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SCANNED SEP 02 2010

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

Open to Public

_		nue Service		ne organization may have to								
<u>A</u>	For th	ne 2009 ca		year, or tax year beginning		2009, and en	ding	Decen	nber 31	, 20 09		
В	Check if a	applicable	Please use IRS	C Name of organization Abide	Network, Inc.				•	yer identification number		
		s change	label or	Doing Business As					47	0655246		
	Name c	:hange	print or type	Number and street (or P O box if n	nail is not delivered to street add	ress) Room	/suite			one number		
	Initial re	eturn	See Specific	3335 Fowler Ave					(402)	455-7807		
	Termina	ated	Instruc-	City or town, state or country,	and ZIP + 4							
	Amende	ed return	tions	Omaha, NE 68111					G Gross r	eceipts \$ 529,768		
	Application	on pending	F Nam	e and address of principal office	r Ron Dotzler			H(a) Is this	a group retur	n for affiliates? ☐ Yes ☑ No		
			3335 F	owler Ave, Omaha, NE 6	8111		\			included? Tyes No		
ī	Tax-ex	empt status	Z 5	01(c) (3) ◀ (insert no.)	947(a)(1) or			If "N	o," attach a	list (see instructions)		
J	Webs	ite: ► ww	/w.abio	lenetwork.org				H(c) Group e	exemption nu	mber ▶		
K				oration Trust Association	Other ►	L Year of form	nation	1989	M State of	f legal domicile NE		
Р	art I	Summ	arv				_					
				the organization's mission	or most significant a	ctivities: Net	work	with var	ious mi	nistries to build		
	1 '	commun	nity uni	4. .								
9	'	community unity.										
nau	•											
Governance	ا م	Ohaali thia	hau > 1	if the organization discontinu	and its apparations or dispose	d of more than 1	504 of	to not nec				
ဗိ	2				•		.J 70 UI	no nei asse	; i.s.	7		
حة دى	3			g members of the govern					4	6		
Activities &	4			pendent voting members		•	16)		. 5	8		
ŧ	5			employees (Part V, line 2	•							
Š	1 _			volunteers (estimate if ne	_ **				. 6	1000		
	7a	Total gro	ss unre	lated business revenue fro	om Part VIII, column (C), line 12.			. 7a	0		
_	 	Net unrei	ated b	lated business revenue fro usiness taxable income fro	om Form 990-1, Inerg	CEIVET)	Prior Ye	. <u>7b</u>	<u>0</u>		
<u>o</u>							-	`		Current Year		
	8			nd grants (Part VIII, line 1h			Ho	}	463,59 <u>5</u>	511,154		
Revenue	9	-		revenue (Part VIII, line 2g	a)・・・ 数 ・ AUG	1 9 2010	1	<u>'</u>	0	0		
ě	10			me (Part VIII, column (A),	lines 3, 4, (and 7d)		<u>. 110</u> 2		53	84		
_		Other rev	renue (l	Part VIII, column (A), lines dd lines 8 through 11 (must	5, 6d, 8c, 9c, 10c, an	d (19)	<u> 18</u>		16,584	13,912		
_	12	lotal reve	nue-a	dd lines 8 through 11 (must	equal Part VIII. Column	L(A) ING 1(2)		<u>.</u>	480,232	525,150		
	13	Grants ar	nd sımı	lar amounts paid (Part IX,	column (A), lines 1-3)		.					
LO.	14	Benefits (paid to	or for members (Part IX,								
Se	15	Salaries, o	other co	mpensation, employee ben	efits (Part IX, column (A), lines 5–10)	-	121,541		182,429		
Expenses	16a	Professio	nal fun	draising fees (Part IX, colur	nn (A), line 11e)			wr v3 - 1994	1 22 101 . 5	1 1 1 1 1 1		
ŭ	b	Total fund	draising	expenses (Part IX, column	(D), line 25) ▶		r a de	母企作權可	A Limber	A. 对"华"。 \$1. 集。		
	17	Other exp	oenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		. L		348,231_	342,076		
	18	Total exp	enses.	Add lines 13-17 (must ed	qual Part IX, column (A	N), line 25).			469,772	524,505		
_	19	Revenue	less ex	enses. Subtract line 18 fro	m line 12	<u> </u>			10,460	645		
5	<u> </u>						Beg	inning of Ci	urrent Year	End of Year		
Assets or	20	Total ass	ets (F)a	rt X, line 16)			. 🖵		214,618	173,162		
t As	2 21	Total liab	flities (1	Part X, line 26)			. L_		10,824	7057		
Net A	22	Net asse	ts/or fu	d balarces. Subtract line	e 21 from line 20.				203,798	166,105		
P	art II	∕Signa	ature	Block /								
		Under pe								to the best of my knowledge		
		and belief	1, It IS TO	e, correct, and complete Declara	ation of preparer (other than	officer) is based	on all i	ntormation	~ /			
Si	gn		χ)ν `					1	8/1	6/10		
	ere	Sign	cure of	officer				Dat	e			
	Ren Datelle / C.F.O											
		Туре	or print	name and title								
_		Preparer's	. \			Date	Check	ıf ,	Preparer's	identifying number		
_		signature					self- emplo	ved ▶ □	(see instruc			
Pai		Temployed F L						ر				
	parer's	Finnisna		ours L				EIN	-			
Us	e Only	if self-em address,	ployed),					Phone n		:		
N.A.	av the			return with the preparer	shown above? (see in	etructione)		Ir none n	· - · ·	. Yes No		
_							·	<u></u>	<u>· · · · ·</u>			
Fo	r Priva	cv Act and	o Papei	work Reduction Act Notice	, see the separate insti	uctions.		Cat No 11	1282Y	Form 990 (2009)		

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	Network with various ministries to build community unity
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
•	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	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.
	(2)
4a	(Code:) (Expenses \$ 324,241 including grants of \$) (Revenue \$)
	Meet with various groups of approximately 2,500 members weekly and 150 urban leaders monthly to build
	community unity.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•••••••••••••••••••••••••••••••••••••••
	Other program services. (Describe in Schedule O.)
4 0	(Expenses \$ Including grants of \$) (Revenue \$)
	Total program service expenses

Par	t IV	Checklist of Required Schedules			
				Yes	No
1		organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," te Schedule A	1	1	
2	Is the c	organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3		organization engage in direct or indirect political campaign activities on behalf of or in opposition to ates for public office? If "Yes," complete Schedule C, Part I	3		✓
4		n 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete tile C, Part II	4		1
5		n 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	the righ	organization maintain any donor advised funds or any similar funds or accounts where donors have it to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," te Schedule D, Part I	6		1
7		organization receive or hold a conservation easement, including easements to preserve open space, irronment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8		organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," te Schedule D, Part III	8		1
9	X; or p	organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part rovide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," te Schedule D, Part IV	9_		1
10	Did the	e organization, directly or through a related organization, hold assets in term, permanent, or endowments? If "Yes," complete Schedule D, Part V	10		1
11		organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, IX, or X as applicable	11	1	
•		organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete ile D, Part VI.			
•		organization report an amount for investments—other securities in Part X, line 12 that is 5% or more otal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•		organization report an amount for investments—program related in Part X, line 13 that is 5% or more otal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•		organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets d in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the	organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. organization's separate or consolidated financial statements for the tax year include a footnote that addresses anization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12		organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete le D, Parts XI, XII, and XIII.	12		1
12A		organization included in consolidated, independent audited financial statements for the tax year? completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the o	rganization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	L ,	✓
14a	Did the	organization maintain an office, employees, or agents outside of the United States?	14a	✓	ļ
b		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, is, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any ation or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16		organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance riduals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	on Parl	e organization report a total of more than \$15,000 of expenses for professional fundraising services t IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Part VI	organization report more than \$15,000 total of fundraising event gross income and contributions on II, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19		organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
20		" complete Schedule G, Part III	19 20	-	7

Par	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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 Schedule J	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 lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		√
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
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	ļ	1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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_		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
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		\ _{}
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		_		

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 11 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 this return?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	wilds size	√
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.			基本
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . $$.	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	ingover outstake	✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		The A
	and services provided to the payor?	7a 7b	·/	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	_	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1572.4	√
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	-	-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	1	
8	required?		EE	計畫
0	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.		11.00	表達
а	Did the organization make any taxable distributions under section 4966?	9a	 	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	4 MARK	i iliyat
10	Section 501(c)(7) organizations. Enter: Instation fees and capital contributions included on Part VIII. line 12	A	34	
a	initiation lees and capital contributions included on rait vin, line 12			
b	Gross receipts, included on Form 990, Fart Viii, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a	Gross income from members or snareholders	7 S		
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	Ä.	# 1	1

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	F		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	纯罐	製机	
	the year by the following:	ALTE		H.
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓	
	tion B. Policies (This Section B requests information about policies not required by the Integral Code)	ernal		
Hev	enue Code.)			
			Yes	No.
	Does the organization have local chapters, branches, or affiliates?	10a		*
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44		,
444	form?	11	. 935	V
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	* \$244	
12a		12a		_
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		
	rise to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	·1		J
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14.3 2.332		津 "。
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	13		12 m
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			3
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			ğ. 1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			£
	the organization'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 ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(d	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization Ron Dotzler, 3335 Fowler Ave, Omaha, NE 68111, 402-455-7807	rds o	f the	

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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key 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.

Check this box if the organization did not co	mpensate	any o	curr	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Positi	on (d	chec	k all	that ap	ply)	Reportable	Reportable	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)	amount of other compensation from the organization and related organizations
Ron Dotzler, CEO	40							45.000	0	
3335 Fowler Ave, Omaha, NE 68111	40	1		✓				45,062		0
Rick Berry, President 540 Branding Iron Dr, Elkhorn, NE 68022	4	✓		1				0	0	0
Brad Knutson, Vice President 4604 N 78th Ave, Omaha, NE 68134	4	1		1				0	0	0
Jonathan Campbell, Secretary 2604 N 32nd Ave, Omaha, NE 68111	4	1		1				0	0	0
Maxine Lyons, Board Member 11307 Lafayette Ct. Apt 4831, Omaha, NE 681	4	1		Ť				0	0	0
Jason Ferris, Board Member 5015 Crogans Rd, Council Bluffs, IA 50501	4	<i>y</i>						0	0	0
Todd Davis, Board Member 16568 Elm St, Omaha, NE 68130	4	y						0	0	0
				-						
									_	

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B) (C) (D) (E)							(F)				
	Name and title	Average hours per week	Individual trustee	nstitutional trustee	Officer	a Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fr org and	timated nount o other pensation om the anization d relate anization	of on on on ed
						_			· · · · · · · · · · · · · · · · · · ·		 		
		-											
1b	Total		<u> </u>	l	<u> </u>	L	i	<u> </u>	45062	(0
2	Total number of individuals (including but i		to the	ose	liste	ed a	above						
	reportable compensation from the organization	ation ► 0								-			
•	Dalatic constraints of the Maria										\vdash	Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest c	ompensated	3		1
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	е с	omp	ens	sation					- - -	
	individual	greater the	uιφι. 					CUI			4		√
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	compolete :	oen: S <i>ch</i>	satıd edu	on f ile J	rom a	any uch	unrelated org	anization for	5		
Se	ction B. Independent Contractors		-								1 - 1		
1	Complete this table for your five highest co- compensation from the organization	ompensate	d ind	epe	nde	nt c	contra	cto	rs that receive	d more than \$1	00,000	of	
	(A) Name and business add	Iress					•		(B) Description of s	ervices	(C) Compen		
NO	NE												
				_				_					
								-					
2	Total number of independent contractors (i					to 1	those	liste	ed above) who	received			

Part	VIII	Statement of Revenue			· · · · · · · · ·	T	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns . 1a					
gra	b	Membership dues 1b				ŀ	
ffs, an	С	Fundraising events 1c					
ig'ig	d	Related organizations 1d					
Contributions, gifts, grants and other similar amounts		Government grants (contributions). 1e				[
	f	All other contributions, gifts, grants,	544.454				
를		and similar amounts not included above 1f	511,154				
Co		Noncash contributions included in lines 1a-1f [*] \$ Total. Add lines 1a-1f	•	511,154			
	<u> </u>	0	Business Code	311,101			
enu	2a				~ -		
æ	ь						
jce	С						
Sen	d						
am	е						
Program Service Revenue	f	All other program service revenue .					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends		84			
	١,	other similar amounts) .		04			
	4 5	Income from investment of tax-exempt bond Royalties	proceeds				
		Royalties	(ii) Personal			· · ·	
	6a	Gross Rents					
	ı	Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)				·	
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
	_	and sales expenses . Gain or (loss)					
		Net gain or (loss)	•			1	
ē	l 8a	Gross income from fundraising					
venue	"	events (not including \$					
		of contributions reported on line 1c).					
Other Re		See Part IV, line 18 a	18,530				
ŧ	b	Less: direct expenses b	4,618	40.040			
J	l	Net income or (loss) from fundraising ev	rents	13,912	·····		
	9a	Gross income from gaming activities.				ļ	
	Ь	See Part IV, line 19 a Less: direct expenses b					
		Net income or (loss) from gaming activity	ties ▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of invento			· · · · · ·		
	<u> </u>	Miscellaneous Revenue	Business Code				
	b						
	H	All other revenue					
		Total. Add lines 11a–11d	•				
	12			525,150			

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu		required to comp	lete columns (B), (C	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				-
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	45,062	15,021	15,021	15,020
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	101,728	58,473	43,255	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	198	_	198	
9	Other employee benefits	14,764		14764	
10	Payroll taxes	20,677		20,677	··
11	Fees for services (non-employees).				
	Management				
	Legal	1,965		1,965	
	Accounting	1,303		1,505	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	59,342	57,631	1,711	
_	Other	6,324			6,324
12 13		19,991	7,963	12,028	
14	Information technology	13,529	5,389	8,140	
15	Royalties				
16	Occupancy	42,354	21,791	20,563	
17	Travel	44,994	37,277	7,717	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,118	44,118		
20	Interest	354		354	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	9,676	40.400	9,676	
23	Insurance	18,097	10,106	7,991	
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.)		,		
а	Cultural Diversity Training	25,838	25,838		
b	Volunteer Engagement	10,767	10,767		
С	Community Engagement Program	29,867	29,867		
d					
е		,,,,,	2		
	All other expenses Miscellaneous	14,860	14,860	101 000	
25	Total functional expenses. Add lines 1 through 24f	524,505	339,101	164,060	21,344
26	Joint costs. Check here ▶ ☐ 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				

Pa	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	40,660	1	36,995
	2	Savings and temporary cash investments	39,133	2	7,043
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	·
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
/ 0	_	Part II of Schedule L	·	6	
ě	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or 10a 200,072		ŀ	
		other basis. Complete Part VI of Schedule D	134,825	100	120 124
	1 b		134,023	11	129,124
	11 12	Investments – publicly traded securities		12	
	13	Investments other securities. See Part IV, line 11		13	
	14	Investments—program-related. See Part IV, line 11		14	
	15	Intangible assets		15	
	16	Other assets. See Part IV, line 11	214,618		173,162
	17	Accounts payable and accrued expenses	10,824		7,057
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S)	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		$\neg \neg$	
ap		employees, highest compensated employees, and disqualified			
=		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 to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,824	26	7,057
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
<u>ala</u> i	27	Unrestricted net assets	0	27	0
ä	28	Temporarily restricted net assets	0	28	0
핕	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	214,618	33	<u>173,162</u>
	34	Total liabilities and net assets/fund balances	10,824	34	

Page	1:	

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

									<u> </u>		··
Pa				arity Status (All o							ctions.
The				dation because it is							
1		A church, co	nvention of chui	rches, or association	n of churcl	hes desc	ribed in s	ection 1	70(b)(1)(<i>/</i>	A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or	a cooperative h	nospital service orga	ınızatıon d	escribed	ın sectio	n 170(b)((1)(A)(iii).		
4		A medical re	search organiza	tion operated in coi	njunction v	with a ho	spital de	scribed in	n section	170(b)(1)(A)(iii). Enter the
				ate:							
5		•	ion operated for (b)(1)(A)(iv). (Cor	the benefit of a coll nplete Part II.)	ege or uni	versity ov	wned or d	perated	by a gov	ernmenta	I unit described in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	/			receives a substant		its suppo	ort from a	governm	ental uni	t or from	the general public
	_			1)(A)(vi). (Complete	-						
8				d in section 170(b)(1							
9	Ш			receives: (1) more t							
				ed to its exempt fun							
				ent income and uni after June 30, 1975						i Sii lax)	from businesses
			_					·			
10	님			nd operated exclusiv							
11	Ш			ind operated exclus							
				olicly supported orga at describes the type							
					с 🗌 Тур						Type III-Other
_	\Box	a ☐ Type		i Type ii lify that the organiz			-	-			
е	Ш			in managers and oth							
		•	section 509(a)(2)	_	or triair on	c or more	publicly	Supporte	a organiz	-ulions de	Soribed in Section
f				a written determina	tion from	the IRS	that it ie	a Type i	l Type II	or Type	III supporting
•		_	, check this box						і, турс іі	, or Type	
g		~		the organization acc					 inv of the	• •	⊔
9		following pe		ino organization do	optou un,	, g o. o			, 0	•	
		(i) A person	who directly oi	r indirectly controls,	either alo	ne or tog	ether wi	th persor	s descrit	oed in (ii)	Yes No
				ning body of the su							11g(i)
		(ii) A family	member of a pe	rson described in (i)	above?						11g(ıı)
		(iii) A 35% c	ontrolled entity	of a person describe	ed in (i) or	(II) above	?				11g(iii)
h		Provide the	following informa	ation about the supp			(s)				
(ı)		e of supported	(iı) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		s the on in col	(vii) Amount of support
	Or	anization (described on lines 1–9 above or IRC section			document?				zed in the	Support	
				(see instructions))		г	 	port?		S? !	
					Yes	No	Yes	No	Yes	No	
							···				
									L		
			~		 	<u> </u>		-	 		
Tot	al				F = 1,		1,				

Part II

Par	Support Schedule for Org (Complete only if you check	anizations C	Described in on line 5, 7, o	Sections 170 or 8 of Part I.	D(b)(1)(A)(iv)	and 1	70(b)(1))(A)(vi)
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	264,014	281,149	433,668	485,765	5	29,684	1,994,280
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	264,014	281,149	433,668	485,765	5	29,684	1,994,280
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		, -:	-	, , , , , , , , , , , , , , , , , , , ,			383,193
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.	,						1,611,087
	tion B. Total Support					L		.,0,00.
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
7	Amounts from line 4	264,014	281,149	433,668	485,765		29,684	1,994,280
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 .						1	1,994,280
12	Gross receipts from related activities, etc	•	•			12		0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	d, third, fourth,				
	tion C. Computation of Public Su						-	00.70
14	Public support percentage for 2009 (line	• • • • • • • • • • • • • • • • • • • •	-			14		80.79 %
15 16a	Public support percentage from 2008 Schedule A, Part II, line 14							
b								
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances" and if the organization meets the organi	acts-and-circun	nstances" test,	check this box a	and stop here.	Explair	n in Part I	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	heck this box a ilifies as a public	nd stop here. ly supported org	Explain ganizatio	ın Part l' on	V how the

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

20**09**

Open To Public

Employer identification number Name of the organization Abide Network, Inc. 47 0655246 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e L_l Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (vi) Amount paid to (or retained by) organization (i) Name of individual (ii) Activity (III) Did fundraiser have (iv) Gross receipts (v) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in or entity (fundraiser) from activity col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Co more than \$15,000 on F					oorted	
			(a) Event #1 Golf Tournament	(b) Event #2	(c) Other events	(d) Total e	through	
			(event type)	(event type)	(total number)	col (c)) 	
Revenue	1	Gross receipts	18,530					
Œ	2	Less: Charitable						
	3	contributions						_
		minus line 2)	18,530					
	4	Cash prizes				_		
	5	Noncash prizes						
ses	6	Rent/facility costs	2,718			<u> </u>		
Direct Expenses	7	Food and beverages	1,900	!				
irect	8	Entertainment						
۵	9	Other direct expenses			_			
	10	Direct expense summary. Ad				(4,61	
_	11 rt III	Net income summary Comb Gaming. Complete if				or reporte	13,9°	
		than \$15,000 on Form		vered res to roim	550, 1 art 14, mic 15,	or reporte	a more	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total ga		
Rev	1	Gross revenue						
ses	2	Cash prizes		-				
Direct Expenses	3	Noncash prizes						
rect (4	Rent/facility costs				•		
Δ	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y Combine line 1, colur	nn d, and line 7	_. . >			
							Yes N	Į0
9		ter the state(s) in which the c		_		9a		
a b		the organization licensed to d 'No," explain:	operate garning activitie	s in each of these state	esr	. 34		
		•						
10:		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						
		'Yes," explain:	garning noonsos revene	a, suspended of termin	acco daming the tax yes	ar? 10a		
11		es the organization operate of				11		_
12		the organization a grantor, be med to administer charitable			a partnership or other	* I		

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Abide Network Inc	Name of the organization ,	Employer identification number		
All tax documents are reviewed by the CEO, President and the Vice President. Form 990 Part VI, 19 All documents concerning our governing documents, conflict of interest policy, and financial statements are available upor written request.	Abide Network Inc	47	0655246	
Form 990 Part VI, 19 All documents concerning our governing documents, conflict of interest policy, and financial statements are available upor written request.	Form 990, Part VI, 11A			
Form 990 Part VI, 19 All documents concerning our governing documents, conflict of interest policy, and financial statements are available upor written request.	All tax documents are reviewed by the CEO. President and the Vice President.			
Form 990 Part VI, 19 All documents concerning our governing documents, conflict of interest policy, and financial statements are available upor written request.				
All documents concerning our governing documents, conflict of interest policy, and financial statements are available upor written request.				
written request.	Form 990 Part VI, 19			
written request.	All documents concerning our governing documents, conflict of interest policy, and finan	cial state	ments are available upor	
	written request.			
	••••••			
	······			
				
	······································			
				

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Abi	de Network, Inc.			47	;	0655246				
Pa	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Sim " to Form 990, Part IV, line 6.	ilar Fur	nds or	Accounts	s. Complete If				
		(a) Donor advised funds		(b) I	unds and other	er 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 ass	etc hold	ın don	or advised					
•	funds are the organization's property, sub-					Yes No				
6	Did the organization inform all grantees, d	onors, and donor advisors in writing the	nat grant	funds	can be					
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other									
	purpose conferring impermissible private					Yes No				
Par	t II Conservation Easements. Com	olete if the organization answered "\	es" to f	Form 9	90, Part IV	, line 7.				
1	Purpose(s) of conservation easements held	d by the organization (check all that ap	ply).							
	Preservation of land for public use (e.g	, recreation or pleasure) Presei	vation of	f an hist	orically imp	ortant land area				
	☐ Protection of natural habitat	☐ Prese	rvation c	of a cer	tified histor	c structure				
	☐ Preservation of open space									
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year	ation held a qualified conservation cor	tribution	ın the	form of a co	onservation				
	,				Held at the	End of the Tax Year				
а	Total number of conservation easements .			2	3					
b	Total acreage restricted by conservation e			. 21	o					
С	Number of conservation easements on a conservation easement easements on a conservation easement easement easements on a conservation easement easeme			20						
ď	Number of conservation easements include	,	, -	20	t					
3	Number of conservation easements modif	• • •			by the ora	anization during				
Ū	the tax year ►	ou, transferrou, reloudou, extinguidhec	, 0, 10,,,	miacoa	by the org	unization during				
4	Number of states where property subject	to conservation easement is located	•							
5	Does the organization have a written police									
	violations, and enforcement of the conservations		٠.	٠		Yes No				
6	Staff and volunteer hours devoted to mon	toring, inspecting, and enforcing cons	ervation	easem	ents during	the year				
	•									
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing conservat	ion ease	ements	during the	year				
	▶\$									
8	Does each conservation easement reporte	d on line 2(d) above satisfy the require	ements c	of section	on					
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?									
9	In Part XIV, describe how the organization	reports conservation easements in its	revenue	and e	xpense stat	tement, and				
	balance sheet, and include, if applicable, the organization's apparent		tion's fir	nancial	statements	that describes				
Da	the organization's accounting for conservatill Organizations Maintaining Coll	ections of Art, Historical Treasure	01	har Ci	!lau Aa-a	4-				
r a	Complete if the organization answ	vered "Yes" to Form 990, Part IV, lin	e 8.	ner Si	milar Asse	us.				
1a	If the organization elected, as permitted up art, historical treasures, or other similar ass	ider SFAS 116, not to report in its revi	enue sta	tement	and balanc	e sheet works of				
	provide, in Part XIV, the text of the footno	te to its financial statements that desc	, or resea	arch in	iurtnerance	of public service,				
b	If the organization elected, as permitted un historical treasures, or other similar assets	ider SFAS 116, to report in its revenue	statem	ent and	l balance si	neet works of art,				
	provide the following amounts relating to t	hese items:	oi ieseal	ion in t	urmerance	or public service,				
	(i) Revenues included in Form 990, Part \				• •					
	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·								
_	• •		• •	•						
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these item	us.							
а	Revenues included in Form 990, Part VIII,				▶ \$					
b	Assets included in Form 990, Part X .				▶ \$					

Par	t III Organizations Maintain	ing Collections	of Art, Hi	storica	I Treasures	, or O	ther Similar As	ssets (cont	inued)
3	Using the organization's acquisition collection items (check all that application)		other recor	ds, che	eck any of the	e follow	ring that are a si	gnificant us	e of its
а	Public exhibition		d	L L	oan or excha	ange pi	rograms		
b	Scholarly research		е		Other				
С	Preservation for future genera	tions							
4	Provide a description of the organizer XIV.	zation's collection	s and expl	aın hov	v they further	the or	ganızatıon's exe	empt purpos	se in
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
	Is the organization an agent, truste included on Form 990, Part X?						other assets no	t 🗌 Yes	□ No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	followi	ng table.		1		
	_					10	 	mount	
	Beginning balance					1c			
	Additions during the year			•		1d	1		
e	Distributions during the year .			•	• •	1e			
f	Ending balance					1f	1		
	Did the organization include an am If "Yes," explain the arrangement in	n Part XIV.						∐ Yes	∐ No
Pai	t V Endowment Funds. Co	1	Υ					^	6
		(a) Current year	(b) Prior	r year	(c) Two years	back	(d) Three years back	(e) Four yea	ers back
1a	Beginning of year balance		 					 	
b	Contributions		 			— - -			
С	Net investment earnings, gains, and losses							<u> </u>	
d	Grants or scholarships				1				
е	Other expenditures for facilities and programs								
f g	Administrative expenses . End of year balance								
2	Provide the estimated percentage of	of the year end ba	alance helo	l as:					
а	Board designated or quasi-endowr	nent 🕨	%						
b	Permanent endowment ▶	%							
С	Term endowment ▶	6							
3a	Are there endowment funds not in thorganization by:	ne possession of the	he organiza	ation tha	at are held an	nd admi	inistered for the	Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	_
b	If "Yes" to 3a(II), are the related org	anizations listed a	as required	on Sc	hedule R?			3b	
4	Describe in Part XIV the intended u	ses of the organiz	zation's en	dowme	nt funds.				
Pai	t VI Investments—Land, B	uildings, and Ed	quipment	. See F	orm 990, Pa	art X, I	ine 10.		_
	Description of investment	(a) Cost or o (investr			est or other is (other)		ccumulated preciation	(d) Book va	alue
1a	Land								
b	Buildings				29,672		7,478		22,194
С	Leasehold improvements .				135,663		38,439		97,224
d	Equipment			_	22,298		18,601		3,697
	Other	<u>. </u>			20,439		14,430		6,009
Tota	 Add lines 1a through 1e (Column (d) 	must equal Form 9	990, Part X,	column	(B), line 10(c).	<u>.) </u>	_ , _ , ▶	1:	29,124