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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

			. '					
	For the	2009 calend	lar year, o		009, and ending	Jun 30		, 2010
В	Check if a	applicable	Please use	C Name of organization		D Employ	er Identi	fication Number
	Add	ress change	IRS label	EMPLOYMENT & TRAINING SERVICES	, INC.	71-	05282	248
	Nam	ne change	or print or type.	Number and street (or P O box if mail is not delivered to street	eet addr) Room/suit	e E Telepho	пе пить	per
	Initia	al return	See specific	2805 FORREST HOME RD		(87)	0) 9:	32-1564
	Tern	nınatıon	Instruc- tions	City, town or country S	State ZIP code + 4			
	Ame	ended return		JONESBORO	AR 72401-5	320 G Gross r	eceints \$	4,016,253.
	H	lication pending	F Name a	and address of principal officer		(a) Is this a group retur		
				CGUIRE 2805 FORREST HOME RD JONESBORO		(b) Are all affiliates incl		Yes No
	Tay	exempt statu				If 'No,' attach a list	(see inst	
<u></u>		site: N/		(c) (3) (insert no) 4947(a)(1) 0				
<u>у</u> К			_	. Пт. П П		(c) Group exemption no		
Pa		of organization	. 1	ation Trust Association Other ►	L Year of Formation	1981 MIS	tate of le	egal domicile AR
Га		Summa		and a section of the	Ndminiata.	- Fodovol F	<u> </u>	
	1 E	oneny descri	be the org	ganization's mission or most significant activities	Administe	r_rederal_r	unas	
çe	-				-			
nar	-							
Ver	2 0	Check this bo		if the organization discontinued its operations or d				
ő				bers of the governing body (Part VI, line 1a)	isposed of more	(iiaii 25 % 0i its a:		3
න්				t voting members of the governing body (Part VI, II	ine 1b)	•		3
iti	5 T	Total number	of employ	yees (Part V, line 2a)	·		5	
(3)	6 T	Total number	of volunt	eers (estimate if necessary)			6	0
1	7a ⊺	Total gross ur	nrelated b	ousiness revenue from Part VIII, Icolumn (C), ine 12	2		7 a	
2	bΝ	let unrelated	business	taxable income from Form 990-T, line 34	,		7 b	
Revenue CE MACHIVITIES & Governance						Prior Year		Current Year
<i>∵/</i> 	8 (Contributions	and gran	its (Part VIII, line 1h)		4,390,3	314.	4,016,253.
Ž,	9 F	Program serv	ice reven	ue (Part VIII, line 2g)				•
-Ş	10 li	nvestment in	come (Pa	art VIII, column (A), lines 3, 4, and 7d)				
Æ.	11 (Other revenue	e (Part VI	II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				·
012010	12 T	Total revenue	e – add Iir	nes 8 through 11 (must equal Part VIII, column (A)	, line 12)	4,390,3	314.	4,016,253.
9	13 (Grants and si	mılar amı	ounts paid (Part IX, column (A), lines 1-3)				
	14 E	Benefits paid	to or for	members (Part IX, column (A), line 4)				
	15 8	Salaries, othe	er comper	nsation, employee benefits (Part IX, column (A), Iir	nes 5-10)	369,7	91.	385,773.
Expenses	16a F	Professional 1	fundraisin	ng fees (Part IX, column (A) (ne la)	7			
per				asas (Part IV column (D) Trae 35	0.			
ŭ				X, column (A), 12 11 2 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	- 0.	4 020 5	22	2 620 400
	10 7	Juliel expells	es (raiti	A, column (A), mass 114(1), m1-2412010		4,020,5		3,630,480.
				nes 13-17 (must equal Part IX, column (A), line 25)	4,390,3		4,016,253.
	19 F	kevenue iess	expense	s Subtract line 18 from line 12			0.	
Net Assets or Fund Balancos				L UGUEN, UT		Beginning of Y		End of Year
Bala		Total assets (•	•		739,9		<u>-</u>
at A	21 1	Total liabilitie	s (Part X,	, line 26)		739,9	34.	
				ances Subtract line 21 from line 20			0.	
Pa	rt II	Signati	ure Blo	<u>ck</u>				
		Under penaltie	es of perjury,	I declare that I have examined this return, including accompanying Declaration of preparer (other than officer) is based on all inform	g schedules and stater	ments, and to the best	of my kno	owledge and belief, it is
		Tude, correct	ind complete	A A A A A A A A A A A A A A A A A A A	lation of which prepare	r nas any knowledge		
Siç	ın	-	made	u horge tiscal operation II		11-15	-10	
He	re	Signature	I			Date		
		1		rgan, Fiscal Specialist IV				
		Type or pr	rint name an	d title				
					Date	Check if	Pr (se	eparer's identifying number ee instructions)
Pa		Preparer's		6 pliling Bus		self- employed		• • • •
Pre)• !	signature	(M	W WILLEY	11/10/10			
	rer's	Firm's name (or PAU	L WADE & ASSOCIATES, P.C.			•	
Us On		yours if self- employed),		BOX 95		EIN ►		
J11	'y	address, and ZIP + 4			5655		(417	7) 679-2299
May	the IR			with the preparer shown above? (see instructions)		1	,	X Yes No
_				rwork Reduction Act Notice, see the separate inst	ructions	TEFA0101	07/20/	

		MPLOYMENT & TE				71-0	52824	18		Pa
		ment of Program S		nplishments						
1	•	the organization's miss								
	Administer	r_Federal_Fund	<u> </u>							
2	Did the organiza	ition undertake any sig	nificant program s	services during the yea	r which were no	t listed on the prior				_
	Form 990 or 990)-EZ? e these new services or	Sabadula O					Yes	X	f
3	•	ition cease conducting,		ant changes in how it o	onducts any pr	ooram services?	П	Yes	х	ı
-		these changes on Sci			этрасто, ату р	-9.40	Ь		ت	
4	and 501(c)(4) or	empt purpose achieven ganizations and sectio evenue, if any, for eac	n 4947(a)(1) trust	s are required to repor	e largest program t the amount of	n services by expense grants and allocations	es Sect s to othe	ion 50° rs, the	(c)(3) total)
4 a	(Code.) (Expenses \$	4,016,253	 including grants of 	\$	0.) (Revenue	ş	4,01	6,2	5:
		Partnership Act								_
		ed persons aged								
	remedial e	ducation, occu	pational_sl	cills training	<u>, on the jo</u>	ob training, &	work_	exp	erie	n
										
								- - -		
										
										
										_
Al	(Code.) (Expenses \$		including grants of	ċ) (Payanya	\$	-		
7.	• (Odde			_ including grants of	٧) (Nevenue	٧			
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40	c (Code) (Expenses \$		including grants of	\$) (Revenue	\$			
				-			-			_
				-			-			_
				-			-			_
										_
										_
										_
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				- -					- -	_
										-
40	d Other program s	services (Describe in S	chedule O) including gran			Revenue \$				

Page 3

Form 990 (2009) EMPLOYMENT & TRAINING SERVICES, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>x</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 I .	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>x</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	-	_x_
9	Did the organization report an amount in Part X, line 21, 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	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable .	11		x
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• 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 VII			
•	• 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			-
	• 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 IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		_ <u>x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e ² If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u> _
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 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? <i>If 'Yes,' complete Schedule J</i>	23		<u> </u>
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		х_
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
ı	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 Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			,
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	_28a		X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	, , ,	29		<u>X</u>
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
	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	_	Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
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		<u>x</u> _
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
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Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 Information Returns Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a 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 2b 2b If at least one is reported on line 2a, did 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 this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3а Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a 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) 4a X **b** 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. 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х d If 'Yes.' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7** f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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? 8 Х 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х Х b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against

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amounts due or received from them)

Form 990 (2009)

12a

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

11b

12b

Form 990 (2009) EMPLOYMENT & TRAINING SERVICES, INC 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. Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body 1a 3 **b** Enter the number of voting members that are independent 1 b

No 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 Х 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 Х Did the organization make any significant changes to its organizational documents 4 Х since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? Х 8 b Is there any officer, director or 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 Х (This Section B requests information about policies not required by the Internal

Revenue Code)

	sind code /			
			Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10a		Х
1	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь	!	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11.	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990			·
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
(b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
1	Other officers of key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
1	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt			
<u></u>	status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed	. -		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available Check all that apply	allable	for pu	plic
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public	, and	fınanc	al
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ızatıon		
		70) 9		1564

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Form 990 (2009)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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

Check this box if the organization did not compensate any current officer, director, or trustee.												
(A)	(B)				c)			(D)	(E)	(F)		
Name and Title	Average hours per week	Po undividual frances	on anstitutional trustee	Check Off 1	a key employee	A erriployee	y) Fornel	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations		
	:	ń	at te			səfed						
SAMMY_MCGUIRE												
EXECUTIVE DIRECTOR	40.00			Х		Х		134,333.	0.	0.		
REGINA MCKISSON PROGRAM MANAGER	40.00			x				97,613.	0.	0.		
JACIN HAMMETT												
CHAIRMAN OF BOARD	0.00	Х		X				0.	0.	0.		
MIKE JONES BOARD MEMBER	0.00	Х						0.	0.	0.		
TONNIE_MOORE												
VICE CHAIR	0.00	Х		Х				0.	0.	0.		
					_							
									•			
				_								
		-				-						
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					_							

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Part VII Section A. Officers, Directors, Trus (A)	(B)			(((D)	(E)	Τ		(F)	
Name and Title		Position (check all that apply						Reportable compensation from	Reportable		Est	imated	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization: (W-2/1099-MISC)	s	comp fro orga and	nt of other pensation om the inization i related nizations	1
	-												
	-			-									
	•						_						
						ļ							
	-												
									-				
	-								-			_	
	-												
1 b Total							•	231,946.	().[0
2 Total number of individuals (including but not limited	to thos	e lis	ted	abov	ve) v	who	rece	eived more than \$	100,000 in reporta	able	compe	ensatio	'n
from the organization 1												Va a T	
3 Did the organization list any former officer, director	a	I.					. L	h 1 1 1				Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dividual	e, K	еу е	mpi	oye	e, or	nig	nest compensated	· employee		3		Χ
4 For any individual listed on line 1a, is the sum of reg the organization and related organizations greater the	ortable	com	ipen	satı	on a	and o	othe	r compensation from	om ch				
individual	ian φιστ	,,,,,,,,,	,,		.J C	σπρ	ne te	Cericulate 5 for 3a			4		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation for s	froi uch	m aı per	ny u s <i>on</i>	nrela	ated	organization for s	services		5		X
Section B. Independent Contractors				1					<u> </u>				
Complete this table for your five highest compensate compensation from the organization	ea indep 	ende	ent d	cont	ract	ors t	that ——	received more tha	n \$100,000 of				
(A) Name and business addres	is .							Description (of Services	<u> </u>	ompe) nsatior	<u>1</u>
													
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not I	ımıte	ed to	o the	se	iste	d ab	ove) who received	I more than				

Par	t VIII Statement of Revenue			· · · · · · · · · · · · · · · · · · ·		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 te f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	4,016,253. Business Code	4,016,253.			
PROGRAM SERVICE	c	>				
	3 Investment income (including dividends, other similar amounts) 4 Income from investment of tax-exempt to Royalties (i) Real	•				
	b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory	(ii) Other				
E	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events					
OTHER REVENUE	(not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising ex)				
	9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold					
	c Net income or (loss) from sales of inver Miscellaneous Revenue 11 a b	Business Code				
	cd All other revenue e Total. Add lines 11a-11d	>	A 016 252			
	12 Total revenue. See instructions		4,016,253.	l	I	1

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		. <u>-</u>		THE RESERVE OF THE PERSON OF T
5	Compensation of current officers, directors, trustees, and key employees	231,946.	231,946.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	58,033.	58,033.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,235.	43,235.	0.	0.
9	Other employee benefits	52,559.	52,559.	0.	0.
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
t	L egal				
(Accounting	10,900.	10,900.	0.	0.
C	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17		•		
	Investment management fees				
	g Other				
	Advertising and promotion				
13	Office expenses	6,295.	6,295.	0.	0.
14	Information technology	3,652.	3,652.	0.	0.
15	Royalties	16.400	10.100		
16	Occupancy	16,400.	16,400.	0.	0.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	10,721.	10,721.	0.	0.
19	Conferences, conventions, and meetings	3,184.	3,184.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
	below.)		The Control	A STATE OF THE STA	and the same
	Bonds/Insurance	9,688.	9,688.	0.	0.
	Misc Contracts	29,425.	29,425.	0.	0.
	Core Services	1,720.	1,720.	0.	0.
	d Intensive Services	1,236,128.	1,236,128.	0.	0.
	Training Services	2,283,469.	2,283,469.	0.	0.
	All other expenses Total functional expenses Add lines 1 through 24f	18,898.	18,898.	0.	0.
<u>25</u> 26	Joint costs. Check here	4,016,253.	4,016,253.	0.	0.
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	L				Form 990 (2009)

		(A) Beginning of year		(B) End of year
	1 Cash — non-interest-bearing	739,739.	1	15,246.
1	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net .		3	
.	4 Accounts receivable, net .		4	846.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1))		l	
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	<u> </u>
ŝ	7 Notes and loans receivable, net		7	<u> </u>
S S E T S	8 Inventories for sale or use		8	
s	9 Prepaid expenses and deferred charges	195.	9	278.
1	0a Land, buildings, and equipment cost or other basis 10a			
	Complete Part VI of Schedule D			
	b Less accumulated depreciation.		10 c	
1	1 Investments – publicly-traded securities		11	
1	2 Investments – other securities See Part IV, line 11		12	
1	3 Investments – program-related See Part IV, line 11 .		13	
1	4 Intangible assets		14	
1	5 Other assets. See Part IV, line 11		15	
1	6 Total assets Add lines 1 through 15 (must equal line 34)	739,934.	16	<u> 16,370.</u>
1	7 Accounts payable and accrued expenses	722,580.	17	16,370.
1	8 Grants payable		18	
_ 1	9 Deferred revenue	17,354.	19	
1 1	Tax-exempt bond liabilities		20	
B 2	1 Escrow or custodial account liability Complete Part IV of Schedule D		21	
2 	2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1	of Schedule L		22	
- 1	3 Secured mortgages and notes payable to unrelated third parties		23	
	4 Unsecured notes and loans payable to unrelated third parties		24	
	5 Other liabilities Complete Part X of Schedule D		25	
	6 Total liabilities. Add lines 17 through 25	739,934.	26	16,370.
Ę	Organizations that follow SFAS 117, check here ► and complete lines			
	27 through 29 and lines 33 and 34.			
١ ٢	7 Unrestricted net assets 8 Temporarily restricted net assets	<u> </u>	27	
Ť ~	- compensation and accord	<u> </u>		
Q Z	9 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ► X and complete		29	
- 1				
N 3	lines 30 through 34. O Capital stock or trust principal, or current funds	<u> </u>	30	
- 1			30	
ğ 3	37		31	
ฉิเ	 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 	0.	32	
E			33	<u>0.</u> 16,370.
3 3	4 Total liabilities and net assets/fund balances.	739,934.	34	16,3/

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16,370. Form **990** (2009)

FORM 990 (2009) EMPLOIMENT & TRAINING SERVICES, INC.	11-0528248	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			·-·-
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	. 2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,		х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	e issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	Х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	e required audit 3b	x	

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CMB No 1545-0047

Employer identification number

	LOYMENT & TRAIL					_			528248			
Par	間形 Reason for Pul	<u>blic Charity Statι</u>	ıs (All organizations	must o	comple	te this	part.)	See ii	nstructi	ions		
The o	organization is not a priv	ate foundation becau	se it is (For lines 1 through	gh 11, c	heck onl	y one bo	ox)					
1	A church, convention	on of churches or asso	ociation of churches desci	ribed in :	section	170(b)(1)(A)(i).					
2	A school described	in section 170(b)(1)(/	A)(ii). (Attach Schedule E)								
3	A hospital or coope	rative hospital service	e organization described i	n sectio	n 170(b)	(1)(A)(ii	i).					
4	A medical research	organization operate	d in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	r the hospital's		
	name, city, and sta											
5	170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university					nental u	nıt descr	ibed in section		
6 7												
8			70(b)(1)(A)(vi). (Complete	e Part II.	3							
9	An organization that from activities relations investment income	it normally receives (1) more than 33-1/3 % of ions — subject to certain ss taxable income (less s	its supp	ort from	(2) no r	nore tha	an 33.1/	3 % of its	sunnart from arase		
10	An organization org	janized and operated	exclusively to test for pub	olic safet	y See s	ection 5	509(a)(4).				
11	more publicly suppo	orted organizations d	exclusively for the benefit escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, . See s e	or carry ection 5	out the 09(a)(3).	purposes of one or Check the box that		
	a Type	b 🗌 Type II	c Type III	l – Fund	tionally	ıntegrate	ed		d 🗌	Type III - Other		
е	By checking this bo than foundation ma 509(a)(2)	x, I certify that the or nagers and other than	ganization is not controlle none or more publicly su	d directl pported	y or indi organiza	rectly by ations de	one or escribed	more d in secti	isqualifie on 509(a	d persons other)(1) or section		
f	, , , ,	received a written det	ermination from the IRS t	hat is a	Type I, T	Гуре ІІ о	r Type I	III suppo	rting org	anization,		
g	Since August 17, 20	006, has the organiza	tion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?			
										Yes No		
	(i) a person who	directly or indirectly of the su	controls, either alone or to apported organization?	ogether v	with pers	sons des	cribed	ın (ıı) an	d (III)	11 ~ (i)		
	· · · · · · · · · · · · · · · · · · ·	ber of a person desc	,,			•				11 g (i)		
			described in (i) or (ii) ab	0.02						11 g (ii)		
h	• •	•	ne supported organization							11 g (iii)		
	(i) Name of Supported	(ii) EIN	1	1		42.54		T	[
	Organization	(ii) Liiv	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?	the organ	ou notify lization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Support		
				Yes	No	Yes	No	Yes	No			
												
				 				-				
		-		-	-							
					<u> </u>	<u> </u>		<u> </u>				
_												
Total					1 70 g ,	1.34		ا را این استوین معمسمین	Mirror V			

Schedule A (Form 990 or 990-EZ) 2009

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٠.	·.						
Par	dule A (Form 990 or 990-EZ) 2009 t III Support Schedule for		NT & TRAIN			71-0528248	Page 3
rai	Complete only if you check			n Section 505	n(a)(Z)		
Sec	tion A. Public Support	ted the box on in	ic 5 or raic ()		<u></u>		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')			(0)	(2) 2000	(9/2000	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
7 a	2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line						, <u> </u>
	7c from line 6)						
Sec	tion B. Total Support				•		
Cale	ndar year (or fiscal yr beginning in) 🕨 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b Net income from unrelated business activities not included inline 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)						
	Total support. (add tns 9, 10c, 11, and 12)		<u> </u>				
14	First five years. If the Form 990 is organization, check this box and s	s for the organiza stop here	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul		Percentage				
15	Public support percentage for 200	9 (line 8, column	n (f) divided by line	e 13, column (f))		. 15	%
16	Public support percentage from 2					16	%
C	tion D. Commutation of Inv		D				

Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19 a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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

• []

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Pari IV	Supplemental Part II, line 17	Information. Co a or 17b; and P	omplete this par art III, line 12. P	t to provide the rovide any othe	explanations requ r additional inforr	ured by Part II, nation. See insti	line 10; ructions.
				_			
	. 					_	
	· - ·		- -	·			
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection Employer Identification number

	PLOYMENT & TRAINING SERVICES,	INC.	71-0528248
Pai		Advised Funds or Other Similar Fun	ds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(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 don- funds are the organization's property, subject to	or advisors in writing that the assets held in don to the organization's exclusive legal control?	or advised Yes No
6	used only for charitable purposes and not for the purpose conferring impermissible private benefits the purpose conferring impermissible private benefits the purpose of the purpose and not for the p		ny other Yes No
Pai	t II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation of	of an historically important land area
	Protection of natural habitat	Preservation o	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in the	ne form of a conservation easement on the
			Held at the End of the Year
â	Total number of conservation easements		2a
	Total acreage restricted by conservation easen		2b
(: Number of conservation easements on a certifi	ed historic structure included in (a)	2c
	Number of conservation easements included in	()	2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or terminate	d by the organization during the tax
	year ►		
4	Number of states where property subject to cor	nservation easement is located >	_
5	and enforcement of the conservation easement		Yes No
6	Staff and volunteer hours devoted to monitoring during the year	g, inspecting, and enforcing conservation easen	nents
7	Amount of expenses incurred in monitoring, insiduring the year ►	specting, and enforcing conservation easements	\$
8	Does each conservation easement reported on $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)^2$	line 2(d) above satisfy the requirements of sect	Yes No
9	In Part XIV, describe how the organization repr include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that de-	expense statement, and balance sheet, and scribes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or research in furtheran	nt and balance sheet works of art, historical ce of public service, provide, in Part XIV,
t	amounts relating to these items	c exhibition, education, or research in furtheran	nd balance sheet works of art, historical ce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		►\$ ►\$
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 relating to these items	r financial gain, provide the following
ā	Revenues included in Form 990, Part VIII, line	1	▶ \$
t	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2009 EMPLO Part III Organizations Mainta				71-052 or Other Similar Ass		Page 2 nued)
3 Using the organization's acquisition items (check all that apply) a Public exhibition b Scholarly research	on accession and o	ther records, check				
c Preservation for future general Provide a description of the organizant XIV	nization's collections				· in	
5 During the year, did the organizal assets to be sold to raise funds re	ather than to be ma	e donations of art, intained as part of	historical treasures, or the organization's coll	r other similar ection?_	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements ount on Form 99	Complete if or 0, Part X, line 2	rganızatıon answe 21.	ered 'Yes' to Form 9	90, Part IV	, line
1 a Is the organization an agent, trus included on Form 990, Part X?				er assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and con	nplete the following	table			
c Beginning balance				1-	Amount	
d Additions during the year				1c		
e Distributions during the year				1 e		
f Ending balance				16		
2a Did the organization include an a	mount on Form 990	Part X June 21?		1 **1	Yes	No
b If 'Yes,' explain the arrangement		, , , , , , , , , , ,				
Part V Endowment Funds Co		zation answere	ed 'Yes' to Form 9	90. Part IV. line 10.		
	(a) Current year	(b) Prior year			(e) Four ye	ars back
1 a Beginning of year balance						
b Contributions						
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	-	lance held as				
a Board designated or quasi-endow	/ment ►	8				
b Permanent endowment ►	8					
c Term endowment ►	¥					
3a Are there endowment funds not in organization by	n the possession of	the organization th	at are held and admın	istered for the	V	110
(i) unrelated organizations					Yes	No
(ii) related organizations					3a(i) 3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations listed a	as required on Sche	edule R?		3b	_
4 Describe in Part XIV the intended					<u></u>	
Part VI Investments-Land, B				(, line 10,		
Description of investment	(a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value
1 a Land						
b Buildings			 			
c Leasehold improvements						
d Equipment						
e Other				L		
Total. Add lines 1a through 1e (Column	n (d) must equal Foi	m 990, Part X, col	umn (B), line 10(c))			
RΔΔ				Caha	dulo D (Form)	~~~

rail vii	Investments—Other Securities See	FOITH 930, Fait A, IIIIE 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Inancial d	erivatives		
Closely-hel	d equity interests		
Other			
		_	
. <i>-</i>			
	*		
·			
			
	mn (b) must equal Form 990 Part X, col (B) line 12)		
Part VIII	Investments-Program Related (Se	ee Form 990, Part X, line 1	3)
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
			
			
			<u></u>
			· · · · · · · · · · · · · · · · · · ·
			
		<u> </u>	
Part IX	Other Assets (See Form 990, Part	X, line 15)	
	(a) Description	(b) Book value
	- · · · · · · · · · · · · · · · · · · ·		
			
		·	
	<u> </u>		······································
			
	4) 12 200 5 11		- I
	lumn (b) must equal Form 990, Part X, col (B,		•
	lumn (b) must equal Form 990, Part X, col (B, Other Liabilities (See Form 990, P.		•
		art X, line 25)	>
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability		•
Part X	Other Liabilities (See Form 990, Page 1990), Page 1990,	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	>
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	•
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	
Part X	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	
Part X Federal Inc	Other Liabilities (See Form 990, P. (a) Description of Liability	art X, line 25)	

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 EMPLOYMENT & TRAINING SERVICES, INC.

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Sche	edule D (Form 990) 2009 EMPLOYMENT & TRAINING SERVICES, INC.	71-052824	8 Page 4
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		4,016,253.
2	Total expenses (Form 990, Part IX, column (A), line 25)		4,016,253.
3	Excess or (deficit) for the year Subtract line 2 from line 1		0.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses	· .	
7	Prior period adjustments	·	
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8	·	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		0.
_	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	· Deturn	<u></u>
1	Total revenue, gains, and other support per audited financial statements	1	4,016,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		4,010,233.
	1 1		
	★ 	,	
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	4,016,253.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
1	b Other (Describe in Part XIV)		
(c Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,016,253.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	4,016,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
;	a Donated services and use of facilities 2a		
1	b Prior year adjustments 2b		
(c Other losses 2c		
(d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	4,016,253.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	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	4,016,253.
	rt XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·	
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this predation	V, lines 1b and part to provide a	2b; Part V, any additional
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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009	EMPLOYMENT &	TRAINING S	SERVICES,	INC.	71-0528248	Page 5
Part XIV Supplementa	I Information (co	ntınued)				
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SCHEDULE O (Form.990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number EMPLOYMENT & TRAINING SERVICES, INC 71-0528248 Pt VI-B, Line 11A FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR BEFORE SIGNING Pt VI-B, Line 12c SUBJECT TO AN ANNUAL REVIEW Pt_VI-B, Line 15 ANNUAL SALARY REVIEW BY EXECUTIVE DIRECTOR &/OR PROGRAM MANAGER Pt_VI_C, Line 19 DOCUMENTS_AVAILABLE_UPON_REQUEST_AT_THE_OFFICE_OF_THE_ORGANIZATION_ Pt_VI-A, Line 8b ORGANIZATION DOES NOT HAVE COMMITTEES AUTHORIZED TO ACT ON BEHALF OF ORGANIZATION

TEEA4901

07/17/09