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

See a Social Security Number? Say Something!
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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 05/01 , 2009, and ending 04/30 , 2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FARMINGTON VALLEY CHAPTER OF LINKS

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O BOX 370145

City or town, state or county, and ZIP + 4
W HARTFORD, CT 06137

D Employer identification number
06-1005178

E Telephone number
860-409-9143

F Group Exemption Number ▶ 1520

● 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) ▶

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

I Website: ▶

J Tax-exempt status (check only one)- ☒ 501(c) (4) ◀ (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 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶$ 106539

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	91589
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	14950
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	106539
Expenses	10	Grants and similar amounts paid (attach schedule)	10	18447
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE ATTACHED)	16	57336
	17	Total expenses. Add lines 10 through 16 ▶	17	75783
Net Assets	18	Excess or (deficit) for the year. (Subtract line 17 from line 9)	18	30756
	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)	19	40824
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	71580

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291 DEC 17 2010 IRS-OSC
OGDEN, UT

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.

(See the instructions for Part II.)		(A) Beginning of year		(B) End year
22	Cash, savings, and investments	40824	22	71580
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	Total assets	40824	25	71580
26	Total liabilities (describe ▶)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	40824	27	71580

For Privacy Act and Paperwork Reduction Act Notice, see the seperate Instructions. Form **990-EZ** (2009)

95

5

Part II Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? EDUC., CIVIC & INTERCULTURAL

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947 (a)(1) trusts; optional for others.)
28	SEE ATTACHED NOTE.	
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a 4143
29	SEE ATTACHED NOTE.	
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a 1815
30	SEE ATTACHED NOTE.	
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a 11489
31	Other program services (attach schedule)	
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a 1000
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32 18447

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CASSANDRA BUTLER 9 TALCOTT MOUNTAIN RD SIMSBURY, CT 06070	PRESIDENT 6	0		
SHARON LAWRENCE 232 PEMBROKE STREET HARTFORD, CT 06112	VICE PRESIDENT 7	0		
PATRICIA SHIRLEY 7 CHATSWORTH PLACE FARMINGTON, CT 06032	RECORDING SECRETARY 3	0		
LESLIE CLARK 120 SUNNY REACH DRIVE W HARTFORD, CT 06117	CORRESPONDING SECRETARY 2	0		
ANGELA D. WHITE 20 FARMINGTON MEADOW DRIVE FARMINGTON, CT 06032	TREASURER 3	0		
DEIDRA LESTER 289 WESTRIDGE DRIVE SIMSBURY, CT 06070	FINANCIAL SECRETARY 2	0		

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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.			
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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
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	40b		X
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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.	40e		X

41 List the states with which a copy of this return is filed. ▶

42a The organization's books are in care of ▶ LINDA GOODEN Telephone no. ▶ (860)409-9143

Located at ▶ 15 WYNDHAM LANE ZIP + 4 ▶ 06032

			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)? 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.	42b		X
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: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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.

Linda D Gooden — Signature of officer — 12/14/10 — Date

LINDA GOODEN - TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying number (See instructions)
Aubrey B. Scott CPA	12/13/10	X	P00421487

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN
ABS TAX AND ACCOUNTING SERVICES 404 CARDINAL GLEN CIRCLE STERLING, VA 20164-5513	EIN ▶ 20-0569435 Phone no. ▶ (703) 430-9733

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

SUPPORTING STATEMENTS FOR ORGANIZATION
FARMINGTON VALLEY CHAPTER OF LINKS
06-1005178
P O BOX 370145
W HARTFORD, CT 06137

**** SCHEDULE of Part I - Grants and Similiar Amounts Paid

Activity	Grantee Name/ Relationship	Grantee Address	Amount
NATIONAL TRENDS	VARIOUS INDIVIDUALS	VARIOUS VARIOUS, CT	4143
INTERNATIONAL TRENDS	VARIOUS INDIVIDUALS	, CT	1815
SERVICES TO YOUTH	VARIOUS	, CT	11489
DIERDRE BIBBY FUND	VARIOUS	, CT	1000

**** SCHEDULE of Part I - Other Expenses

Description	Amount
FUNDRAISING AND OPERATING EXPS	57,336
Total Part I - Other Expenses:	57,336

Client: FARMINGTON VALLEY CHAPTER OF LINKS EIN: 06-1005178

Description

ATTACHMENT I: PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

NATIONAL TRENDS AND SERVICES, PROGRAMS AND EVENTS ARE DESIGNED RELATIVE TO PRESSING NATIONAL NEEDS AND CONCERNS. WE DID COMMUNITY OUTREACH THIS YEAR FOR NON-POLITICAL CIVIC AWARENESS.

ELIZABETH NORMAN REFRESHMENTS	33.00
MR. HELDER MIRA, VIDEOGRAPHER	1167.00
MR. HELDER MIRA, VIDEOGRAPHER	1167.00
MR. HELDER MIRA, VIDEOGRAPHER	1166.00
SUSAN KOMAN, MATERIALS	610.00
---	---
LINE 28A TOTAL	4143.00

Client: FARMINGTON VALLEY CHAPTER OF LINKS EIN: 06-1005178

Description	
ATTACHMENT II: PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR INTERNATIONAL TRENDS AND SERVICES, WE SPONSOR AT LEAST TWO SYMPOSIUMS A YEAR ON INTERNATIONAL TOPICS OF INTEREST TO THE COMMUNITY. WE HAVE NOTED AUTHORS,EDUCATORS, PHYICIANS AND ADVOCATES FOR INTERNATIONAL CAUSES AS GUESS SPEAKERS. WE HAD THREE SYMPOSIUMS THIS YEAR WITH STUDENTS, CHAPTER MEMBERS AND MEMBERS OF THE COMMUNITY ATTENDING.	
ROOM DEPOSIT, "ASYLUM HILL CONGRESSIONAL"	300.00
ADVERTISEMENT, "SUNDAYS AT FOUR"	800.00
SUPPLIES, "SUNDAYS AT FOUR"	21.00
DONATION, "SUNDAYS AT FOUR"	100.00
SECURITY, "SUNDAYS AT FOUR"	80.00
INSURANCE , "SUNDAYS AT FOUR"	200.00
SECURITY & REFRESHMENTS "SUNDAYS AT FOUR"	84.00
DONATION, "DOCTORS WITHOUT BORDERS"	230.00
TOTAL LINE 29A	1815.00

Client: FARMINGTON VALLEY CHAPTER OF LINKS EIN: 06-1005178

Description

ATTACHMENT III: PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FOR SERVICES TO YOUTH, WE SPONSOR A BOOK AWARD FOR EIGHT DESERVING COLLEGE STUDENTS THROUGH EIGHT SEMESTERS OF COLLEGE EDUCATION.WE PROVIDE 750.00 PER SEMESTER FOR EACH STUDENT. WE ALSO HAVE A MENTORING PROGRAM WORKING WITH 12 TO 15 GIRLS IN MIDDLE SCHOOL. THE GOALS OF THE PROGRAM ARE TO PROMOTE POSITIVE SELF-ESTEEM, DEVELOPMRNT, BE AWARE OF HEALTH ISSUES AND EXPOSE THEM TO ART AND CULTURAL EVENTS.

TINA THOMAS - STUDENT BOOK AWARD	750.00	WASHINGTON DC
AJA WILSON - STUDENT BOOK AWARD	750.00	HARTFORD CT
DARRELL HOLLENS STUDENT BOOK AWARD	750.00	STORRS CT
KIARA WILLIAMS STUDENT BOOK AWARD	750.00	HARTFORD CT
DEANNA BOGLI STUDENT BOOK AWARD	750.00	UNIONVILLE CT
STEPHANIE MCCALLISTER STUDENTBOOK AWARD	750.00	WINSTON SALEM NC

CONTINUED ON ATTACHMENT IV

Client: FARMINGTON VALLEY CHAPTER OF LINKS EIN: 06-1005178

Description

ATTACHMENT IV: PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT III CONTINUED:

JEREMY SHARPE STUDENT BOOK AWARD	750.00	HARTFORD CT
VANCE HARPER STUDENT BOOK AWARD	750.00	HARTFORD CT
DARRELL HOLLENS STUDENT BOOK AWARD	750.00	STORRS CT
CHAD SELPH STUDENT BOOK AWARD	750.00	BOSTON MA
STEPHANIE MCCALLISTER STUDENT BOOK AWARD	750.00	WINSTON SALEM NC
AJA WILSON STUDENT BOOK AWARD	750.00	HARTFORD CT
KIARA WILLIAMS STUDENT BOOK AWARD	750.00	HARTFORD CT
JEREMY SHARPE STUDENT BOOK AWARD	750.00	HARTFORD CT
TINA THOMAS STUDENT BOOK AWARD	750.00	WASHINGTON DC

CONTINUED ON ATTACHMENT V

Client: FARMINGTON VALLEY CHAPTER OF LINKS EIN: 06-1005178

Description

ATTACHMENT V PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT III CONTINUED:

BOOK PLANNERS FOR STUDENTS	47.00
STUDENT DESERT	50.00
GIFTS FOR STUDENTS	143.00
TOTAL LINE 30A	11489.00

Client: FARMINGTON VALLEY CHAPTER OF LINKS EIN: 06-1005178

Description

ATTACHMENT VI PART III STATE OF PROGRAM SERVICE ACCOMPLISHMENTS

THE DEIRDRE BIBBY ART FUND WAS SET UP IN THE NAME OF A DECEASED MEMBER WHO LOVED AND SUPPORTED THE ARTS.THE DEIRDRE BIBBY ART FUND DISTRIBUTED TWO 500.00 SCHOLARSHIPS.

BRITTANY GOLDING, HARTFORD, CT 500.00
TIMEIQUA W. NIXON, MANCHESTER, CT 500.00

TOTAL LINE 31A 1000.00

Form **8868**
(Rev. April 2009)
Department of The Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I and check this box** . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities and Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	FARMINGTON VALLEY CHAPTER OF LINKS	06-1005178
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 370145	
	City, town or post office, state and ZIP code. For a foreign address, see instructions. W HARTFORD, CT 06137	

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

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

- The books are in the care of ▶ _____

Telephone No. ▶ ( ) - 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 12/15 , 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year 20 _____ or

▶ [X] tax year beginning 05/01 , 20 09 , and ending 04/30 , 20 10

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

3a	If this application is for Form 990-BL, 990-PF or 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. 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.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.