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Department of the Treasury

Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning APR 1, 2012 and	ending N	MAR 31, 2013	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres change	NORTHEAST EMPLOYMENT & TRAINING ORG IN	NC		
	Name change			03-0	274412
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Termin- ated	PO BOX 584		802-	334-7378
	Amend return	City, town, or post office, state, and zip code	·	G Gross receipts \$	<u>2,657,867.</u>
	Application	NEWPORI, VI US655-US64		H(a) Is this a group re	
	pendin	F Name and address of principal officer JAMES RYAN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		mpt status X 501(c)(3)	or 527	⊣	list (see instructions)
		e:▶ N/A		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1979 N	State of legal domicile, VT
ø	1 6	Briefly describe the organization's mission or most significant activities $\ \ \overline{ ext{THE}}$ (ORGAN	ZATION MISS	ION IS TO
Activities & Governance]	PROVIDE SAFE AND ENERGY EFFICIENT LIVING	SPACE	E AND TO ALS	O PROVIDE
e.	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	e than 25% of its net as	sets	
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	4
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		4	4
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	31
₹		Total number of volunteers (estimate if necessary)		6	0
Ac	7 a	Total unrelated business revenue from Rart-VIII, column (C), line 12		7a	0.
	<u>b</u>	Net unrelated business taxable income from Fpring 9907 Haline 34		7b	Current Year
	8 (Contributions and grants (Part VIII, line 1 AUG 1 3 2013		Prior Year 3,453,644.	2,503,463.
Revenue	9 1	Program service revenue (Part VIII, line 29X		217,899.	154,353.
	10			86.	51.
æ	11 (nvestment income (Part VIII, column (A), lines 3,4, and 7th UT Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,671,629.	2,657,867.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,349,836.	1,272,643.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	2,077,122.	1,312,174.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>3,426,958.</u>	2,584,817.
	19	Revenue less expenses Subtract line 18 from line 12		244,671.	73,050.
tsog	3	_	B	eginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		1,236,187.	1,014,939.
Net Assets or	21	Total liabilities (Part X, line 26)	-	731,671.	437,373.
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		504,516.	577,566.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etator	nents and to the hest of m	v knowledge and helief it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
1100	2, 001100	Senus P. Rem	mon proper	E-1-	/3
Sig	.n	Signature of officer		Date	<u> </u>
He		JAMES RYAN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	7//	Date Check	PTIN
Pai	d	EVAN J STOWELL Ein Jule	Y CAA	07/24/13 if self-employ	P00846331
Pre	parer	Firm's name LEONE, MCDONNELL & ROBERTS, P.A	•	Firm's EIN	02-0417217
Use	Only	Firm's address 645 SOUTH MAIN STREET			
_		WOLFEBORO, NH 03894		Phone no. 6	03-569-1953
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
232	001 12-10	2-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2012) NORTHEAST EMPLOYMENT & TRAINING ORG INC 03-0274412 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	THE ORGANIZATION MISSION IS TO PROVIDE SAFE AND ENERGY EFFICIENT
	LIVING SPACE AND TO ALSO PROVIDE JOB TRAINING TO ELIGIBLE INDIVIDUALS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported (Code) (Expenses \$ 2,360,544. including grants of \$) (Revenue \$ 154,404.)
4a	
	ABILITY TO WEATHERIZE HOMES AND APARTMENTS FOR SAFETY AND ENERGY
	EFFICIENCY
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
-	/ /Laponess
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 2,360,544.
	Form 990 (2012)

1 Is the organization described in section 501 (kg) or 4947(a)(1) (other than a private foundation)? 1 I'Yes, "complete Schedule B., Schedule B., Schedule B., Schedule B., Schedule B., Schedule of Contributors? 2 Is the organization required to complete Schedule B., Schedule C., Part II 3 X 3 X 4 X 5 Section 501 (kg) organizations. Dot the organization angage in lobbying activities, or have a section 501(h) election in effect during the lax year? If "Yes," complete Schedule C., Part II 5 Is the organization assection 501(h)(4), 501 (6)(kg), 501 (6)(kg				Yes	No
2 is the organization required to complete Schedule 8, Schedule C Contributors? 3 but the organization engage in direct or indirect or public office? If "Yes," complete Schedule C, Part If 4 Section 501((8) organization organization organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part If 5 Is the organization as extron 501((8), 501((8)), or 501((6)); organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure in Sensitive Provise advice on the distribution or investment 98-19? If "Yes," complete Schedule C, Part If 5 In the organization as extron 501((8)), 501((8)), or 501((6)); organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure or any similar funds or accounts? If "Yes," complete Schedule C, Part If 5 In the organization investive or investment in the provise advice on the distribution or investment of amounts in the distribution of accounts for which disnors have the right to provide account interest in the complete Schedule C, Part If 5 In the organization investive or investment, including assertion to preserve open space, the environment, historic land areas, or historic activatives? If "Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Yes," complete Schedule D, Part If Yes, "complete Schedule D, Part If Y	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dut the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? if "Yes," complete Schedule C, Part if Section 50 I(x)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? if "Yes," complete Schedule C, Part if I sile the organization a section 50 (k)(4), 501(k)(5) organization that roceives membership dues, assessments, or amiliar amounts as defined in Revenue Procedure 98-192 if "Yes," complete Schedule C, Part if Did the organization maximal any donor advised flunds or any similar funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for the provided account into the environment, historic land areas, or historic attributives? if "Yes," complete Schedule D, Part if and the environment, historic land areas, or historic articultures? if "Yes," complete Schedule D, Part if amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? if "Yes," complete Schedule D, Part if if the organization answers or any of the following questions is "Yes," then complete Schedule D, Part VI 10 bit the organization denormality if "Yes," complete Schedule D, Part VI 11 the organization answers or any of the following questions is "Yes," then complete Schedule D, Part VI 12 bit the organization report an amount for hand, buildings, and equipment in Part X, line 12 if 14 'Yes," complete Schedule D, Part VI 13 bit of the organization report an amount for westiments - other securities in Part X, line 12 if 14 'Yes," complete Schedule D, Part VI 14 bit of the organization report an amount for brand buildings, and equipment in Part X, line 12 if 14 'Yes," complete Schedule D, Part XI 15 bit the organizati		If "Yes," complete Schedule A			
public office? If "Yes," complete Schedule C, Part II 4 Section 50 (In(S) organization. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Review of Yes, Complete Schedule C, Part III 6 Did the organization maritian any donor advased funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maritian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization maritian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maritian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for the flabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	2		2	_X_	
4 Section \$01(6(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(k)(l), 501(k)(l), 501(k)(l), 501(k)(l) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II is Did the organization maintain any donor advessed funds or any surfails funds or accounts for whent denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization receiver or hold a conservation easement, including easements to preserve open space. The environment, instruction and areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization and internal collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is Did the organization and internal collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV II the organization and internal collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV II II the organization and an amount for internal and organization, death organization and an account of the similar assets in temporarily restricted endowments, permanent endowments, or quasisendowments? If "Yes," complete Schedule D, Part IV II II the organization and an amount for land, buildings, and equipment in Part X, line 102 If "Yes," complete Schedule D, Part IV II	3		3		Х
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B. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," to "Service Provide Complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments of the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other lassities in Part X, line 15 that is 5% or more of its total assets reported in Part X III Did the organization report an amount for other lassities in Part X, line 15 that is 5% or more of its total assets reported in Part X III Did the organization organization subsidity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization Schedule D, Part IV 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization am amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 5 Did the organization am amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 5 Did the organization in separate, independent audited financial statements for the tax year? If Yes," complete Schedule D, Part X III 6 Did the organization included in consolidated, independent audited financial statements for the tax year? If Yes, complete Schedule D, Parts III and IV 6			_7_		X
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		·		+	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? [20b]					
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	054		x
00	Schedule L, Part I	25b		├ ^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	26		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_20	ļ	A
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	-	
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	i		!
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Eor	, ggn	(2012)

Part \	∨ ∏	Statements F	Regarding	Other IRS	Filings	and Tax	Compliance

Series the number reported in Box 3 of Form 1096 Enter 0-fl and applicable 1.0 5 1.0 5 1.0 0		Check if Schedule O contains a response to any question in this Part V				
16 Enter the number of porms W30 and power in a la Enter of -in the applicable Enter the number of porms W30 andicided in the Ia. Enter of -in the applicable (applicable) and the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) workings to prize working to prize working the prize working of the organization of the prize working of the company of the prize working of the prize w					Yes	No
contributions to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Einter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 I bit at least one is reported on line 28, did the organization field affecting desired amployment tax returns? Note, if the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the organization have unretated business gross income of \$1,000 or more dumpt by ear? 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 3 In the sum of lines 1a and 2 as is greater than 250, you may be required to e-five (see instructions) 4 In the sum of lines 1a and 1a a	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 6			
Cambining winnings to prize winners? 1c	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file at Inequired federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required for effe (see instructions) 3	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming			
tiled for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?	1	1c		
b) If a least one is reported on line 2a, dit the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O 3a At any time during the calendary 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)? 5b If "Yes," after the name of the foreign country I year as a bank account, securities account, or other financial accounts 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886:17 6c If Yes, "to line 5a or 5b, did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "to lide the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible on the very selicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "did the organization network eductible contributions under section 170(). 6d but the organization receive a payment in excess to 1575 made party as a coliribution and party for goods and services provided to the payment of the very contribution of use of the very contribution of the very contribution of the very contribution of the payment of the very contribution of the very contribution of the very contributio	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
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8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	g					
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		100, 1120 it lied a form 120 to report these payments. If 110, provide an explanation in ocheou	· · · · · · · · · · · · · · · · · · ·		n 990	(2012)

Form 990 (2012) NORTHEAST EMPLOYMENT & TRAINING ORG INC 03-0274412 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		•	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Ì	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5_		_X_
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	l	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			_
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	١	7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
b		12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	v	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	Λ.	X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
16-				
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
ט	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	,		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition 🕽	-	
	NORTHEAST EMPLOYMENT & TRAINING ORG - 802-334-7378			
0000	PO BOX 584 NEWPORT VT 05855			
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Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons 7

		orga 	IIIZa			прег	isai	ated any current officer, director, or trustee					
(A) Name and Title	(B) Average			(C Pos	ition			(D) Reportable	(E) Reportable	(F) Estimated			
Name and Title	hours per	box	. unle	ss pe	rson	than o	h an	compensation	compensation	amount of			
	week	off	cer an	d a d	recto	r/trus	tee)	from	from related	other			
	(list any	ector						the	organizations	compensation			
	hours for	青	8			ated		organization	(W-2/1099-MISC)	from the			
	related organizations	ustee	trust		೫	npeu		(W-2/1099-MISC)		organization and related			
	below	dualt	Institutional trustee	_	nploy	stcor	_			organizations			
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former						
(1) DURWARD ELLIS	1.00								_				
PRESIDENT		Х					ļ	0.	0.	0			
(2) MICHAEL VINTON	1.00								_				
VICE PRESIDENT	1 00	X	-			├		0.	0.	0			
(3) PAUL PRUE	1.00	٠,							0.	0			
SECRETARY / TREASURER	1.00	X				\vdash		0.	U •				
(4) BLAINE PERKINS	1.00	x						0.	0.	0			
BOARD MEMBER (5) DEAN BOUCHER	40.00	Α.	1				 		<u>.</u>				
EXECUTIVE DIRECTOR	40.00	1		Х		ļ		184,684.	0.	0			
EARCUTIVE DIRECTOR	 	t^-		1			<u> </u>						
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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Check if Schedule O contains a response to any question in this Part VIII Check if Schedule O contains a response to any question in this Part VIII Check if Schedule O contains a response to any question in this Part VIII (A) Total revenue Related or exempt function revenue 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included above f Total. Add lines 1a-1f Business Code		•				•			
Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (A) Total revenue (B) (C) (C) (C) (C) (C) (C) (C)	Form	990 (2012) NOR ጥH	EAST EMP	LOYMENT A	& TRAINING	ORG INC	03-027	441 2 Page 9
Total revenue Related or exempt function revenue Repetition of exempt function dusiness revenue revenu									
Total revenue Related or exempt function revenue Repetition of exempt function dusiness revenue revenu			Check if Schedule O conta	ains a response t	to any question i	n this Part VIII			
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2 a WEATHERIZATION SERVICE 2 a WEATHERIZATION SERVICE 4 All other program service revenue 7 Total. Add lines 2a:21 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a Susiness Code 230000 154,353.	Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines	1b 1c 1d tons) 1e 1, ts, and ve 1f	787,438.	2.503.463.			
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C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a Other		6 a							
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a		b	Less rental expenses				Į.		
7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a		С	, ,		L				
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a			• • •		T		-		
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a		7 a		(i) Securities	(ii) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a		_		-					
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a		b							
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a			•						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a									
including \$ of contributions reported on line 1c) See Part IV, line 18			-	a avanta (nat			 		
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a	ine	ва							
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a	ě		·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a	8		•	•					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a	اع		·			1			
9 a Gross income from gaming activities See Part IV, line 19 a	ŏ					1			
Part IV, line 19 a						-			
		ə a							
		h				1			

d All other revenue

11 a

and allowances

b Less cost of goods sold

 \boldsymbol{c} . Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

10 a Gross sales of inventory, less returns

e Total. Add lines 11a-11d 2,657,867. Total revenue See instructions.

b

Business Code

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 870,022. 127,549 997,571, 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 160,229 151,670. 8,559 Other employee benefits 114,843. 103,733. 11,110 Payroll taxes 10 Fees for services (non-employees) a Management Legal 25,954 25,954 Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 755 152 907 Advertising and promotion 12 30,595 20,588. 10,007. Office expenses 13 14 Information technology Royalties 15 2,730 21,423. 24,153. 16 Occupancy 36,753 36,753. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 7,556. 7,556 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 7,451 8,281 830 Depreciation, depletion, and amortization 22 108,364. 22,102. 130,466. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 885,544. 885,544 a MATERIALS SUBCONTRACT LABOR 78.258. 78,258. 33,215 33,215. VEHICLE 9,880. 7,995 17,875. d TELEPHONE 32,61731,953 664 e All other expenses 224,273 0. 2,584,817. 2,360,544. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	/ questi	on in this Part X			
	-				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing				_1	
	2	Savings and temporary cash investments			533,687.	2	282,423.
	3	Pledges and grants receivable, net		_		_3	
	4	Accounts receivable, net			183,62 <u>0</u> .	4	279,071.
	5	Loans and other receivables from current and fo	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
	}	section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sections					
		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			221,333.	8	128,712
-	9	Prepaid expenses and deferred charges			58,710.	9	94,177
	10a	Land, buildings, and equipment cost or other	1 1				
	1	basis Complete Part VI of Schedule D	10a	339,496.			
	b	Less accumulated depreciation	10b	110,548.	236,960.	10c	228,948
	11	Investments - publicly traded securities				11	
	12	Investments other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		1,877.	14	1,608	
	15	Other assets See Part IV, line 11	ĺ		15		
	16	Total assets. Add lines 1 through 15 (must equ	1,236,187.	16	1,014,939		
	17	Accounts payable and accrued expenses			178,989.	17	227,550
	18	Grants payable		18			
	19	Deferred revenue			427,162.	19	104,461
	20	Tax-exempt bond liabilities		20			
Ş	21	Escrow or custodial account liability Complete	of Schedule D		21		
Liabilities	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
abi		key employees, highest compensated employee	es, and	disqualified persons			
ت	į.	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thii	d parties	125,520.	23	105,362
	24	Unsecured notes and loans payable to unrelate	d third j	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third		l i	
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			731,671.	26	437,373
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ 🗓 and			
S		complete lines 27 through 29, and lines 33 ar					
ğ	27	Unrestricted net assets		ļ	504,51 <u>6</u> .	27	577,566
ala	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (A	ASC 958	I), check here 🕨 🔲			
ō		and complete lines 30 through 34.					
şţ	30	Capital stock or trust principal, or current funds	;			30	
SSE	31	Paid in or capital surplus, or land, building, or ed		nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		í		32	
Š	33	Total net assets or fund balances	· = *		504,516.	_	577,566
	1	Total liabilities and net assets/fund balances	1,236,187.		1,014,939		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Resent		AST EMPLOYMEN rity Status (All organiza					nictions		3-02/4	412	
								Tuctions				
			because it is (For lines 1									
1 📙	-		es, or association of churc		ibed in se	Ction 170	(D)(T)(A)(T)	•				
2			70(b)(1)(A)(ii). (Attach Sch		n acation	170/b\/ 1\/	AVIII					
3	•		oital service organization o operated in conjunction v					(b)(4)(A)(i) Entor	the hoenital	'e nam	_
4			operated in conjunction	with a nosi	pital descr	ibeu iri se	Ction 170	(D)(T)(A)(II	ı). Enter	ille Hospital	5 Halli	€,
	city, and state		e benefit of a college or ur		unad ar an	orated by		nontal uni	t describ	od in		
5	=	(b)(1)(A)(ıv). (Comp	=	liversity ov	viled of op	erated by	a governi	nemai um	describ	60 III		
• []	•		•			- 470(h)(4	WAW.					
6 <u>X</u>	•		ment or governmental unit					r from the	gonoral	nublio dosc	ribad ii	_
لما ١	-	-	ceives a substantial part o	or its supp	on nom a	governme	marum o	r iroin trie	general	public desc	IIDEU II	
• 🗀		b)(1)(A)(vi). (Compl		Camplata	Dort II \							
9 🗌	•		section 170(b)(1)(A)(vi). (ceives (1) more than 33 1			om contri	butions m	omborehu	n foos a	nd arose re	cointe :	from
9	_		unctions - subject to certa									
			taxable income (less sect									
		509(a)(2). (Comple		ion offica.	A) HOIH DU	JII 103003 6	ioquiieu D	y ine orga	πεαιιστί	anter during t	, o, 10 <i>1</i>	-
10 🔲			re Part III) operated exclusively to tes	et for nubli	c safety S	See sectio	n 500/a)//	L)				
11	_	=	operated exclusively for the		-				v out the	nurnoses (of one	or
•••												
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
	a Type I	· · · · · · · · · · · · · · · · · · ·		/pe III · Fur	_		d	TVp	e III - No	n-functional	ly integ	rated
е 🗔	• •		nat the organization is not			-		more dise	gualified	persons otl	ner tha	n
			than one or more publicly									
f			ritten determination from t									
	supporting or	rganization, check	this box		·							
g	•	-	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
Ū	(ı) A perso	n who directly or in	directly controls, either al	one or tog	ether with	persons c	lescribed i	ın (ıı) and (ш) below		Yes	No
			supported organization?							11g(i)		
	(ii) A family	member of a perso	on described in (i) above?							11g(<u>ii</u>)		
	(iii) A 35% (controlled entity of	a person described in (i) o	or (II) above	∍?					11g(III)		
h	Provide the f	ollowing informatio	n about the supported or	ganization((s)							
(i) Name	of supported	(II) EIN	(iii) Type of organization	(IV) Is the c	rganization	(v) Did yo	u notify the	(vi) ls organizatii	the	(vii) Amoun	t of mo	netary
	anization		(described on lines 1-9	in col. (i) lis	-		ion in col	(ı) organiz	ed in the		port	
			above or IRC section (see instructions))	governing	document?	(i) of you	r support?	U.S	.?			
			(See instructions))	Yes	No	Yes	No	Yes	No			
							}					
				 	<u> </u>		<u> </u>	-				
				 								
									1			_
							<u> </u>					
							 					
Total						1		1		İ		

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2012.04000 NORTHEAST EMPLOYMENT & TRAI 18174__1

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 NORTHEAST EMPLOYMENT & TRAINING ORG INC 03-0274412 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	2094907.	2411460.	2316592.	3671543.	2657816.	13152318.
2	Tax revenues levied for the organ-						
	ization'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						1017010
4	Total. Add lines 1 through 3	2094907.	2411460.	2316592.	3671543.	2657816.	13152318.
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,						1
_	column (f)						12152210
	Public support. Subtract line 5 from line 4 ction B. Total Support						13152318.
	ndar year (or fiscal year beginning in)	(-) 2008	(L) 2000	(=) 2010	(4) 2011	(*) 2012	(f) Total
	Amounts from line 4	(a) 2008 2094907.	(b) 2009 2411460.	(c) 2010 2316592.	(d) 2011 3671543.	(e) 2012	13152318.
8	Gross income from interest,	2034301.	2411400.	2310392.	3071343.	2037010.	13132310.
٥	·		Ī				
	dividends, payments received on	:					
	securities loans, rents, royalties and income from similar sources	1,400.	1,071.	415.	86.	51.	3,023.
0	Net income from unrelated business	1,400.	1,0/1.	412.	00.	31.	3,023.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					-	
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						13155341.
	Gross receipts from related activities,	etc (see instructi	ons)		L	12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and stor	=	,		,	(-/(-/	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.98 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	99.94 %
16a	33 1/3% support test - 2012. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check ti	his box and stop h	nere. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization		▶∟
Ł	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		
	organization meets the "facts-and-cire		-	•	• • • •		
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 99	0 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						1
membership fees received (Do not						
ınclude any "unusual grants ")						<u></u>
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 organ- ization's benefit and either paid to						
or expended on its behalf 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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)						L
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	on 501(c)(3) organi	zation,
check this box and stop here	- 6					
Section C. Computation of Public					 	
15 Public support percentage for 2012 (lin			column (f))		15	%
16 Public support percentage from 2011 S		•			16	%
Section D. Computation of Invest		•			7 1	
17 Investment income percentage for 201			ine 13, column (f))		17	- 9
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2012. If the o						17 is not
more than 33 1/3%, check this box and						▶∟
b 33 1/3% support tests - 2011. If the c						
line 18 is not more than 33 1/3%, chec						· •
20 Private foundation. If the organization	did not check a	a box on line 14, 19	9a, or 19b, check t	this box and see i	nstructions	<u> </u>
232023 12-04-12				Sc	hedule A (Form 99	30 or 990-EZ) 201

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

NORTHEAST EMPLOYMENT & TRAINING ORG INC

Employer identification number

Pai		NT & TRAINING ORG IN	s or Accounts Complete if the
rai			a of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6 (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised lunds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		[]
	are the organization's property, subject to the organization's	-	└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a	-	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
Pai	· · · · · · · · · · · · · · ·		Part IV, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	· —	storically important land area
	Protection of natural habitat	Preservation of a ce	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	f · 1
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describe	s the organization's accounting for
_	conservation easements		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	ıal gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

3 Using the organization's acquisation, accession, and other records, check any of the following that are a significant use of its collection stems (check at that apply) a Public exhibition d Loan or exchange programs b Scholarly research Public exhibition 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII 6 During the year, did the organization solent to be maintained as part of the organization's collection? Yes No to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No reported an amount on Form 990, Part X, Ine 21 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 9, or reported an amount on Form 990, Part X, Ine 9, or reported an amount on Form 990, Part X, Ine 9, or reported an amount on Form 990, Part X, Ine 9, or reported an amount on Form 990, Part X, Ine 9, or reported an amount on Form 990, Part X, Ine 9, or Part X, ine 9,	Sche Par		ST EMPLOYMENT					274412 Page 2 ets(continued)
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			gual Form 990 Part X co				<u> </u>	228,948.

Schedule D (Form 990) 2012

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation C	ost or end-of-year market value
) Financial derivatives			····
Closely-held equity interests			
Other			
(A)			
(B)			
(C) (D)	****	-	
(E)			
(F)			······································
(G)			·
(H)			
(1)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See	Form 990, Part X, line	3	
(a) Description of investment type	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line 1			
	escription		(b) Book value
(1)	- Cooription	····	(5) 5001 (4.00
(2)			
(3)			
(4)			
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(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col (B) line			<u> </u>
Part X Other Liabilities. See Form 990, Part X, III	ne 25		
. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) (11)			
(11)			
otal. (Column (b) must equal Form 990, Part X, col (B) line	251		

12-10-12

Part XI Reconciliation of Revenue per Audited Financial Stat		
1 Total revenue, gains, and other support per audited financial statements		_1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ises per Return
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; II, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part X , LINE 2: MANAGEMENT BELIEVES THAT TAXY POSITIONS TAKEN, AND AS SUCH, DOES	part to provide any addition IT HAS APPROPE	al information RIATE SUPPORT FOR
POSITIONS.		
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		Schedule D (Form 990) 201

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2012

Open to Public Inspection

Schedule J (Form 990) 2012

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

03-0274412 NORTHEAST EMPLOYMENT & TRAINING ORG INC Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Х 4a a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х 5a a The organization? X 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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24

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

03-0274412 NORTHEAST EMPLOYMENT & TRAINING ORG INC

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2012

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(g)·(0)(g)	reported as deferred in prior Form 990
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SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

NORTHEAST EMPLOYMENT & TRAINING ORG INC

Employer identification number 03-0274412

NORTHEAST EMPLOYMENT & TRAINING ORG INC U3-U2/4412
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JOB TRAINING TO ELIGIBLE INDIVIDUALS
FORM 990, PART VI, SECTION B, LINE 11: AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUESTS THE
BOARD OF DIRECTORS TO SIGN AN ANNUAL CONFLICT OF INTEREST FORM.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTORS
COMPENSATION IS SUBJECT TO REVIEW AND APPROVAL OF THE BOARD OF DIRECTORS,
AND INCLUDES COMPARISON OF COMPENSATION FOR COMPARABLE POSITIONS.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST