451.
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 through 3	126,681.	104,887.	125,090.	124,945.	148,848.	630,451.
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						630,451.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	126,681.	104,887.	125,090.	124,945.	148,848.	630,451.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,524.	4,537.	4,955.	1,757.	9.	13,782.
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						644,233.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.86 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.57 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. 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 test - 2009. 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

b 10% -facts-and-circumstances test - 2008. 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

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

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ▶

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
-------------	----------------	-----------	---

DESCRIPTION	AMOUNT
INSURANCE	4,068.
DUES & SUBSCRIPTIONS	899.
PRESENTATION SUPPLIES	499.
MEETINGS & SEMINARS	2,066.
CONTRACT LABOR	135.
WEB SITE & INTERNET	1,203.
BANK CHARGES	85.
TRAVEL	31.
OFFICE SUPPLIES	17.
SURVEY (LMI)	350.
TOTAL TO FORM 990-EZ, LINE 16	9,353.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
-------------	--	-----------	---

DESCRIPTION	AMOUNT
TAX DEPRECIATION ADJUSTMENT FOR ITEM EXPENSED ON 2002 BOOKS PER AUDIT BUT NOT FOR TAX	350.
TOTAL TO FORM 990-EZ, LINE 20	350.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	3
-------------	--	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION	1,466.
OTHER EXPENSES	16,600.
TOTAL TO FORM 990-EZ, LINE 14	18,066.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

CLEMENTS, PAULA , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
COMEAX, MONICA , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
COX, BEN , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
DAVIS, MAX , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITT 0.00	0.	0.
DERRICK, SHARON , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
DURRETT, LETA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
EATON, KEVIN , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
ENGLISH, LAUREN , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
FERRELL, KEVIN , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITT 0.00	0.	0.
FOSTER, ED , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITT 0.00	0.	0.
FRANTZEN, JOANNE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
GILBRETH, PHIL , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
GOBER, LYDIA , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
GREEN, JAMEE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
GUSTAFSON, JON , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
HANNA, JANE , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
HECHT, CARL , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.

HITT, DAVID, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
HODGES, VAL, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITTEE 0.00	0.	0.
HUGGINS, ANTHONY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
HUTCHINS, BETTYE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
JAWORSKI, JANET , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
JENKINS, LYSSA , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
JONES, VALORIE , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
KILLINGSWORTH, BRAD , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
LACY, ART, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
MALACARA, MARIO, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
MCANALLY, MERIBETH, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
MCKINLEY, JO, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
MILLER, CYNTHIA FISHER , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
MOSER, JEANETTE , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
NEELY, TONY , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
NOLTE, HAROLD , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
PARK, MARY , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.

NORTH CENTRAL TEXAS INTERLINK, INC.

75-2276672

PERRY, DON , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
PERRY, ZACH, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
POSEY, JAMIE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
REYNOLDS, DONNA , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
ROARK, DEBORAH , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
ROLLINS, JUDY , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
RUNZHEIMER, JIM D, , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITT 0.00	0.	0.
SANCHEZ, ARTURO , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
SCOVIL, JOHN , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITT 0.00	0.	0.
SHELLENE, JOHN , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
SKIPPER, CHRIS, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
SLOCUM, CANDY , P.O. BOX 610246, DFW AIRPORT, TX 75261	EXECUTIVE DIRECTOR 40.00	78,121.	17,821.
STOTTS, DANNY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
SULLIVAN, HELEN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
WALKER, SUE , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
WATTS, LATHAN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
WETLI, ROB, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.

NORTH CENTRAL TEXAS INTERLINK, INC.

75-2276672

WILLIAMS, NANCY , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
WINTRICH, GLENN C. JR., P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
WRIGHT, CRAIG , P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>78,121.</u>	<u>17,821.</u> <u>0.</u>

MAINTAIN LABOR MARKET INFORMATION DATABASE AND WEBSITE. WORK WITH STATE SCHOOLS TO PROVIDE DATA FOR JOB NEEDS. EXEMPT PURPOSE IS TO WORK WITH EDUCATIONAL INSTITUTIONS TO MATCH TRAINING WITH EMPLOYMENT. PROVIDED 35 WORKSHOPS FOR STATE SCHOOLS AND BUSINESSES TO TOTAL OF 1097 PARTICIPANTS. COMPLETED 126 SPECIALIZED LABOR MARKET REQUESTS. PROVIDED TARGETED OCCUPATION INFORMATION TO 133 SCHOOL DISTRICTS, 33 COLLEGE DISTRICTS, AND 5 TECH PREP CONSORTIA WITHIN THE 16 COUNTY NORTH TEXAS REGION.

PROVIDE DATA FOR JOBS/VOCATIONAL TRAINING TO EDUCATIONAL INSTITUTIONS.

Depreciation and Amortization 990-EZ
 (Including Information on Listed Property)

2009

Attachment
 Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return NORTH CENTRAL TEXAS INTERLINK, INC.	Business or activity to which this form relates FORM 990-EZ PAGE 1	Identifying number 75-2276672
---	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,466.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	1,466.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2009 tax year:

43 Amortization of costs that began before your 2009 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization NORTH CENTRAL TEXAS INTERLINK, INC.	Employer identification number 75-2276672
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O JHB, LLP 12801 N. CENTRAL EXPWY #260	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75243	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CANDY SLOCUM, EXECUTIVE DIRECTOR

The books are in the care of **P. O. BOX 610246 - DFW AIRPORT, TX 75261**

Telephone No. **(972) 621-0400** FAX No. _____

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Candy Slocum* Title *CPA* Date *8-10-10*