

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Department of the Treasury

232001 12-10-12

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

Open to Public

A F	or th	e 2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
	heck if		D Employer identific	cation number
aį	pplicab	NORTHEAST REGIONAL COMPUTING PROGRAM		
	Addre	SS C/O MIVE MUUDO		
	Name		04-2	465851
	]Initial ]return	Number and street (or P 0 box if mail is not delivered to street address)  Room/su		
一	Termi			345-2081
F	-lated Amen	ded Oh, Augus and Affine and AID and	G Gross receipts \$	607,848
$\vdash$	Jreturn ]Appli≀ Ition		H(a) Is this a group re	
_	pend		for affiliates?	Yes X No
		PHILLIPS MEMORIAL LIBRARY, 1 CUNNINGHAM SQU	,	
I T	2Y-0Y		<b>—</b>	list. (see instructions)
		te: > WWW.NERCOMP.ORG	H(c) Group exemption	
			ear of formation 1969 N	
	rt I	Summary	sai or iornation 23 03 14	- diate of logar definions =
	1	Briefly describe the organization's mission or most significant activities: SPONSORIN	NG COMPUTER R	ELATED
Activities & Governance	•	ACADEMIC CONFERENCES	NO COLLEGED IN	
naı	2	Check this box I if the organization discontinued its operations or disposed of m	ore than 25% of its net as	este
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	3	1
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
જ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
iție	6		6	
Ęį		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Ă		Net unrelated business taxable income from Form 990-T, line 34	7b	0
	<u> </u>	iver unrelated business taxable income from Form 990-1, line 54	Prior Year	Current Year
	Ω	Contributions and grants (Part VIII. line 1h)	0.	Ourrent rear
Revenue	8	Contributions and grants (Part VIII, line 1h)	602,665.	589,646
	9	Program service revenue (Part VIII, line 2g)	3,115.	18,202
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	400.	10,202
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	606,180.	607,848
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.00,100.	007,040
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0
	14	Benefits paid to or for members (Part IX column (A) (Ind 4)	132,324.	145,961
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column A), lines 5-10)	0.	0
eu	108	Professional fundraising fees (Part X, column (A), line 11e) 3  Total fundraising expenses (Part X, column (D), line 25)	0.	<u> </u>
EX			328,325.	308,604
	17	Other expenses (rait ix, columnitiza), imes man ro, i mere	460,649.	454,565
		Total expenses. Add lines 13-17 (must equal Partix) column (A), line 25)	145,531.	153,283
<u> </u>	19	Revenue less expenses Subtract line 18 from line 12		
its c	00	Tables and (Dub V by 10)	Beginning of Current Year	End of Year 1,215,912
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	979,353.	95,024
ind /	21	Total liabilities (Part X, line 26)	101,375. 877,978.	1,120,888
	22	Net assets or fund balances. Subtract line 21 from line 20	0/1,3/0.	1,120,000
		Signature Block		u kanuladan cad bakat da
		alties of perjury. declare that I have examine this return, including accompanying schedules and stall		y knowledge and belief, it is
true,	corre	ct, and complete Declaration of preparer (other that officer) is based on all information of which preparer	arer has any knowledge	<del>  12</del>
		Signature of officer	Date Date	<i>V</i>
Sigr		· · · ·	Date	
Here	е	BEATRICE R. PULLIAM, TREASURER	<del>_</del>	
	-	Type or print name and title	∏nata la □	PTIN
_		Print/Type preparer's name  VANCE P. DEBOUTER  Preparer's signature  Vance P. DEBOUTER	Date Check C	
Paid		7777	1 00.000	
Prep		Firm's name VANCE P DEBOUTER CPA PC	Firm's EIN ▶	03-0370880
Use	Only	Firm's address ▶ 181 WEST COLLEGE STREET		40 774 6400
		OBERLIN, OH 44074	Phone no 4	40-774-6400
Mav	the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes N

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

Form 990 (2012)

orm	990 (2012) C/O MIKE THURZ	04-2465851	Page 2
Pai	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 NERCOMP ENABLES THE INFORMED USE OF INFORMATION TECHNOLO	OGY BY	
	PROVIDING AFFORDABLE ACCESS TO EDUCATIONAL OPPORTUNITIES		
	LICENSING DISCOUNT PROGRAMS, PROFESSIONAL NETWORKING AND		IVE
	OPPORTUNITIES TO ITS MEMBER NETWORK.	, confinedati.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		चि
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expenses, a	ınd
4a	(Code) (Expenses \$ 382,685 · including grants of \$) (Revenue	<sub>ie \$</sub> 586,	105.)
	SPONSORED VARIOUS EDUCATIONAL CONFERENCES AND SPECIAL IN	TEREST GROU!	P .
	(SIG) PROGRAMS RELATED TO THE USE OF INFORMATION TECHNOI		
	ACADEMIC COMPUTER USERS.		
	MCMDBille Colli OTBIK ODBIKO:		
4b	(Code) (Expenses \$) (Revenue	ue \$	
		<del></del>	
4c	(Code) (Expenses \$	ue \$	
-		-	
			<del></del>
4d	Other program services (Describe in Schedule O.)		
		١	
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 382,685.		
76	Total program solving expenses P	Form 9	90 (2012)
			\ <del></del> -/

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)?		103	.,,
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Х
4	Section 501(c)(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	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised 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 I	6		Х
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		Х
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, 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	9		X
10	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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1111117 11		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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 167 If "Yes," complete Schedule D, Part VII	11b	X	ļ
c	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, " complete Schedule D, Part X	11e		X_
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		٠,,	
	Schedule D, Parts XI and XII	12a	Х	
b	· · ·			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		x
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		х
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		<del>                                     </del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>''</del>	<del> </del>	<del></del>
18		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	٠.٠		
19	complete Schedule G, Part III	19		х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
	1 100 to line 200, did the organization attach a copy of its aborted initiational statements to this loterin.		990	(2012)

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			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		<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,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			Х
	Schedule J	23		
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
	Schedule K If "No", go to line 25	24a		
	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	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
238	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		Х
<b>.</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
U	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32	<u> </u>	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-37 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			v
	Part V, line 1	34		X
35a		35a	<del>  -</del>	-
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
^-	If "Yes," complete Schedule R, Part V, line 2	36_	<del>                                     </del>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	-57		<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		agn	/201 <i>2</i>

Form	990 (2012) C/O MIKE THURZ 04-2465	851	P	age 5					
Par									
	Check if Schedule O contains a response to any question in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
•									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c							
	filed for the calendar year ending with or within the year covered by this return  2a 2								
ь	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 (see instructions)	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b							
	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		Х					
h	If "Yes," enter the name of the foreign country:	<del></del>							
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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 as charitable contributions?	6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
•	were not tax deductible?	6b							
7	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 provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
·	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
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?	8							
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>							
а	Did the organization make any taxable distributions under section 4966?	9a		İ					
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	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	İ							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
_	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?	12a							
	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.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O	<del></del> -		<u> </u>					
h	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand	1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
	1 100, Tido it filed a 1 0 till 120 to report tilede payments: II 110, provide all explanation in deficutio 0		990	(2012)					

04-2465851

C/O MIKE THURZ Form 990 (2012) 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  $\mathbf{x}$ 

	Check it Schedule O contains a response to any question in this Part VI										
Sec	tion A. Governing Body and Management		<del></del>		<b>V</b>						
_		مه ا	1	3	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>	릭							
	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	46	1	ا ا							
	Enter the number of voting members included in line 1a, above, who are independent	1b	· · · · · · · · · · · · · · · · · · ·	ᅴ							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner	2		х					
_	officer, director, trustee, or key employee?										
3											
_	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6	Did the organization have members or stockholders?			6_							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	1_		v					
	more members of the governing body?			7a		<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			v					
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	ne following								
	The governing body?			8a	X						
	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			v					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )								
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v						
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a	X						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	lescribe			v					
	ın Schedule O how this was done			12c	-	<u>X</u>					
13	Did the organization have a written whistleblower policy?			13	\	X					
14	Did the organization have a written document retention and destruction policy?			14	X	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approve		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				.,					
а	The organization's CEO, Executive Director, or top management official			15a	<del> </del>	X					
b	Other officers or key employees of the organization			15b	<u> </u>	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			1,					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıc	on's								
	exempt status with respect to such arrangements?			16b	<u> </u>						
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 (Sec	tion 501(c)(3)s only	) availat	ole						
	for public inspection. Indicate how you made these available Check all that apply.										
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy,	and 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 a	nd rec	ords of the organi	zation <sup>.</sup>	<b>_</b>						
	LISA DIMAURO - 860-345-2081										
	PO BOX 81, HADDAM, CT 06438										

C/O MIKE THURZ

### 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.

X Check this box if neither the organization n	organization compensat						ated any current officer, director, or trustee.				
(A) (B)					C)			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week	$\vdash$	ceran	id a d	recto	ii/trus	(ee)	from	from related	other	
	(list any	inecto						the	organizations	compensation from the	
	hours for related	9 0	點			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization	
	organizations	atsu.	T trus		1 18	mpen		(VV-2/1099-WIGC)		and related	
	below	Individual trustae or director	Institutional trustee	_	윹	2 St Co	<b>₽</b>			organizations	
	line)	hdiv	Instit	Officer	Кеу етріоуве	Highest compensated employee					
(1) DAVID WEDAMAN	2.00							_			
CHAIR		X		Х	_			0.	0.	0.	
(2) CHRISTINE FITZGERALD	2.00							_	_		
VICE CHAIR		X		Х		L	ļ. <u>.                                   </u>	0.	0.	0.	
(3) BEATRICE PULLIAM	2.00				ļ				_	_	
TREASURER		Х		X	<u> </u>		L.	0.	0.	0.	
(4) LINDA HILTON	2.00		İ		ł					_	
SECRETARY		X		Х		<u> </u>		0.	0.	0.	
(5) MARK BERMAN	2.00									•	
BOARD MEMBER		X	ļ		ļ	<u> </u>		0.	0.	0.	
(6) KARA BILOTTA	2.00								ي ا	•	
BOARD MEMBER		Х			ļ	<u> </u>		0.	0.	0.	
(7) GEORGE CLAFFEY JR	2.00									_	
BOARD MEMBER		X		_	ļ			0.	0.	0.	
(8) ANDREA MILLIGAN	2.00									_	
BOARD MEMBER		X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(9) DEBORAH MOSCHELLA SAKS	2.00									^	
BOARD MEMBER		X	<u> </u>		<u> </u>			0.	0.	0.	
(10) GANESAN RAVISHANKER	2.00				1					0	
BOARD MEMBER		Х	_	<u> </u>	<del> </del> _	<u> </u>		0.	0.	0.	
(11) DAWN THISTLE	2.00										
BOARD MEMBER	2 22	Х		ļ	<u> </u>	1		0.	0.	0.	
(12) LISA TRUBITT	2.00						l		0.	^	
BOARD MEMBER	2 00	X	-	_	-	$\vdash$	<u> </u>	0.		0.	
(13) KAREN WARREN	2.00	-							0.	0.	
BOARD MEMBER			ļ	_	_	┝		0.	U •	<u> </u>	
		-	<del> </del>	├	$\vdash$	$\vdash$	$\vdash$	-			
	_	ł									
<del></del>					$\vdash$	+	-				
		1									
						$\prod$					
						<u> </u>	<u> </u>				

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rm 990 (2012) C/O M	EAST REGION							· · · · · · · · ·	04-2465	<u>851</u>	Pa	ge <b>8</b>																		
art VII Section A. Officers, Director (A) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more th box, unless person is officer and a director/			(C) Position (do not check more that box, unless person is bofficer and a director/tr			(C) Position (do not check more the box, unless person is to officer and a director/tr		(C) Positii (do not check mo box, unless perso officer and a dire		Pos (do not check box, unless pe officer and a d		POSI (do not check r box, unless per officer and a di		Position (do not check more box, unless person i officer and a directo		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(C) Position (do not check more the box, unless person is to officer and a director/ti		(C) Position (do not check more than or box, unless person is both officer and a director/truste		one n an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	(F) timate nount o other pensati om the anizati d relate	of tion e on
	below line)	Individua	Institutio	Officer	Key employee	Highest of employe	Former			orga	anızatıc	ons 																		
											_																			
											_																			
<ul><li>b Sub-total</li><li>c Total from continuation sheets to</li><li>d Total (add lines 1b and 1c)</li></ul>	·					<b>&gt; &gt;</b>		0. 0.	0. 0. 0.			0.																		
? Total number of individuals (includir compensation from the organization		ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	,000 of reportable		Yes	0 <b>No</b>																		
Did the organization list any former line 1a? If "Yes," complete Schedule			e, ke	ey er	nplo	oyee,	or I	highest compensated ei	mployee on	3		х																		
For any individual listed on line 1a, in and related organizations greater the Did any person listed on line 1a recommendations.	an \$150,000? <i>If "Yes,</i>	" со	mpl	ete S	Sch	edule	∋ <i>J f</i>	or such individual		4		X																		
Did diff person listed on line 1a fee	cito di addide compe	,541			. u.i.)	, 4111	Jiul	or organization or more		_ ا	1 1	v																		

	compensation from the organization			(
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	<u> </u>	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5_		X

Section B. Independent Contractors

1b Sub-total

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.

( <b>B)</b> Description of services	Compensation
	Compendation

Total number of independent contractors (including but not limited to those listed above) who 0 \$100,000 of compensation from the organization

Form 990 (2012) C/O MIK

C/O MIKE THURZ

1.0		Check if Schedule O conta		to any question i	n this Part VIII			
	<del>,,,,</del>	Oncor II Goriedaie O contr	mus a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 ;	a Federated campaigns	1a					
	1	b Membership dues	1b					
S, C		c Fundraising events	1c					
ig ig	•	d Related organizations	1d					
S,E	•	e Government grants (contribute	ions) 1e					
i S	1	f All other contributions, gifts, grant	ts, and					
혈		similar amounts not included above	ve 1f					
E S	•	9 Noncash contributions included in lines	1a-1f \$					
<u>3 E</u>	1	h Total. Add lines 1a-1f						
				Business Code	,			
e	2 :			611710	303,781.			303,781.
Program Service Revenue	1	ь MEMBERSHIP DUES		611710	282,324.			282,324. 3,541.
S u		c THATCAMP NE		611710	3,541.			3,541.
ran ev	•	d					<u> </u>	
90		e				,		
ā.	1	f All other program service reve	nue				·	
		g Total. Add lines 2a-2f		<b>&gt;</b>	589,646.			
	3	Investment income (including	dıvıdends, ınter	est, and				1.0.00
		other similar amounts)		▶	18,202.		<u> </u>	18,202.
	4	Income from investment of tax	x-exempt bond					ļ. <u></u>
	5	Royalties		<b>•</b>				ļ ramaras na
			(i) Real	(ii) Personal				
	6 6	a Gross rents						
	ı	b Less: rental expenses						
	•	c Rental income or (loss)						
	•	d Net rental income or (loss)		, <b>&gt;</b>	·····	,	.,,	
	7 :	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	ı	b Less cost or other basis						
		and sales expenses		ļ				
		c Gain or (loss)	L					
		d Net gain or (loss)		<b>•</b>			<del></del>	
ne	8 8	a Gross income from fundraising	•					
ver		including \$						
æ		contributions reported on line	•					
Other Reven		Part IV, line 18  b Less direct expenses	a					
ŏ		<ul> <li>Less direct expenses</li> <li>Net income or (loss) from fund</li> </ul>	b trajajna avanta	<b>•</b>				
		Gross income from gaming act					·····	
	0	Part IV, line 19	auvides see	]				
		b Less: direct expenses	b					
		<ul> <li>Net income or (loss) from gam</li> </ul>		<b>•</b>	•			1
		a Gross sales of inventory, less	-					
		and allowances	a					
	1	b Less: cost of goods sold	b					
		c Net income or (loss) from sale		<b>•</b>				
Ì		Miscellaneous Revenu		Business Code				
	11 (							
		b						
		c			-			
		d All other revenue						
		e Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue. See instructions		▶ [	607,848.	0.	0.	607,848.

C/O MIKE THURZ

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).			
		Check if Schedule O contains a response to any question in this Part IX					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and			<u> </u>	·		
	organizations in the United States See Part IV, line 21						
2	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			, · . · , , , , , , , , , , , , , , , ,			
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees						
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	107.004	107 024				
7	Other salaries and wages	127,934.	127,934.				
8	Pension plan accruals and contributions (include	7 (00	7 (00				
_	section 401(k) and 403(b) employer contributions)	7,600.	7,600.				
9	Other employee benefits	10 427	10 427				
10	Payroll taxes	10,427.	10,427.		<del></del>		
11	Fees for services (non-employees):						
	Management						
	Legal	5,007.		5,007.			
	Accounting	3,007.		3,007.	<del></del>		
	Lobbying  Professional fundressing convices Cos Part IV, line 17						
e	,						
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,						
y	column (A) amount, list line 11g expenses on Sch 0						
12	Advertising and promotion						
13	Office expenses				<del></del>		
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses						
-	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	30,746.	30,746.				
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	2,061.		2,061.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)						
а	amount, list line 24e expenses on Schedule 0) CONFERENCES AND SPECIAL	128,461.	128,461.				
b	OMD A MEG TO TALEMET A METUEO	44,909.	<u> </u>	44,909.			
c	CONCUIT MANIMO	40,093.	40,093.		<del></del>		
d	LYRASIS/ARI CONTRACT FE	19,903.		19,903.	<del> </del>		
_	All other expenses	37,424.	37,424.				
25	Total functional expenses Add lines 1 through 24e	454,565.	382,685.	71,880.	0.		
26	Joint costs. Complete this line only if the organization		, <u>, , , , , , , , , , , , , , , , , , </u>				
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation						
	Check here If following SOP 98-2 (ASC 958-720)						

C/O MIKE THURZ

Par	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
1	1	Cash · non-interest-bearing		1	·
1	2	Savings and temporary cash investments	403,167.	2	529,507
- 1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	8,940.	9	11,461
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	567,246.	12	674,944
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	979,353.	16	1,215,912
	17	Accounts payable and accrued expenses	16,919.	17	1,215,912 12,672
	18	Grants payable		18	
	19	Deferred revenue	84,456.	19	82,352
	20	Tax-exempt bond liabilities		20	· <u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
֓֞֞֞֜֞֜֞֜֞֞֞֜֜֞֜֞֞֜֞֜֡֓֡֓֡֓֡֡֡֡֡֡֡֡֡֡֡֡		Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
ı		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	101,375.	26	95,024
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
,		complete lines 27 through 29, and lines 33 and 34.			
ן נ	27	Unrestricted net assets	877,978.	27	1,120,888
	28	Temporarily restricted net assets	0.11/01/03	28	2/ = 2 3 / 3 3 3
(	29	Permanently restricted net assets		29	
	23	Organizations that do not follow SFAS 117 (ASC 958), check here		2.0	
Net Assets of Fully balances		and complete lines 30 through 34.			
	20			20	
2	30	Capital stock or trust principal, or current funds	<del></del>	30 31	<u> </u>
	31	Paid-in or capital surplus, or land, building, or equipment fund	·	32	<del></del>
2	32	Retained earnings, endowment, accumulated income, or other funds	877,978.		1,120,888
	33	Total net assets or fund balances	979,353.	33 34	1,215,912
	34	Total liabilities and net assets/fund balances	1 7/7,333.	34_	1,213,312

Form **990** (2012)

Form	990 (2012) C/O MIKE THURZ	04-246	5851	Pag	ge <b>12</b>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			_	Щ.
1	Total revenue (must equal Part VIII, column (A), line 12)	1			48.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	65.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>83.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			78.
5	Net unrealized gains (losses) on investments	5	89	9,6	27.
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,120	0,8	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<del></del>		X
			r	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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		<u> </u>

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

2011 2011

Open to Public Inspection

Name of the organization

NORTHEAST REGIONAL COMPUTING PROGRAM C/O MIKE THURZ

Employer identification number 04-2465851

F 4	11.1	neason i	or Fubile Char	ity Status (All organiza	ations mus	st complete	e uns part	., 366 11150	UCTIONS				
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	•				
2		A school desc	cribed in section 17	' <b>0(b)(1)(A)(ii)</b> . (Attach Scl	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)(	A)(iii).					
4		A medical res	earch organization	operated in conjunction v	with a hos	pıtal descr	ibed in <b>se</b>	ction 170	b)(1)(A)(ii	i). Enter i	the hospita	l's nan	ne,
		city, and state	e:	- <u></u> -	_								
5		An organization	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	described	in sectio	n 170(b)(1	)(A)(v).					
7		An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	nbed	ın
		section 170(l	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8				ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9	X	An organization	on that normally rec	eives: (1) more than 33 1	/3% of its	support fr	rom contri	butions, m	embershi	p fees, a	nd gross re	ceipts	from
		activities relat	ted to its exempt fur	nctions · subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	; inves	tment
		income and u	inrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June	30, 19 <sup>°</sup>	75.
		See section	<b>509(a)(2)</b> . (Complete	e Part III.)									
10		An organizati	on organized and or	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	.).				
11				perated exclusively for th									or
		more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	). See sec	tion 509(	a)(3). Ch	eck the box	k that	
		describes the	type of supporting	organization and comple									
		a L Type I		•	/pe III - Fui	-	-				n-functiona		
е				at the organization is not									
				han one or more publicly						9(a)(1) or	section 50	9(a)(2)	•
f				tten determination from t	the IRS tha	atıtısa.⊺y	pe I, Type	II, or Type	: 111				
			rganization, check th		<b>.</b> .					0			L
9				organization accepted an							_	Yes	No
				directly controls, either al	one or tog	etner with	persons c	iescribed i	n (II) and (	iii) below			140
		-	- •	upported organization?							11g(i) 11g(ii		
				n described in (i) above?		.2					11g(iii		<del>                                     </del>
				person described in (i) o							118/	и	
h	l	Provide the id	ollowing information	about the supported org	gariizationi	(5).							
(i)		of supported anization	(ii) EIN	100000000000000000000000000000000000000	in col (i) lis	organization sted in your	organizat		(vi) Is organizatio (i) organiz	on in col ed in the	(vii) Amour su	nt of mo	netary
				above or IRC section (see instructions))		document?			Yes	No			
					Yes	No	Yes	No	162	140			
											<u> </u>		
					-								
						-				-	-		
													_
		-											
			-										
												<del></del>	
Tak	- I												

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11

12	Gross receipts from related activities, etc. (see instructions)	12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	er as a section 501(c)(3)	
	organization, check this box and stop here		<b>▶</b>
Se	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

## Schedule A (Form 990 or 990-EZ) 2012 C/O MIKE THURZ 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						i
	membership fees received. (Do not		•				
	include any "unusual grants ")	223,308.	249,990.	266,004.	280,909.	285,865.	1306076.
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	371,993.	302,834.	302,538.	321,756.	303,781.	1602902.
3	Gross receipts from activities that	· · · · · · · · · · · · · · · · · · ·					
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	595,301.	552,824.	568,542.	602,665.	589,646.	2908978.
	Amounts included on lines 1, 2, and	•		· · · · · · · · · · · · · · · · · · ·	*		
	3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						2908978.
Se	ction B. Total Support	<u> </u>			r		···
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	595,301.	552,824.	568,542.	602,665.	589,646.	2908978.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,397.	7,540.	8,056.	12,455.	18,202.	55,650.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b	9,397.	7,540.	8,056.	12,455.	18,202.	55,650.
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)		1,986.		400.		2,386.
13	Total support. (Add lines 9, 10c, 11, and 12)	604,698.	562,350.	576,598.	615,520.	607,848.	2967014.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2012 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	98.04 %
	Public support percentage from 2011	•				16	98.12 %
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				1 00
17	Investment income percentage for 20	112 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	1.88 %
	investment income percentage from					18	1.80 %
198	a 33 1/3% support tests - 2012. If the						17 is not ਙਿਹਾ
	more than 33 1/3%, check this box a						<b>▶</b> X
t	33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶□

### 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

OMB No 1545-0047

Name of the organization

NORTHEAST REGIONAL COMPUTING PROGRAM C/O MIKE THURZ

Employer identification number 04-2465851

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , ,	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	<del></del>	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	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
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
•	listed in the National Register	and of throo, and not on a motorio struc	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by th	
	year	neased, extinguished, or terminated by tr	organization daming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		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) above		
•	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	mon s imanolal statements that essence	, the organization of accounting to.
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets.
ستست	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
		ducation, or research in furtherance of pr	and the service, provide the following amounts
	relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	••		► \$ ► \$
•	(ii) Assets included in Form 990, Part X	appured or other appular apputs for figure	
2	If the organization received or held works of art, historical tre		argain, provide
_	the following amounts required to be reported under SFAS 1	To (MOC 900) relating to these items:	<b>▶</b> ¢
a	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
Þ	Assets included in Form 990, Part X		• •

	dule D (Form 990) 2012 C/O MIK	E THURZ				0	4 - 24	<u>65851</u>	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures,	or Other	Simila	r Asse	<b>ts</b> (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of	the following tha	at are a sign	iificant us	se of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or	exchange progr	ams				
ь	Scholarly research	•	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	in how they furth	er the organizat	ion's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	No.
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organiz	ation answered	"Yes" to Fo	rm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribu	tions or other a	ssets not in	cluded			
	on Form 990, Part X?		·					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:						
	· · ·	·	•					Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.			een provided in	Part XIII				
Par							_		
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g, colum	n (a)) held as:			_		
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	%	<del></del>						
С	Temporarily restricted endowment ▶	<del></del> %							
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are he	d and administe	ered for the	organiza	tion	_	
	by:							\	res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Schedule R?					3ь	
4	Describe in Part XIII the intended uses of the	organization's end	owment funds.						
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	), Part X, line 10.						
	Description of property	(a) Cost or o	other (b) C	ost or other	(c) Acc	umulated	<b>.</b>	(d) Book	value
		basis (investi	ment) ba	sis (other)	depre	ciation			
1a	Land								
b	Buildings								
C	Leasehold improvements								
	Equipment								
<u>        e</u>	Other								
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), lii	ne 10(c).)				_	0.

Schedule D (Form 990) 2012 C/O MIKE THU	RZ	IING FROGRAM	04	-2465851 Page <b>3</b>
Part VII Investments - Other Securities. See	Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value		on. Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) VANGUARD ADMIRAL 500				
(B) INDEX FUND ADMIRAL				
(C) SHARESS	71,466.	END-OF-YEAF	MARKET	VALUE
(D) VANGUARD SELECTED VALUE				
(E) FUND	108,362.	END-OF-YEAF	MARKET	VALUE
(F) VANGUARD WELLINGTON FUND				
(G) ADMIRAL SHARES	334,956.	END-OF-YEAR	<b>MARKET</b>	VALUE
(H) VANGUARD SMALL CAP GROWTH				
(I) INDEX FUND ADMIRAL	104,556.	END-OF-YEAR	≀ MARKET	VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 ) ▶	674,944.			
Part VIII Investments - Program Related. See	Form 990, Part X, line 1	3		<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of valuate	on: Cost or enc	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)		<u> </u>		
(6)				<u> </u>
(7)				
(8)				
(9)				
(10)	····			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13 )			<del></del>	
Part IX Other Assets. See Form 990, Part X, line 1				
(a) D	escription			(b) Book value
(1)				
(2)	<u></u>			
(3)				
(4)	<del></del>			
(5)			<del></del>	
(6)	·· · ·			· <u> </u>
(7)				<u> </u>
(8)				<del></del>
(9)		<del></del>	<del></del> .	
(10)		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line				
Part X Other Liabilities. See Form 990, Part X, Irr		(h) Dook value	<del></del>	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)	<del>-</del> · · · ·	· <del></del>		
(3)				
(4)		<del></del>		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Total (Column (b) must equal Form 990, Part Y, col. (R) line	25)			

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	•	NORTHEAST RE	GIONAL COMPUTIN	G PRO			
Sche	dule D (Form 990) 2012	C/O MIKE THU	RZ			04 - 2	2465851 Page 4
Par	t XI Reconciliation	of Revenue per Audit	ted Financial Statemer	nts With			
1	Total revenue, gains, and o	other support per audited fin	ancial statements			1	697,475.
2	Amounts included on line	1 but not on Form 990, Part	VIII, line 12:				
	Net unrealized gains on inv			2a	89,627.		
b	Donated services and use	of facilities		2b			
	Recoveries of prior year gr			2c		1	
	Other (Describe in Part XIII)			2d		1 1	
	Add lines 2a through 2d	7		····		2e	89,627.
3	Subtract line 2e from line 1					3	607,848.
4	Amounts included on Forn	n 990, Part VIII, line 12, but n	not on line 1:				
		included on Form 990, Part \		4a			
	Other (Describe in Part XIII		, , , , , , , , ,	4b			
	Add lines 4a and 4b	•/				4c	0.
		and 4c. (This must equal For	rm 900 Part I line 12 )			5	607,848.
			ited Financial Stateme	nts With	Expenses per		
1		s per audited financial statem	· · · · · · · · · · · · · · · · · · ·	TILO VIIII	Expended per	1	454,565.
2		1 but not on Form 990, Part				<del>  ' </del>	101,000
a	Donated services and use		IA, IIII e 25.	2a			
ь	Prior year adjustments	Of facilities		2b			
	Other losses			2c	······································	1	
		1.		2d			
	Other (Describe in Part XIII	··)		20		1	0.
	Add lines 2a through 2d					2e	454,565.
	Subtract line 2e from line 1					3	434,303.
		n 990, Part IX, line 25, but no		1 . 1			
		included on Form 990, Part \ 	VIII, line /b	4a	<del></del>		
	Other (Describe in Part XIII	1)		_4b	<del></del>		^
	Add lines 4a and 4b	_				4c	0.
		3 and 4c. (This must equal F	orm 990, Part I, line 18.)			5	454,565.
	t XIII Supplemental						
			art II, lines 3, 5, and 9, Part III,				2b; Part V, line 4; Part
			b. Also complete this part to p			_	
PAR	CT X, LINE 2:	NORTHEAST REGI	ONAL COMPUTING	PROGR	AM, INC IS	A	
ГОИ	r-For-Profit C	ORPORATION EXE	MPT FROM INCOME	TAXE	S UNDER IR	C SI	ECTION
<u>501</u>	L(C)(3). IT I	S MANAGEMENT'	S OPINION THAT	THERE	ARE NO AC	TIV	ITIES THAT
WOU	JLD SUBJECT TH	E ORGANIZATION	TO THE UNRELAT	ED BU	SINESS INC	OME	TAX OR
AFF	FECT ITS TAX E	XEMPT STATUS.	ACCORDINGLY, N	O PRO	VISION HAS	BEI	EN MADE FOR
			NANCIAL STATEME	-			TION'S TAX
						-	
KE'I	TUKNS ARE SUBJ	ECT TO EXAMINA	TION BY THE INT	EKNAL	REVENUE S	EKV.	ICE FOR_
aun.	ያቸው የፍለውሮ አፍጥው	ם המבע אסב בדו	FD				

Schedule D (Form 990)

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 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
VANGUARD INT'L GROWTH FUND ADMIRAL SHARES	55,604.	FMV
	<u> </u>	
	·	
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
<del></del>		
	<del></del>	
	<del> </del>	

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

NORTHEAST REGIONAL COMPUTING PROGRAM C/O MIKE THURZ

Employer identification number 04-2465851

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S BOARD MEMBERS
WILL EACH RECEIVE AN ELECTRONIC COPY OF FORM 990 TO REVIEW AT THE NEXT
BOARD MEETING AND PRIOR TO FILING FORM 990 WHICH IS DUE TO BE FILED BY
NOVEMBER 15, 2013
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST BY CONTACTING THE ORGANIZATION.
PART X11 LINE 2C
NO CHANGES FROM THE PRIOR YEAR.