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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008 Open to Public Inspection

Form **990** (2008) \

_									
<u>A</u>			or tax year beginning	NOTE TO THE PERSON OF THE PERS	, and ending	00100	DITETES		
В	Check if applica	Luse IRS		NOVATION N	STWORK FOR	COMMU	NUTLIES	D Emplo	yer identification number
\sqcup	Address chang	label or	IN	C	· · · ·				5005400
	Name change	print or	Doing Business As						5097409
$\bar{\Box}$	Initial return	type	Number and street (or P O box	if mail is not delivered to street	address)		Room/suite		one number
H		See Specific	PO BOX 397				J	231	838-4720
님	Termination	Instruc-	City or town, state or count	•				G Gross rece	ipts \$ 1,281,263
X	Amended retur	n tions	BEAVER ISLA	ND	MI 49782				
	Application per	iuliy j	d address of principal office	er				H(a) Is this	a group return for
			ER PLASTRIK	•				affiliate H(b) Are all	
			30X 397					include	ed? Yes No
			TER ISLAND	MI	49782			If "No,"	attach a list (see instructions)
	Tax-exempt			ert no) 4947(a)(1) or 527				•
J	Website:		POLIS.COM						exemption number
<u>K</u>	Type of organ	zation X Corpora	ition Trust Associ	ation Other		L	Year of formation 2	007	M State of legal domicile MI
F	Part I	Summary							
	1 Bne	fly describe the o	organization's mission or	r most significant activ	ities				
m	D	EVELOP AND	D SPREAD SCALA	BLE INNOVATION	NS THAT TRAI	NSFORM	THE PERFOR	MANCE	OF
ĕ	C	OMMUNITY S	Systems.						
rua									
Activities & Governance	2 Che	ck this box	If the organization of	discontinued its operat	ions or disposed of n	nore than 2	5% of its assets		
Ğ	1		embers of the governing	•	•			3	6
တ္	1	_	ent voting members of t					4	4
ij	I	•	ployees (Part V, line 2a)	gavanimig avaj (r i				5	0
ःहे	1	•	fiteers (estimate if nece	sean()				6	0
ĕ	70	ECEIVE	business revenue from	a Dart VIII lina 12 coli	ımn (C)			7a	0
		unrelated busine		7b					
_	11 1		Prior Yea		Current Year				
	MAR Con	N 3 1 201	ants (Pant VIII, line 1h)					3,166	1,266,744
Revenue	Pro		enue (Eart VIII, line 2g)						
ě	10 ଲେ		Part VIII, column (A), lin	nes 3 4 and 7d)			·	7,727	14,519
æ	10 1000		VIII, column (A), lines 5		116\			, , ,	
		•	lines 8 through 11 (mus		•		980	0,893	1,281,263
			mounts paid (Part IX, co		111 (7 (), time (2)			7	272327232
	1		or members (Part IX, col						
	1	•	•	1 7	(A) has E 10)		34	3,394	565,994
98	15 Sala	•	ensation, employee ber	·	(A), lines 5–10)		J	3,332	303,332
Expenses	16a Prot		sing fees (Part IX, colum	* **					
×	b Tota		enses (Part IX, column				34	100	520,849
w	1 17 0 11 11	•	rt IX, column (A), lines 1	•				0,489	
	1 -	•	lines 13-17 (must equa		ine 25)			3,883	1,086,843
_	19 Rev	enue less expen	ses Subtract line 18 fro	m line 12			Beginning o	7,010	194,420 End of Year
Net Assets or		l /Dt V	line 46\					1,587	563,572
(SSe	20 Tota	l assets (Part X,						4,577	72,142
e e	21 Tota	I liabilities (Part 2	•	4.6				7,010	491,430
			alances Subtract line 2	1 from line 20				,, 010	491,430
큳	Part II	Signature		 					
7		Under penalties	of perjury, I declare that I have ye, correct, and complete I	ave examined this return, Declaration of preparer (o	including accompanying	g schedules a	and statements, and	to the best o	of my knowledge v knowledge
₹.					and that officer, is bust	50 511 GR 111101	That of the pro-	1 /	,
-Sig	-		and the	3UL				11/3	23/11
фe	re	Signature of						Date	,
 -		—	R PLASTRIK			PRESI	LDENT		
		Type or prin	t name and title			,			
_		Preparer's	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	` //	n/l	Date	Check	ıf	Preparer's identifying number (see instructions)
Pa		signature		my/s	dhen	1/2	0/11 self- employ	ed 🕨 📖	P00053828
	eparer's	· · · · · · · · · · · · · · · · · · ·	GODFRE	Y WASE BERG	CPAS &	ADVISO		EIN	▶ 20-3039866
Us	e Only	Firm's name (or) if self-employed),		BBOTT ROAD				Phone	
		address, and ZIP		ANSING, MI	48823-19			no ▶	517-908-0888

May the IRS discuss this return with the preparer shown above? (see instructions)

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (see instructions)	Page 2
Part III Statement of Program Service Accomplishments (see instructions) 1 Briefly describe the organization's mission	
DEVELOP AND SPREAD SCALABLE INNOVATIONS THAT TRANSFORM THE PERFO	DMANCE OF
COMMUNITY SYSTEMS.	ICHNICE OF
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	0 0
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$ 604,939 including grants of \$) (Revenue \$)
KELLOGG: DEVELOPMENT OF MORE THAN A DOZEN SOCIAL	
INNOVATIONS FOR COMMUNITIES, RANGING FROM ENERGY	
EFFICIENCY AND ECONOMIC DEVELOPMENT OF LOW INCOME	
NEIGHBORHOODS TO WORK FORCE DEVELOPMENT INTERMEDIARIES AND	
IMMIGRANT COMMUNITY DEVELOPMENT.	
	•
•	
4b (Code) (Expenses \$ 44,699 including grants of \$) (Revenue \$)
MORE GOOD SCHOOLS: DEVELOPMENT OF SEVERAL NEW SCHOOLS IN	,
DETROIT THAT DRAMATICALLY INCREASE HIGH SCHOOL GRADUATION	
AND COLLEGE ENROLLMENT RATES OF LOW INCOME MINORITY	
STUDENTS.	
0.4 0.10	
4c (Code) (Expenses \$ 256,717 including grants of \$) (Revenue \$)
FORD FOUNDATION: DEVELOPMENT OF NONPROFIT SUSTAINABILITY	
ASSOCIATES CONSULTING NETWORK TO ASSIST COMMUNITIES IN	
IMPLEMENTING LARGE-SCALE SOLUTIONS FOR INCREASED ENERGY	
EFFICIENCY AND IMPROVED ENVIRONMENTAL PERFORMANCE.	•
4d Other program services (Describe in Schedule O)	
(Expenses \$ 180,463 including grants of \$) (Revenue \$)
4e Total program service expenses > \$ 1,086,818 (Must equal Part IX, Line 25, column (B))	
	Form 990 (2008)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes." complete Schedule C. Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Х 4 Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X 6 Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Х 8 complete Schedule D. Part III 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," X 9 complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 X 11 Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return 12 X 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the U S ? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 57 If "Yes," complete 23 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions X 24a 24b-24d and complete Schedule K If "No," go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X 25b person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part ill

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			,
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b	X	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		
	III, IV, and V, line 1	34		X
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	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 16 U.S. Information Returns. Enter -0- if not applicable 1a 0 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 X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 0 Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 X this return? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 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 X 4a **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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7e benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f X 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring X 8 organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9ь h Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Ь Section 501(c)(12) organizations. Enter 11 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them)

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

12a

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management					
					Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	е				
	circumstances, processes, or changes in Schedule O See instructions					
1a	Enter the number of voting members of the governing body	1a	6			
þ	Enter the number of voting members that are independent	1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship will	th				
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direction	ect			1	
	supervision of officers, directors or trustees, or key employees to a management company or other personal supervision of officers.	n?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers				
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g				
	the year by the following	_				
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9a	Does the organization have local chapters, branches, or affiliates?			9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chap	ters.				
	affiliates, and branches to ensure their operations are consistent with those of the organization?	,		96		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	zations	:	11		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at				
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			11		x
Sec	tion B. Policies					
					Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could gi	ve				
-	rise to conflicts?	-		12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	n				
•	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14	 -	X
15	Did the process for determining compensation of the following persons include a review and approval by					1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de					Ī
а	The organization's CEO, Executive Director, or top management official?			15a	x	Ť
b	Other officers or key employees of the organization?			15b	X	
U	Describe the process in Schedule O (see instructions)			102		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	,				I
IUa	with a taxable entity during the year?	•		162	Ì	x
_	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			16a	-	1
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu					Ī
	the organization's exempt status with respect to such arrangements?	aru		466	1	ŧ
500	etion C. Disclosure			16b	L	l
		-		 		
17	The state of the s	1/61/21	e only)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (50	·(C)(3)	o uniy)			
	available for public inspection. Indicate how you make these available. Check all that apply					
4.0	X Own website Another's website X Upon request	F	ntose - t			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, confi	ICI OT II	nerest			
	policy, and financial statements available to the public		-64b -			
20	State the name, physical address, and telephone number of the person who possesses the books and re	cords	or the			
	organization PETER PLASTRIK PO BOX 397		9782	221_02		

Part VII 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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

Name and Title	Average	Posi	(C) tion (check all that apply)					(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
ALVARO LIMA											
DIR/CONSULT		X			_		_	55,000	0	0	
JANET TOPOLS DIRECTOR	KY	x						o	o	o	
RICHARD ANDE	RSON	 				<u> </u>	 				
DIRECTOR		х						0	0	0	
JUAN OLIVARE	Z	ļ								·	
DIRECTOR	_	X	L	<u> </u>				0	0	0	
KEITH COOLEY		ļ					i				
DIRECTOR		X		L.		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	<u>L</u>	0	0	0	
PETER PLASTR											
PRESIDENT/EX	40		ļ	X		_		223,452	0	0	
JOHN CLEVELA									_		
VP/PLANNING	40				Х	-		287,542	0	0	
						-					
		\perp	-	-		ļ					
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	(A) . Name and title	(B) Average	Posi	tion (check	C) all th	nat ap		(D) Reportable	(E) Reportable	(F) Estimated			-
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor	amour othe mpen: from rganiz ind rel ganiza	er sation the ation lated	
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1b	Total		<u> </u>	<u></u>	L.	l	<u></u>	<u> </u>	565,994					
2	Total number of indicorganization ▶ 2	viduals (including those in 1	a) w	ho re	ceiv	ed m	nore	thai	n \$100,000 in reportable con	npensation from the				
3		list any former officer, dire	ctor (or tru	stee	, key	/ emį	oloy	ee, or highest compensated		Γ	_	Yes	1
4	For any individual lis	1? If "Yes," complete Schedusted on line 1a, is the sum of 1 related organizations great	f rep	ortat	ole co	ompe	ensa	tion	and other compensation fro " complete Schedule J for su	m uch	-	3		Х
5	individual Did any person lister	d on line 1a receive or accri to the organization? If "Yes,"	ne cc	mpe	ensat	ion f	rom	any	unrelated organization for		-	5	X	x
	tion B. Independent	Contractors								- \$100,000 of				
1	compensation from	the organization (A) Name and business address	nsate	ea inc	epe	naei	nt co	ntra	ctors that received more tha	(B) tion of services			(C) ompensa	
		Name and business address						╁	Descrip	otion of services			omperisa	ition
		· · · · · · · · · · · · · · · · · · ·						 		<u></u>				
								T						
								-						
						-								
2	Total number of inde	ependent contractors (include the organization	ling 1	those	e in 1	I) wh	о ге	ceiv	ed more than \$100,000 in			0		
DAA												Form	. 990	(2000

Pai	rt VI	Statement of Rev	enue						,
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္တတ	1a	Federated campaigns	1a						
E a		Membership dues	1b						
프림		Fundraising events	1c						
Contributions, gifts, grants and other similar amounts		Related organizations	1d]			1
2 전입			1e						1
Sign		Government grants (contributions)	- 18 -						1
털힐	f	All other contributions, gifts, grants, and similar amounts not included above	اعدا	1 2	66 744				
발히			1f]	1,2	66,744	1			1
등립	-	Noncash contributions included in lines 1	a-1f \$			1 266 744			
<u>- 1</u>	h	Total. Add lines 1a-1f			•	1,266,744			
Program Service Revenue					Busn Code				
š	2a								
2	b								
Š	C				<u> </u>				
Ser	d								
ᇤ	е								
ğ	f	All other program service rev	enue						
ا ية	g	Total. Add lines 2a-2f			>				
	3	Investment income (including	dividen	ds, interes	t, and				
- 1		other similar amounts)			▶ _	14,519			14,519
	4	Income from investment of ta	x-exem	ot bond pro	ceeds ►				
	5	Royalties			▶ [
		(ı) Rea	l .	(II) P	ersonal			-	
	6a	Gross Rents							1
	b	Less rental exps							
	C	Rental inc or (loss)							1
	d	Net rental income or (loss)		1	•				
		Gross amount from (i) Securi	ties	(11)	Other				
		sales of assets		<u> </u>					1
	_	other than inventory		 					1
	b	Less cost or other							1
		basis & sales exps		╁					
		Gain or (loss)		<u> </u>				İ	1
	d	Net gain or (loss)			•				
_	8a	Gross income from fundraising e	vents					i	
nue		(not including \$							
Š		of contributions reported on line	IC)						1
æ		See Part IV, line 18	а						1
Other Revenu		Less direct expenses	b	L					
ō		Net income or (loss) from ful		events	<u> </u>				
	9a	Gross income from gaming activi			1				1
		See Part IV, line 19	а						
		Less direct expenses	b						<u> </u>
	1	Net income or (loss) from ga		tivities					<u> </u>
	10a	Gross sales of inventory, les	S		į				
		returns and allowances	а						1
	l .	Less cost of goods sold	b						1
	C	Net income or (loss) from sa		ventory	<u>, ▶</u>			, ,	1
	<u> </u>	Miscellaneous Reve	nue		Busn. Code	İ			†
	11a								
	b								
	С				<u> </u>				
	d	All other revenue					· · · · · · · · · · · · · · · · · · ·		
	e	Total. Add lines 11a-11d			▶				
	12	Total Revenue. Add lines 1	h, 2g, 3,	4, 5, 6d, 7		اند سدد و	_		
	l	9c, 10c, and 11e			<u> </u>	1,281,263	<u> </u>		0 14,519

Page 10

Form 990 (2008) Part IX **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	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	-	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
5	Compensation of current officers, directors,				
	trustees, and key employees	565,994	565,994		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			·	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				•
	Management	411,919	411,919		
	Legal				
	Accounting	4,334	4,334		
	Lobbying				
0	D (16) O D4 N/ loss 47				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	9,606	9,581	25	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	76,991	76,991		· · - -
		, 0,755			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40					
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	•				
22	Depreciation, depletion, and amortization				
23	Insurance				
0.4	Other evenence Itemize evenence not				
24	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)	17,816	17,816		
a	WEBSITE	17,816	183		
b	OFFICE SUPPLIES	103	103		
C					
d					<u> </u>
0					<u> </u>
f	All other expenses	7 606 010	1 000 010	0.5	
25	Total functional expenses. Add lines 1 through 24f	1,086,843	1,086,818	25	
26	Joint Costs. Check here I if following]
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation			<u> </u>	

Form 990 (2008)

	att 1	A Balance Sheet						
		•		(A) Beginning of year		(B) End of		
	1	Cash—non-interest bearing		341,587	1		63,	572
	2	Savings and temporary cash investments		012,00.	2		00,	
	3	Pledges and grants receivable, net			3		, , , , , , , , , , , , , , , , , , , 	<u> </u>
	4	Accounts receivable, net			4	· .		
	5	Receivables from current and former officers, directors, tr	austans kov		-			
	"		•		ا ـ ا			
	_ ا	employees, or other related parties. Complete Part II of S			5			
	6	Receivables from other disqualified persons (as defined u						
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete					
	_	Part II of Schedule L			6	···		
ets	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use			8			
4	9	Prepaid expenses and deferred charges	1 [9			
		Land, buildings, and equipment cost basis	10a					
	þ	Less accumulated depreciation Complete						
		Part VI of Schedule D	10b		10c			
	11	Investments—publicly traded securities			11			
	12	Investments—other securities See Part IV, line 11			12			
	13	Investments—program-related See Part IV, line 11			13			
	14	Intangible assets Other assets See Part IV, line 11			14			
	15	15						
	16	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	1	341,587 44,577	16		63,	
	17	17		72,	<u> 142</u>			
	18	18						
	19	Deferred revenue			19			
/۸	20	Tax-exempt bond liabilities			20			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D			21			
Ē	22	Payables to current and former officers, directors, trustee	s, key					
jab		employees, highest compensated employees, and disqua	ılıfied					
		persons Complete Part II of Schedule L		,	22			
	23	Secured mortgages and notes payable to unrelated third	parties		23			
	24	Unsecured notes and loans payable			24	_		
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25		44,577	26		72,	<u>142</u>
S		Organizations that follow SFAS 117, check here ▶	X and					
nces	i	complete lines 27 through 29, and lines 33 and 34.						
Bala	27	Unrestricted net assets		72,070	27		40,	
ä	28	Temporarily restricted net assets		224,940	28	4.	51,	335
П	29	Permanently restricted net assets			29			
or Fund		Organizations that do not follow SFAS 117, check her	re 🕨 📗					
<u>_</u>		and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund		31			
Ą	32	Retained earnings, endowment, accumulated income, or	other funds		32			
Ħ	33	Total net assets or fund balances		297,010	33	4	91,4	130
Ž	34	Total liabilities and net assets/fund balances		341,587	34	5	63,	572
P	art .	XI Financial Statements and Reporting						
			. 👽	•			Yes	No
1			Cash X Accrual	Other			1	v
2		/ere the organization's financial statements compiled or review	•	tant' ⁷		2a	Ţ	X
		/ere the organization's financial statements audited by an inc	•	for average to t		2b	Х	
•		"Yes" to lines 2a or 2b, does the organization have a commi	•	•			·	
_		ne audit, review, or compilation of its financial statements an	•			2c	X	
3		s a result of a federal award, was the organization required t	o undergo an audit or audits as :	set torth in				v
		e Single Audit Act and OMB Circular A-133?	4.4-0			3a		X
	ון כ	"Yes," did the organization undergo the required audit or au	aits /			3b		



Part I

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INNOVATION NETWORK FOR COMMUNITIES

INC

Employer identification number 20-5097409

The •	o <u>rga</u> r	nization is not a	a private foundation because	it is (Please check only one org	anization)								
1	Ш	A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).							
2	\sqcup	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Ш	A hospital or a	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H)					
4		A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	ital's name,			
		city, and state	·	•						•				
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scribed	ın				
	_	-	b)(1)(A)(iv). (Complete Part I	· · · · · · · · · · · · · · · · · · ·		.,								
6		•		vernmental unit described in sec	tion 170/	b)(1)(Δ)(v	,							
7	H			ubstantial part of its support from	•		•	n the dea	neral nu	hlic				
•	ш		section 170(b)(1)(A)(vi). (Co		a govern	memar an	01 11011	i aic go	iciai pu	Dilic				
8				'0(b)(1)(A)(vi). (Complete Part II	١									
9	X			more than 33 1/3 % of its suppo	•	ntribution	s mamb	orebin fo	000 000	Larone				
3		-	• • • • • • • • • • • • • • • • • • • •	ot functions—subject to certain e				•		•				
		•	,	•	•					แร				
			-	unrelated business taxable inco	•		i i (ax) ii	om busi	lesses					
40	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) On An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)													
10														
11														
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section													
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
_	a Type I b Type II c Type III–Functionally Integrated d Type III–Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section													
ө														
		•	=	ind other than one or more public	ciy suppor	ieu organ	izations	describe	u in sec	aion				
	509(a)(1) or section 509(a)(2)													
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box												
					6								لــا	
9		-	· ·	on accepted any gift or contribution	on from al	ny or tne								
		following pers												
			•	ntrols, either alone or together wi	th persons	describe	d in (ii)					Yes	No	
			pelow, the governing body of	· · · -							11g(i)	$\vdash \vdash \vdash$		
		• •	member of a person describe	• •							11g(ii)	igwdown		
		, ,	ontrolled entity of a person de	** ' ' '							11g(iii)			
h		Provide the f	ollowing information about the	e organizations the organization	supports									
(i)	Name	e of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amo	ount of		
	org	janization		(described on lines 1–9		sted in your		nization in	organizat		supp	ort		
				above or IRC section (see instructions))	governing	document?	col (i)	or your		zed in the				
				(555	Yes	No	Yes	No	Yes	No				
		_			 									
Tota	ıl.													
				<u> </u>				•			•			

Sche		OVATION N				-5097409	Page 2
Pa	ert II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box of	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support	T	·	·			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 1-3						
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 4						
	tion B. Total Support	,	Y	t-			
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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)						
11	Total support. Add lines 7 through 10						
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, fourt	h, or fifth tax year	as a section 501(c)	(3)	_
	organization, check this box and stop here						▶ _
Sec	tion C. Computation of Public Su	ipport Percent	age				
14	Public support percentage for 2008 (line 6,	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2007 Sche	dule A, Part IV-A, Iı	ne 26f			15	%
16a	33 1/3 % support test-2008. If the organ	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3 % or more, ch	eck this box	_
	and stop here. The organization qualifies a	as a publicly suppor	ted organization				▶ ∐
b	33 1/3 % support test—2007. If the organ	ization did not chec	k a box on line 13 o	or 16a, and line 15	ıs 33 1/3 % or mor	e, check this	
	box and stop here. The organization qualif	ies as a publicly su	pported organization	n			▶ ∐
17a	10%-facts-and-circumstances test—200	8. If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fa-	cts-and-circumstan	ces" test, check thi	s box and stop he	re. Explain in Part I	V how the	_
	organization meets the "facts-and-circumst	ances" test. The or	ganization qualifies	as a publicly supp	orted organization		▶ 🗌
b	10%-facts-and-circumstances test—200		•		-	ne 15 is 10% or	_
	more, and if the organization meets the "far	-					
	organization meets the "facts-and-circumst	ances" test. The or	ganızatıon qualıfies	as a publicly supp	orted organization		▶□
18	Private foundation. If the organization did	not check a box or	line 13 16a 16h	17a or 17h check	this hox and see i	nstructions	▶

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box	on line 9 of Pa	rt I.)			
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				223,166	167,244	390,410
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	· · · · · · · · · · · · · · · · · · ·					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5				223,166	167,244	390,410
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				223,166	167,244	390,410
Sec	tion B. Total Support		l	<u> </u>		<u>.</u>	3,0,410
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6				223,166	167,244	390,410
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				7,727	14,519	22,246
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			-	7,727	14,519	22,246
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				:		
13	Total support (Add lines 9, 10c, 11, and 12)	-			230,893	181,763	412,656
14	First five years. If the Form 990 is for the c	rganization's first.	second, third, four	th, or fifth tax vear a	s a section 501(c)(3)	
	organization, check this box and stop here	•		,		,	► X
Sec	tion C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2008 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2007 Sche	dule A, Part IV-A, I	ine 27g			16	%
Sec	tion D. Computation of Investme	<u>nt Income Per</u>	centage				
17	Investment income percentage for 2008 (lin		•	column (f))		17	%
18	Investment income percentage from 2007 S					18	%
19a	33 1/3 % support tests—2008. If the organ						. ┌
L	17 is not more than 33 1/3 %, check this bo		_	·			
b	33 1/3 % support tests—2007. If the organine 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation If the erganization did	•	•			neation	

Schedule A (Form 990 or 990-EZ) 2008 INNOVATION NETWORK FOR COMMUNITIES 20-5097409

97409 Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information (see instructions)

SUPPLEMENTAL INFORMATION

UNUSUAL GRANT INCOME RECEIVED FOR 2008: \$750,000 AND \$349,500

UNUSUAL GRANT INCOME RECEIVED FOR 2007: \$750,000

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number INNOVATION NETWORK FOR COMMUNITIES 20-5097409 INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		NETWORK FOR	COMMUNITI	ES 20-	50974	09		Page 2
Pa	rt III Organizations Maintaining	Collections of Art, I	<u>listorical Treas</u>	ures, or Othe	er Simila	ar Assets (<u>continu</u>	ıed)
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of the fo	llowing that are a sig	nificant use of its	collection			
а	Public exhibition	d Loan o	r exchange program	s				
b	Scholarly research	e Other	,					
C	Preservation for future generations			-				
4	Provide a description of the organization's colle- Part XIV	ctions and explain how the	y further the organiza	ation's exempt pu	irpose in			
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, his e maintained as part of the	torical treasures, or e organization's collec	other similar			Yes	☐ No
Pa	rt IV Trust, Escrow and Custodia	al Arrangements. Co	omplete if organ	ization answ	ered "Ye	s" to Form	990,	
	Part IV, line 9, or reported a	_						
1a	Is the organization an agent, trustee, custodian	or other intermediary for c	ontributions or other	assets not				
	included on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following to	able					
							Amoun	it
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 Form	n 990, Part X, line 21?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	art V Endowment Funds. Comple	ete if organization an	swered "Yes" to	Form 990, F	Part IV, I	ıne 10.		
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Th	nree years back	(e) Fou	ır years back
1a	Beginning of year balance							
b	Contributions							
C	Investment earnings or losses							
d	Grants or scholarships						<u> </u>	
6	Other expenditures for facilities							
	and programs							
f	Administrative expenses						ļ	
9	End of year balance						<u> </u>	
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment	_ _%						
b	Permanent endowment %							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	ion of the organization that	are held and admini	stered for the				
	organization by							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
þ	If "Yes" to 3a(II), are the related organizations li						3b	
4	Describe in Part XIV the intended uses of the o			N D - 4 V I'	40	 		
<u>P</u> 8	ert VI Investments—Land, Buildi						(4) 5 : 1	
	Description of investment	(a) Cost or other basis	(b) Cost or ot	1 '	:) Depreciati	on	(d) Bool	(value
		(investment)	basis (other	' 				
	Land							
	Buildings							
	Leasehold improvements							
	Equipment		-			-		
	Other II. Add lines 1a–1e (Column (d) should equal Fo	rm 000 Port V solume (D)						
100	II. Aug lines Ta-Te (Column (a) snould equal Fo	iiii 330, Fait A, COlullin (B,	, iii le 10(c))			▶		

Schedule D (Form 990) 2008 INNOVATION NETWORK FOR		20-509/409	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of	
. (including name of security)		Cost or end-of-yea	ir market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other		 	
		ļ	
		<u> </u>	
		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990		T	
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-year	ar market value
		<u> </u>	
			· ·· · · · · · · · · · · · · · · · · ·
			<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
			
	······································		
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 25	T	<u> </u>	······································
(a) Description of liability	(b) Amount	4	
Federal income taxes		-	
	ļ <u>-</u>	4	
		4	
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		4	
		4	
		4	
		_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
In Part XIV, provide the text of the footnote to the organization's financial staten	nents that reports the orga	nization's liability for	
uncertain tax positions under FIN 48			

	Jule D (Form 990) 2008 INNOVATION NETWORK FOR COMMU			9	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	to Finan	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,281,263
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,086,843
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	194,420
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	····
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	194,420
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem	nents Wi	th Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	1,281,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a		_	
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		7	
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	1,281,263
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	1,281,263
	rt XIII Reconciliation of Expenses per Audited Financial State	ments V	Vith Expenses per l	Return	
1	Total expenses and losses per audited financial statements			1	1,086,843
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7	
c	Losses reported on Form 990, Part IX, line 25	2c		7	
	Other (Describe in Part XIV)	2d		7	•
9	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,086,843
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		7	
	Add lines 4a and 4b		<u>. </u>	4c	
5				5	1,086,843
	ert XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, li	nes 1a and	1 4. Part IV. lines 1b		
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d		.,,.		
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Schedule D (Fo	orm 990) :	2008	II	1NO .	VA7	ric	N :	NE'	rwo	RK	FC	OR_	CO	MM	NI	TI	ES		20	-50	974	409	€					P	age 5
Schedule D (Fo	Suppl	eme	ntal I	nfor	mat	tion	(con	tinue	ed)													-							
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Part I

SCHEDULE J (Form 990)

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INNOVATION NETWORK FOR COMMUNITIES

INC

Questions Regarding Compensation

Employer identification number 20 - 5097409

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule J (Form 990) 2008

Page 2

20-5097409 Schedule J (Form 990) 2008 INNOVATION NETWORK FOR COMMUNITIES

6022000

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Part II

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(t)—(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	8	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
PETER PLASTRIK	(1) 223,452	152 0		0		223,45	0
			0	0			0
JOHN CLEVELAND	(i) 287,542		0	0		287,54	0
	(11)	0	0	0	0	0	0
	©		•				
	(II)						
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Schedule J (Form 990) 2008 INNOVATION NETWORK FOR COMMUNITIES

Part III Supplemental Information

6022000

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

SCHEDULÉ L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Name of the organization INNOVATION NETWORK FOR COMMUNITIES

Employer identification number

	INC							20-	<u>509</u>	<u>74</u> (09			
Part I	Excess Benefit Transactions (section)						
	To be completed by organizations that answer	ed "Yes	s" on	Form 990	, Part I	V, line 25a	or 25b, or Fo	orm 990-EZ, P	art V,	line 4	0b			
1	(a) Name of disqualified person						(b) Descriptio	n of transaction					orrect	
 .												Yes		10
	· · · · · · · · · · · · · · · · · · ·				 		-							
	· · · · · · · · · · · · · · · · · · ·				+								\dashv	
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								·.						
	e amount of tax imposed on the organization mai	nagers	or dis	qualified	person	s during th	e year							
	ection 4958	and but	4h.a.a.		_									
3 Enter the	e amount of tax, if any, on line 2, above, reimburs Loans to and/or From Interested P			gariizatio	· · · · ·				> \$					
Part II	To be completed by organizations that answer			Form 990	, Part I	V, line 26,	or Form 990-	EZ, Part V, lin	e 38a					
(a) Name of interested person and purpose		oan to) Origin		(d) Bala	ance due	(e) in a	tefault?	(f) Ap	proved	(g) W	/ritten
			m the zation?	prine	cipal am	ount						ard or nittee?	agree.	ment?
		<u> </u>	From						Yes	No	Yes	No	Yes	No
		 ''	1710111						103		100	110	103	
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Total Part III	Cranto de Appietones Bonefittina I	-10-0	2424	l Dama		<u> </u>	\$		<u> </u>		<u> </u>			
raitiii	Grants or Assistance Benefitting I To be completed by organizations that answer					V line 27								
	(a) Name of interested person		<u> </u>				en interested pe	rson and the	(c) Amoi	unt of o	grant o	type	of
	(-)					•	anization			, ,	assis		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Part IV	Business Transactions Involving	Intere	stec	Perso	ns.									
	To be completed by organizations that answer	ed "Ye	s" on	Form 990	, Part I	V, line 28a	a, 28b, or 28c							
	(a) Name of interested person			nship betw		(c) A	mount of	(d) Descri	ption o	f trans	action			haring org
		ınter		person and anization	l the	tran	saction						reve	nues?
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DEBRA PL	ALLICA	MIL	E O	F PETI	-X		1,750	DUCKKEE	LTM(- FC	JK C	KG.	\vdash	X
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

OMB No 1545-0047

Name of the organization

INNOVATION NETWORK FOR COMMUNITIES

INC

Employer identification number 20-5097409

AMENDED RETURN EXPLANATION

THE ORIGINAL RETURN IS BEING AMENDED TO TAKE THE UNUSUAL GRANTS RECEIVED OFF OF PART III, SECTION A, LINE 1 ON SCHEDULE A AND TO SHOW THEM ON PART IV AS SUPPLEMENTAL INFORMATION.

SCHEDULE D, PART XI, PART XII AND PART XIII WERE ALSO COMPLETED SINCE THE TAXPAYER NOW HAS AUDITED FINANCIAL STATEMENTS.

THE NUMBER OF INDEPENDENT VOTING MEMBERS ON FORM 990, PART VI, SECTION A WAS CHANGED FROM 7 TO 4.

THE AMOUNT OF CONTRIBUTIONS SHOWN ON FORM 990, PAGE 1, PART 1 WAS DECREASED BY \$18,500 TO MATCH THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
IN 2008, INC DEVELOPED A SET OF SOCIAL INNOVATIONS ACROSS
EDUCATION, IMMIGRATION, WORKFORCE DEVELOPMENT AND URBAN
SUSTAINABILITY SECTORS. IN PARTICULAR, WE DEVELOPED THE
NONPROFIT URBAN SUSTAINABILITY ASSOCIATES CONSULTING
SERVICE AND A MANUFACTURING SKILLS CREDENTIAL INITIATIVE
WITH THE NONPROFIT NATIONAL ASSOCIATION OF MANUFACTURER
AND THE NONPROFIT ACT TESTING SERVICE. IN ADDITION, WE
CONDUCTED SOCIAL INNOVATION-DEVELOPMENT FOR A NUMBER OF
NONPROFIT ORGANIZATIONS AROUND THE COUNTRY.

20-5097409

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 PDF VERSION OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICT OF INTEREST PROVIDED TO ALL BOARD MEMBERS BEFORE JOINING THE BOARD AND REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL REVIEW BY BOARD OF COMPENSATION USING INDUSTRY COMPARISONS AND APPROVAL OF BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS REVIEW BY BOARD OF COMPENSATION USING INDUSTRY COMNPARISONS AND APPROVAL OF BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION PDF COPY OF FORM 990 POSTED ON WEBSITE AND PROVIDED TO ANY INTERESTED PARTY VIA E-MAIL.

FORM 990, PART XI, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS BOARD HIRED FIRM OF MCGUIRE WILLIAMS INC TO REVIEW MONTHLY ACTIVITY AND PREPARE FINANCIALS AND TAX RETURNS.

Annual Financial Report

December 31, 2009 and 2008

Innovation Network for Communities, Inc. December 31, 2009

Table of Contents

Independent Auditor's Report	<u>Page</u> 1
Statements of Financial Position	2
Statements of Activity	3
Statements of Cash Flows	4
Notes to Financial Statements	5

Robert Heemer, CPA, P.C.

INDEPENDENT AUDITOR'S REPORT

Board of Directors Innovation Network for Communities, Inc. Beaver Island Michigan

We have audited the accompanying statements of financial position of the Innovation Network for Communities, Inc. as of December 31, 2009 and 2008, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards of the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Innovation Network for Communities, inc. as of December 31, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with generally accepted accounting principles of the United States of America.

Robert Heemer, CPA, P.C

Holt, Michigan August 16, 2010

> 4528 Willoughby Road Holt, MI 48842 (517) 699-5020 FAX (517) 699-5021

Statements of Financial Position December 31, 2009 and 2008

	2009	2008
Assets		
Cash in Bank - General	\$154,194	\$126,689
Cash in Bank - Kellogg	37,918	236,883
Certificates of Deposit		200,000
Total Assets	\$192,112	\$563,572
Liabilities		
Current Liabilities	¢22 200	\$72,142
Accounts Payable Total Liabilities	\$23,200 \$23,200	\$72,142
logi rignings	\$23,200	φ12, 142
Net Assets		
Unrestricted Net Assets:	\$61,414	\$40,095
Temporarily Restricted Net Assets	107,498	451,335
Total Net Assets	\$168,912	\$491,430
Total Liabilities and Net Assets	\$192,112	\$563,572

See accompanying notes and accountant's report.

Statements of Activities

For the Years Ended December 31, 2009 and 2008

	2009	2008
Unrestricted Net Assets		
Support		
Contract Income	\$ 388,380	\$ 516,744
Interest Income	2,601	14,519
Total Unrestricted Support	\$ 390,981	\$ 531,263
Net Assets Released From Restrictions		
Restrictions Satisfied By Payments	693,837	523,605
Total Unrestricted Support and		
Reclassifications	\$1,084,818	\$ 1,054,868
Expenses		
Core Infrastructure	\$ 339,119	\$ 341,492
Information Products	5,000	22,500
Partners and Consultants	21,702	240,972
Other Project Expenses	697,678	481,879
Total Expenses	\$1,063,499	\$ 1,086,843
Change In Unrestricted Net Assets	\$ 21,319	\$ (31,975)
Temporarily Restricted Net Assets		
Grant Revenue	\$ 350,000	\$ 750,000
Net Assets Released From Restrictions	(693,837)	(623,605)
Change in Temporarily Restricted		
Net Assets	\$ (343,837)	\$ 226,395
Change In Net Assets	\$ (322,518)	\$ 194,420
Net Assets, Beginning of Year	491,430	297,010
Net Assets, End of Year	\$ 168,912	\$ 491,430

Statements of Cash Flows

For the Years Ended December 31, 2009 and 2008

	2009		2008
Cash Flows From Operating Activities Net Increase (Decrease) In Net Assets Adjustments to Reconcile Net Income to	\$ (322,518)	\$	194,420
Net Cash Provided by Operations: Accounts Payable Accrued Liabilities	(48,942)	****	32,565 (5,000)
Net Cash Provided by Operating Activities	\$ (371,460)	\$	221,985
Net Increase (Decrease) in Cash and Cash Equivalents	\$ (371,460)	\$	221,985
Cash and Cash Equivalents, Beginning of Year	563,572		341,587
Cash and Cash Equivalents, End of Year	\$ 192,112	\$	563,572

See accompanying notes and accountant's report.

NOTES TO FINANCIAL STATEMENTS

Innovation Network for Communities, Inc. December 31, 2009

Note A - Summary of Significant Accounting Policies

Nature of Activities

The Innovation Network for Communities, Inc. was formed in 2007 as a non-profit corporation whose mission is to develop and spread scalable innovations that transform the performance of community systems.

Financial Statement Presentation

In accordance with Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements for Not-for-Profit Organizations, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

- Unrestricted net assets are free of donor-imposed restrictions; all revenues, expenses, gains, losses that are not changes in temporarily restricted net assets or permanently restricted net assets are reported in unrestricted net assets. Unrestricted net assets also include land, land improvements, buildings and equipment.
- Temporarily restricted net assets include grants and contracts for which donor-imposed
 or contractual restrictions have not been met within the reporting period. Once the
 restriction is satisfied the funds are reclassified as unrestricted net assets and expenses
 are reported under that classification.
- Permanently restricted net assets include grants and donations which require by donor restriction that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions. The Organization has no permanently restricted net assets.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles. Under the accrual basis, revenues are recorded when earned and expenses are recorded when the goods or services are received, reguardless of when cash is received or disbursed. The Organization's tax return (Federal Form 990) is also prepared on the accrual basis.

NOTES TO FINANCIAL STATEMENTS

Innovation Network for Communities, Inc. December 31, 2009

Note A - Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents

For the purposes of the statement of cash flows, Innovation Network for Communities, Inc. considers cash, certificates of deposit, and other highly liquid investments with maturities of one year or less to be considered cash equivalents.

Property and Equipment

Generally accepted accounting principles require the cost of fixed assets (land, buildings and equipment) purchased to be capitalized and depreciated over its useful life. In management's opinion, the amount of any fixed assets is immaterial and all costs have been expensed as incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Donated Services

No amounts have been reflected in the financial statements for donated services. The Organization pays for services requiring specific expertise.

Income tax Status

Innovation Network for Communities, Inc. is recognized as a tax-exempt organization by the Internal Revenue Service, under code section 501 (c) (3). Accordingly, no provision for federal income tax has been made. There was no unrelated business income for the years ended December 31, 2009 and 2008.