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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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning	5/1/2009	, and ending	4/30/2010
B Check if applicable	D Employer identification number		
Address change	23-7302916		
Name change	E Telephone number		
Initial return	(203) 296-2430		
Terminated	F Group Exemption		
Amended return	Number ► 1520		
Application pending	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		

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

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (4) ◀ (insert no) 4947(a)(1) or 527K 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 ► \$ 49,434

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

1 Contributions, gifts, grants, and similar amounts received	1	1,938
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	21,725
4 Investment income	4	154
5a Gross amount from sale of assets other than inventory	5a	0
b Less: cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ 1,020 of contributions reported on line 1)	6a	25,617
b Less: direct expenses other than fundraising expenses	6b	21,204
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,413
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	0
8 Other revenue (describe ►)	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	28,230
10 Grants and similar amounts paid (attach schedule)	10	6,000
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 Statement)	16	22,168
17 Total expenses. Add lines 10 through 16	17	28,168
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	62
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	48,866
20 Other changes in net assets or fund balances (attach explanation)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	48,928

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.)		
22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
	48,866	22
23 Land and buildings		23
24 Other assets (describe ►)	0	24
25 Total assets	48,866	25
26 Total liabilities (describe ►)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,866	27

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

Provide scholarships for college bound students.

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 Programs and special events

(Grants \$ 0) If this amount includes foreign grants, check here ► 28a 30,794

29

0) If this amount includes foreign grants, check here ► **29a** 0

30

(Grants \$ 0) If this amount includes foreign grants, check here ► 30a 0

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here ► 31a 0

32 Total program service expenses. (add lines 28a through 31a)

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

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33 Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34 Yes No

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. 35 Yes No

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 Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Yes No

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 Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37a Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes No

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 period covered by this return? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b Yes No

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9. 39a Yes No

b Gross receipts, included on line 9, for public use of club facilities. 39b Yes No

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40a Yes No

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 Yes No

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. 40c Yes No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d Yes No

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 Yes No

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

42 a The organization's books are in care of ► Stacy Risco Telephone no. ►

Located at ► PO Box 6524 City Hamden ST CT ZIP + 4 ► 06517-0524

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)? 42b Yes No

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Yes No

If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. 43 Yes No

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. 44 Yes No

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 Yes No

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	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
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
Name None	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0

f Total number of other employees paid over \$100,000 ►

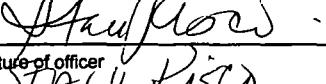
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of service	(c) Compensation
Name None	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		

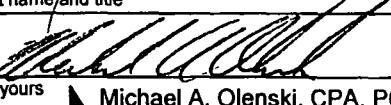
d Total number of other independent contractors each receiving over \$100,000 ►

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

Sign Here

►  12/15/10
Signature of officer
Date

► Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date 12/15/2010	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions) P00300149
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Michael A. Olenski, CPA, PC 110 Washington Ave, 3rd floor, North Haven, CT 06473		EIN ► 06-1552444	Phone no ► (203) 234-6370

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

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Name of the organization

The LINKS, Inc.

Employer identification number

23-7302916

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 Dance (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	26,637	0	0	26,637
	2 Less: Charitable contributions	1,020	0	0	1,020
	3 Gross income (line 1 minus line 2)	25,617	0	0	25,617
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	21,204	0	0	21,204
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► (21,204)
	11 Net income summary. Combine line 3, column (d), and line 10				► 4,413

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1 Gross revenue				0
	2 Cash prizes				0
	3 Noncash prizes				0
Direct Expenses	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► (0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				► 0

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

.....

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes	No
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility
 b An outside facility

	Yes	No
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country
1	Various						
2							
3							
4							
5							
6							
7							
8							
9							
10							

