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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
NORTH CENTRAL TEXAS INTERLINK, INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. BOX 610246
 City or town, state or country, and ZIP + 4
DFW AIRPORT, TX 75261

D Employer identification number
75-2276672

E Telephone number
(214) 621-0400

F Group Exemption Number
 Number **▶**

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: **▶ WWW.INTERLINK-NTX.ORG**

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

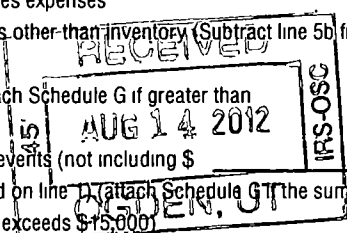
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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 assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 123,015.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,065.				
	2	Program service revenue including government fees and contracts	2	121,939.				
	3	Membership dues and assessments	3					
	4	Investment income	4	11.				
	5a	Gross amount from sale of assets other than inventory	5a					
	5b	Less: cost or other basis and sales expenses	5b					
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
	6	Gaming and fundraising events	6					
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1 of the sum of such gross income and contributions exceeds \$15,000)	6b						
6c	Less: direct expenses from gaming and fundraising events	6c						
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d						
7a	Gross sales of inventory, less returns and allowances	7a						
7b	Less: cost of goods sold	7b						
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
8	Other revenue (describe in Schedule O)	8						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	123,015.					
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10					
	11	Benefits paid to or for members	11					
	12	Salaries, other compensation, and employee benefits	12	110,064.				
	13	Professional fees and other payments to independent contractors	13	1,737.				
	14	Occupancy, rent, utilities, and maintenance	14	17,343.				
	15	Printing, publications, postage, and shipping	15					
	16	Other expenses (describe in Schedule O)	16	10,469.				
17	Total expenses. Add lines 10 through 16 ▶	17	139,613.					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<16,598.>				
	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	142,836.				
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	126,238.				



SEE SCHEDULE O

SEE SCHEDULE O

SEE SCHEDULE O

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

SCANNED AUG 24 2012

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	140,571.	22	124,720.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	2,265.	24	1,518.
25 Total assets	142,836.	25	126,238.
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)	142,836.	27	126,238.

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		118,605.
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		118,605.

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AGGARWAL, SUSHMA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
ALLISON, JOHN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
ANDERSON, LINDA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BLACK, ALAN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BELCHER, DAN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BELL, JUDY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BLESSING, SHAWN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BOSHER, MARK, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BOUTIER, PAT, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BRACY, RICK, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BROOKS, FELICIA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
BROWN, MICHAEL, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	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 tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 39a N/A		
39b	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	Section 501(c)(3) and 501(c)(4) 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		X
40c	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	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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	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	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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

	Yes	No
46		X

If "Yes," complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

X Yes No

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: *Candence J. Slocum* Signature of officer, Date: 9/8/12

Candence J. Slocum, ex-DIRECTOR Type of print name and title

Paid Preparer Use Only: Print/Type preparer's name: MICHELLE A. JOHNSON, CPA; Preparer's signature: *Michelle A Johnson, CPA*; Date: 09/07/12; Check self-employed: X; PTIN: P00008920

Firm's name: JHB, LLP; Firm's EIN: 75-2445995; Firm's address: 12801 N. CENTRAL EXPWY., #260 DALLAS, TX 75243; Phone no.: 214-368-8714

May the IRS discuss this return with the preparer shown above? See instructions

X 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,090.	124,945.	148,848.	125,057.	123,004.	646,944.
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	125,090.	124,945.	148,848.	125,057.	123,004.	646,944.
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						646,944.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	125,090.	124,945.	148,848.	125,057.	123,004.	646,944.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,955.	1,757.	9.	6.	11.	6,738.
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						653,682.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	98.97 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.24 %

16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 ►

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

NORTH CENTRAL TEXAS INTERLINK, INC.

Employer identification number

75-2276672

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
BANK OF AMERICA	11.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	747.
OTHER EXPENSES	16,596.
TOTAL TO FORM 990-EZ, LINE 14	17,343.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	3,911.
DUES & SUBSCRIPTIONS	488.
MEETINGS & SEMINARS	1,043.
WEB SITE & INTERNET	1,293.
BANK CHARGES	60.
TRAVEL	683.
OFFICE SUPPLIES	365.
SURVEY (LMI)	350.
EQUIPMENT REPAIR	800.
PRINTING	252.
WORKSHOPS	473.
ACKNOWLEDGEMENTS & GIFTS	319.
PRESENTATION SUPPLIES	432.
TOTAL TO FORM 990-EZ, LINE 16	10,469.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

NORTH CENTRAL TEXAS INTERLINK, INC.

Employer identification number

75-2276672

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	2,265.	1,518.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE DATA FOR
JOBS/VOCATIONAL TRAINING TO EDUCATIONAL INSTITUTIONS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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 30 WORKSHOPS FOR STATE

SCHOOLS AND BUSINESSES TO TOTAL OF 1624 PARTICIPANTS. COMPLETED 130

SPECIALIZED LABOR MARKET REQUESTS. PROVIDED TARGETED OCCUPATION

INFORMATION TO 135 SCHOOL DISTRICTS, 33 COLLEGE DISTRICTS, AND 5 TECH

PREP CONSORTIA WITHIN THE 16 COUNTY NORTH TEXAS REGION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization NORTH CENTRAL TEXAS INTERLINK, INC.	Employer identification number 75-2276672
--	---

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BUTLER, JANET, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
CAMPBELL, JOYCE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
CARPENTER, DONNA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
CLARK, JEFF, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
CHENAULT, SHIRLEY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
COMEAX, MONICA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
CONDE, FRANCISCO, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
COX, BEN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
DAVENPORT, LOURDES, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
DAVIS, MAX, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
DONHAM, BRENT, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
DURRETT, LETA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
ENGLISH, LAUREN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
ENGSTROM, MICHAEL, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITTEE 0.00	0.	0.	0.
FERRELL, KEVIN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITTEE 0.00	0.	0.	0.
FOSTER, ED, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
FISHER MILLER, CYNTHIA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
FRANTZEN, JOANNE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
GILBRETH, PHIL, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
GRIFFITH, EDWIN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
GUSTAFSON, JON, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
HANNA, JANE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
HITT, DAVID, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
HOUSLEY, HAROLD, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
HUGGINS, ANTHONY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
HUTCHINS, BETTYE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.

Name of the organization NORTH CENTRAL TEXAS INTERLINK, INC.	Employer identification number 75-2276672
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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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HUYNH, TU, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
IRLAS, KAY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
JACKSON, DANIEL, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
JAWORSKI, JANET, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
JACKSON, MABRIE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITTEE 0.00	0.	0.	0.
KILLINGSWORTH, BRAD, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
MALACARA, MARIO, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
MCKEE, KENA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
MCKINLEY, JO, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
MOORE, RITA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
MOSER, JEANETTE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
NIGAGLIONI, IRENE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
NEELY, TONY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
PARK, MARY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
PARKER, RENEE, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
PERRY, DON, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
ROARK, DEBORAH, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
ROLLINS, JUDY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
RUIZ, SINA, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
RUNZHEIMER, JIM D., P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR/EXECUTIVE COMMITTEE 0.00	0.	0.	0.
RUSSELL, DAVID, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
SCHWENDEMAN, NATHAN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
SCOVIL, JOHN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
SHELLENE, JOHN, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.
SLOCUM, CANDY, P.O. BOX 610246, DFW AIRPORT, TX 75261	EXECUTIVE DIRECTOR 40.00	110,064.	0.	0.
STOTTS, DANNY, P.O. BOX 610246, DFW AIRPORT, TX 75261	DIRECTOR 0.00	0.	0.	0.

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

▶ 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 instructions)	1	500,000.
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	2,000,000.
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 2010 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 2012. 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	747.

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 2011	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 2011 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 2011 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	747.
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, 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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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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:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2011 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2011 tax year **43**

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

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print	Name of exempt organization or other filer, see instructions NORTH CENTRAL TEXAS INTERLINK, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 75-2276672
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions C/O JHB, LLP 12801 N. CENTRAL EXPWY #260	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions. DALLAS, TX 75243	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2011** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)