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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 2009 Open to Public

-	-					паресноп
			ear, or tax year beginning , and ending			
В	Check if applica	ble Please use IRS	C Name of organization		D Emplo	yer identification number
\sqcup	Address chang	label or	NETCORPS INC			
	Name change	print or	Doing Business As		93-	1200931
\equiv	•	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
<u>Ų</u>	Initial return	See	1245_PEARL ST		541	-465-1127
	Termination	Specific	0.1		G Gross recei	222 552
\Box	Amended return	Instruc tions.	EUGENE OR 97401	F-	G Gloss lecei	pis \$ 3037 333
	Amenueu retun	1				_
\sqcup	Application pen	ding F Nam	e and address of principal officer	!		a group return for
			· ·	i,	affihate H(b) Are ail	affiliates 🖂 🖂
					include	
				-	If "No,"	attach a list (see instructions)
<u></u>	Tax-exempt	status 2	501(c) (3) ◄ (insert no) 4947(a)(1) or 527		-	
J	Website >	. WWW	NETCORPS.ORG		H(c) Group	exemption number
ĸ	Type of organi	zation X Co	rporation Trust Association Other ▶ L	ear of formation		M State of legal domicile
	art I	Summa				, and a sugar common
·			he organization's mission or most significant activities			
		•	•			1
Θ	5	EE SCHE	DOTE O			·
Ĕ	1					
Ë						
Š	2 Che	ck this box I	If the organization discontinued its operations or disposed of more than 25%	of its not assets		
Activities & Governance	1			OF Its HEL assets	1 . 1	8
ಳ			g members of the governing body (Part VI, line 1a)		3	
je.	4 Num	iber of indep	endent voting members of the governing body (Part VI, line 1b)		4	8
<u>₹</u>	5 Tota	I number of	employees (Part V, line 2a)		5	9
Ç	6 Tota	I number of	volunteers (estimate if necessary)		6	
•	7a Tota	Laross unre	volunteers (estimate if necessary) lated business revenue from Part VIII, column (q), line RECEIVED	7	7a	
\cong	1	•	siness taxable income from Form 990-T, line 34 X	.1	7b	<u> </u>
<u>NI</u>	D IVEL	uillelated be	Siless taxable income noni i onii 990-1, line 34	Prior Year		Current Year
~	8 Con	tahutione on	d grants (Part VIII, line 1h) revenue (Part VIII, line 2g)	181	,617	70,854
<u>.</u> €			d grants (Part VIII, line III)	210		
<u>-</u> E	_			319	,416	318,630
UFC 13 Revenue	4		ne (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	,443	-1,428
5	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>, 1</u>	,196	
	12 Tota	l revenue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	503	,672	388,056
	13 Gran	nts and simi	ar amounts paid (Part IX, column (A), lines 1–3)		395	<u> </u>
DENN BOSDO	1		or for members (Part IX, column (A), line 4)	· · · · · · · · · · · · · · · · · · ·		
	1		The state of the s	373	, 908	338,507
∠8 .			ompensation, employee benefits (Part IX, column (A), lines 5–10)	373	, 900	336,307
			draising fees (Part IX, column (A), line 11e)			
Exp	b Tota	l fundraising	expenses (Part IX, column (D), line 25) ▶ 8,643			<u> </u>
Ш	17 Othe	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	145	, 466	137,055
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)	519	,769	475,562
	1		penses Subtract line 18 from line 12		,097	-87,506
20				Beginning of Curre		End of Year
ets	20 Tota	Lassets (Pa	rt X, line 16)		,451	23,256
Net Assets or Fund Balances	21 Tota	•	Part X, line 26)		,883	59,194
Zet,	20 N	•	•			
_	*		nd balances Subtract line 21 from line 20	<u> </u>	,568	-35 , 938
	art II	Signati	re Block			
			lties of perjury, I declare that I have examined this return, including accompanying schedules ar			
		and belief, i	t is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which prepared	arer has any	knowledge
Sig	ın İ	N X	TAMA XIAM			
He		Summat	an of officer			
116			ire of officer A a a a a a a a a a a a a a a a a a a		Date	
			tana Knez Board Member		No	V2010
		▼ Type of	r print name and title			
	,	Preparer's	Date	Check if		Preparer's identifying number
Pa	id	signature	11/1	0/10 self- employe	,	(see instructions) P00240884
Pre	parer's			O / T O employe	Τ .	
	e Only	Firm's name	e (or yours \ EMGE &\WHYTE)		EIN ►	93-0991735
	,	if self-emplo			Phone	
		address, ar	dZIP+4 EUGENE, OR 97402		no ▶	541-485-2100
Mav	the IRS di	scuss this re	turn with the preparer shown above? (see instructions)			Yes No.
			rwork Reduction Act Notice, see the separate instructions.		/ ^~	Form 990 (2009)
DAA		and rape			61	l Form 330 (2009)

Part III Statement of Program S	Service Accomplishments	3-1200331	Page Z
Briefly describe the organization's mission SEE SCHEDULE O		<u> </u>	
the prior Form 990 or 990-EZ? If "Yes," describe these new services on S Did the organization cease conducting, or services? If "Yes," describe these changes on Scheol Describe the exempt purpose achievement Section 501(c)(3) and 501(c)(4) organization.	make significant changes in how it conducts, any pi	rogram . am services by expenses port the amount of grants and	Yes X No
THAT UNDERSTANDS THE UNDERSTANDS THE UNDERSTAND THE CHECKNOLOGY AND INFORMATION OF NONPROFITS. CONSULTANTS COORDINATE	381,673 including grants of \$ E FEW TECHNOLOGY ASSISTAN JNIQUE NEEDS OF NONPROFIT HALLENGES OF ADAPTING COM ATION MANAGEMENT SYSTEMS OUR CREATIVE AND KNOWLE E CLIENT PROJECTS, TEACH NG CURRICULUM AND MENTOR	S. NETCORPS MUNICATIONS TO THE DGEABLE CLASSES IN)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
 4d Other program services (Describe in School (Expenses \$ 4e Total program service expenses ▶ 	edule O) including grants of \$ 381,673) (Revenue \$)

Р	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities?-If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ī		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Χ	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI		:	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		-	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ا ـــــا
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
42	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			1,7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445		v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		_v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	X
	If "Yes," complete Schedule G, Part III	10		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	_	X
	2.5 and organization operation of more mospitate. If Too, complete objection 11	20		

	art IV Checklist of Required Schedules (continued)			uge .
	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	7	.	
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		Х
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	<u> </u>	Χ
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
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		Ì	ļ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		ļ	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part i	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ļ	ļ	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	L	X
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	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		l	1
	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,			1
	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	İ		1
	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,			l
	III, IV, and V, line 1	34	<u> </u>	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			<u> </u>
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u>L</u> .	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	<u>L</u> _	X
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

Pa	it 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	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?			1c	Χ	
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	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Χ	
	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	y				
	this return?			3a		X
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 authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				
	account)?			4a	ļ	X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c	ļ <u></u> .	ļ
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	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?	18		7-	Х	
ь.	·			7a	Δ	Х
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b		- 1
Ū	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persi			1		1
•	benefit contract?	Ji idi		7e	İ	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f	-	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	,				
	required?			7h	İ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	L	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter	, ,				1
а	Gross income from members or shareholders	11a		1		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against					Ī
	amounts due or received from them)	11b		-		ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1		12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		Ī	L	<u> </u>

Form 990 (2009) NETCORPS INC 93-1200931 Page 6 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 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? Χ 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ 8ь 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b 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 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

20	ctio	n C	Diecl	osure
ЭE	GHO	HC.	DISC	osure

with a taxable entity during the year?

17 List the states with which a copy of this Form 990 is required to be filed NOR

the organization's exempt status with respect to such arrangements?

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

Own website Another's website X Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► NET CORPS 1245 PEARL ST

OR 97401

541-465-1127

16a

16b

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	•	sate	any o	curre	nt of	ficer,	dıre	ector, or trustee		
(A) Name and Title	(B) Average			(chec	C)	hat a	oply)	(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)	amount of other compensation from the organization and related organizations
MICK WESTRICK										
PRESIDENT	1.00	X	L_	X	<u> </u>			0	0	0
TOM EVANIEW										
BOARD MEMBER	1.00	X	<u> </u>					0	0	0
CARRIE CLARK										_
BOARD MEMBER	1.00	X	<u> </u>					0	0	0
SHAWN DEGRAW		١				١.			•	
BOARD MEMBER	1.00	Х	<u> </u>					0	0	0
JEREMY ZANE	1 00	١				1				
BOARD MEMBER	1.00	X	<u> </u>					0	0	0
STANA KNEZ	1 00	١,,								_
BOARD MEMBER CALVIN ALLEN	1.00	X	1					0	0	0
	1 00								^	
BOARD MEMBER	1.00	X	 	├	┝			0	0	0
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Part VII	Section A. Officers,	Directors, Trus	tees	, Key	/ Em	ploy	ees,	and	d Highest Compensated E	mployees (continued)			
	(A) Name and Title	(B) Average hours per	_	_		k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) timated lount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other oensation om the anization I related nizations	
						_							
										1			
			:										
·													
					-								
1b Tota				<u> </u>	<u>.</u>								
	number of individuals (inditable compensation from	-		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			
	he organization list any fo i loyee on line 1a? If "Yes," i								ee, or highest compensated			Yes	No X
4 For a	any individual listed on line organization and related or	1a, is the sum o	f rep	ortab	ole co	omp	ensat	ion a	and other compensation from complete Schedule J for su				
									unrelated organization for uch person			5	X
1 Com	B. Independent Contractor plete this table for your five	e highest compe	nsate	ed inc	depe	nde	nt cor	ntrac	ctors that received more that	n \$100,000 of			
com	pensation from the organiz	(A) business address							Descrip	(B) otion of services		(C) Compens	ation
								<u> </u>					
								<u> </u>					
								<u> </u>			_		
								<u> </u>					
	I number of independent c						l to th	nose	e listed above) who received			0	
DAA							•					Form 99 (0 (2009

Fd	IL V	in Statement of Reve	iiue		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
		L 2				function revenue	revenue	under sections 512, 513, or 514
g, g	12	Federated campaigns	1a			revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	h	Membership dues	1b					
g. Bo		Fundraising events	1c		1			
ifts ar a	-4	Related organizations	-1d-		1	İ		
s,E	•	Government grants (contributions)	1e			····		
ion	f	All other contributions, gifts, grants,	-10					
but	•	and similar amounts not included above	1f	70,854		1		
dti	_	Noncash contributions included in lines 1a-1		- FC0,034	1			
Sol	9 h	Total. Add lines 1a–1f	· •		70,854			
-0		rotal. Add lines 1a-11		Busn Code	70,034			
Program Service Revenue	2a	DDO IECT INCOME		Busii Code	314,272	314,272		
Š	b		DENGER		5,348	5,348		
e		MISC & REIMBURSED EX	PENSES		-990	-990		
Ξ	c d	DISCOUNTS			- 990	- 990		
Š	e					-		- ·-
grai	_	All other program applies review				1		
P.		All other program service reven	ue	•	318,630			
	3	Total. Add lines 2a–2f			310,030			
	3	Investment income (including d other similar amounts)	ividerius,	interest, and	68	68		
	4	Income from investment of tax-	ovomat b	and proceeds	00			
	5	Royalties	exempt b	ond proceeds				
	3	(i) Real	Τ.	(ii) Personal				
	6a	Gross Rents		(ii) i cisonai				,
	b	Less rental exps					:	
		Rental inc or (loss)				ĺ		
	d	Net rental income or (loss)			i	1	:	
		Gross amount from (i) Securities		(ii) Other				
		sales of assets		1		I		
	ь	other than inventory Less cost or other	-					
		basis & sales exps		1,497				
	С			-1,496	#			
	d	Net gain or (loss)	.	1,130	-1,496	-1,496		
		Gross income from fundraising even	ts		1,130	1/120		
nue	-	(not including \$			#			
٧ <u>و</u>		of contributions reported on line 1c)						
8		See Part IV, line 18	a					
Other Reve	b	Less direct expenses	ь		1	ĺ		
ō		Net income or (loss) from fundr		ents •				Ī
		Gross income from gaming activities					· ····································	
		See Part IV, line 19	a		1	1		
	ь	Less direct expenses	ь			l		
		Net income or (loss) from gamil	na activiti	es 🕨			· · · · · · · · · · · · · · · · · · ·	
		Gross sales of inventory, less						
		returns and allowances	a					Į.
	ь	Less cost of goods sold	ь					
		Net income or (loss) from sales	of invent	orv		İ		Ī
		Miscellaneous Revenue		Busn. Code				
	11a				Ţ	1		
	b					-		
	С							
	d	All other revenue						
				•		- 1		<u> </u>
	12	Total Revenue. See instruction	ıs	▶	388,056	317,202	0	0

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).

	All other organizations must				<u> </u>
	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			ŧ.	
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	111,693	76,795	29,034	5,864
6	Compensation not included above, to disqualified	111,000	10,133	27,034	3,004
Ü	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	185,297	154 607	20 600	
7	Other salaries and wages	100,29/	154,697	30,600	
8	Pension plan contributions (include section 401(k)				*
_	and section 403(b) employer contributions)	16 000	12 001	2 270	225
9	Other employee benefits	16,988 24,529	13,281	3,372	335
10	Payroll taxes	24,529	19,177	4,869	483
11	Fees for services (non-employees)				
a	Management	175			
b	Legal	175		175	
С	Accounting	1,854		1,854	
d	Lobbying	<u> </u>			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	180	180		
13	Office expenses	57,705	53,035	3,294	1,376
14	Information technology	50,820	47,079	3,741	
15	Royalties				
16	Occupancy	16,468 3,324	12,875	3,269	324
17	Travel	3,324	1,833	1,230	261
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,761		1,761	
20	Interest	1,289		1,289	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,434	1,434		
23	Insurance	1,362	745	617	
				<u> </u>	
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)			Į.	
а	BAD DEBT WRITE OFF	542	542		· · · · · · · · · · · · · · · · · · ·
b	PERMITS & LICENSING	135		135	
C	CONTRIBUTIONS	6		6	
d	301111111111111111111111111111111111111				
e	All other expenses				-
f	All other expenses	475 560	201 (72)	05 046	0.610
25	Total functional expenses. Add lines 1 through 24f	475,562	381,673	85,246	8,643
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				
DAA	fundraising solicitation	<u> </u>			Form 990 (2009)

Form 990 (2009)

		(2009) NEICORPS INC		93.	-1200931	_	Page 11
P	arť)	Balance Sheet		-1			· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			50,447	1	18,850
	2	Savings and temporary cash investments			27,668	2	1,999
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tre	ūstees, ke	y			
	İ	employees, and highest compensated employees Comple	ete Part II	of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder secti	on			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Comple	te			
"		Part II of Schedule L				6	
ets	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					
		other basis Complete Part VI of Schedule D	10a	128,177			
	b	Less accumulated depreciation	10b	125,770	5,336	10c	2,407
	11	Investments—publicly traded securities		11			
	12	Investments—other secunties See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11	<u> </u>		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			83,451	16	23,256
	17	Accounts payable and accrued expenses		26,332	17	55,754	
	18	Grants payable		18			
	19	Deferred revenue			5 , 551	19	3,440
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV of S	Schedule i	D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				
abi	Ì	employees, highest compensated employees, and disqual	lıfied			1	
Ξ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third p	parties			23	
	24	Unsecured notes and loans payable to unrelated third part	ties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			31,883	26	59,194
Balances		Organizations that follow SFAS 117, check here \blacktriangleright	and				-
'n		complete lines 27 through 29, and lines 33 and 34.			2 422		25 222
ala	27	Unrestricted net assets			-8,432 60,000	27	-35,938
Δ	28	Temporarily restricted net assets		ļ	60,000		
nc	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117, check her	e ▶ [_]				
9		and complete lines 30 through 34.					
jts	30	Capital stock or trust principal, or current funds				30	
386	31	Paid-in or capital surplus, or land, building, or equipment f				31	
Ä	32	Retained earnings, endowment, accumulated income, or o	other fund	s	F1 FC0	32	25 020
Net Assets or Fund	33	Total net assets or fund balances		51,568		-35,938	
_	34	Total liabilities and net assets/fund balances			83,451	34	23, 256

Form **990** (2009)

FUIII	1990 (2009) NETCORES INC 93-1200931		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
	,		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			į
	Schedule O			Ė
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			E E
	issued on a consolidated basis, separate basis, or both			É
	Separate basis Consolidated basis Both consolidated and separate basis			Ė
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			Į
	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	3ь		<u> </u>
		Forn	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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. Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

NETCORPS INC

Employer identification number 93-1200931

Pa	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions												
he o	e organization is not a private foundation because it is (For lines-1-through-11,-check.only_one_box)												
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2			school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П		·	in conjunction with a hospital des				(A)(iii).	Enter th	e hospi	ital's name		
		city, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
-		section 170(b)(1)(A)(iv). (Complete Part II)											
6				· <i>)</i> vernmental unit described in sec	tion 170/	5)/1)/Δ)/ γ	`						
7	Ħ			ubstantial part of its support from	•	,, ,, ,,	,	the ac	neral nu	blic			
	Ш		section 170(b)(1)(A)(vi). (Co		a govern	incidal di		i inc gci	iciai pa	DIIC			
8	\Box			'0(b)(1)(A)(vi). (Complete Part II	1								
9	X	-		more than 33 1/3 % of its suppo	•	ntributions	memb	ershin fe	es and	l arnes		•	
•	تت	-		ot functions—subject to certain ex						. •			
			·	d unrelated business taxable inco	-					110			
			-	, 1975 See section 509(a)(2). (0	•		i tax, ii	om bao	100000				
10				clusively to test for public safety			a)(4)						
11	Ħ	-	- '	clusively for the benefit of, to pe		•		carry ou	t the				
		_	-	d organizations described in sect				-		tion			
				e type of supporting organization									
		a Type		c Type III–Functiona			d ĺ	_	e III-Otl	ner			
е		By checking to	his box, I certify that the orga	nization is not controlled directly			or more	dısqualı	fied				
				ind other than one or more public						tion			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ation received a written deterr	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the							_
		following per	sons?										
		(i) A persor	who directly or indirectly cor	itrols, either alone or together wi	th persons	describe	d ın (ıı)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(<u>u)</u>		<u> </u>
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(ııı	<u> </u>	
h		Provide the f	ollowing information about the	e supported organization(s)	· · · · · · · · · · · · · · · · · · ·				_		,		
(i)		e of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the				(VII) Am							
	org	ganization		(described on lines 1–9 above or IRC section	in col (i) fisted in your governing document?		the organization in col (i) of your		organization in col (i) organized in the		support		
				(see instructions))	go ronning	T	support? US?						
		-			Yes	No	Yes	No	Yes	No			
									<u> </u>				
									1				
								-					
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ota			<u> </u>		ŧ	1			1	L	1	_	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its hehalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 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 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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning ın) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	199,699	184,349	99,529	181,617	70,854	736,048
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	349,917	272,693	269,625	320,042	318,698	1,530,975
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	549,616	457,042	369,154	501,659	389,552	2,267,023
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			- · · - · - ·			
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	244 265	0.57 .500	0.51.505	0.5		
С	amount on line 13 for the year Add lines 7a and 7b	344,365 344,365	267,693 267,693	264,625 264,625	315,011		1,191,694
8	Public support (Subtract line 7c from	344,365	267,693	264,625	315,011		1,191,694
	line 6)						1,075,329
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	549,616	457,042	369,154	501,659	389,552	2,267,023
10a	Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar					303,332	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	5,623	7,617	2,005	1,443		16,688
С	Add lines 10a and 10b	5,623	7,617	2,005	1,443		16,688
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
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)	555,239	464,659	371,159	503,102	389,552	2,283,711
14	First five years. If the Form 990 is for the o organization, check this box and stop here			n, or fifth tax year a	s a section 501(c)(3)	> [
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2009 (line 8,	* *	•	f))		15	47.09%
16	Public support percentage from 2008 Scheo					16	41.94%
	tion D. Computation of Investmen					1 1	
17	Investment income percentage for 2009 (lin			olumn (f))		17	1 %
18	Investment income percentage from 2008 S			4 and line 45 is	16 00 4/0 0/	18	1 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	x and stop here . Tl	ne organization qua	alifies as a publicly	supported organiza	ation	▶ X
b	33 1/3 % support tests—2008. If the organ						,
20	line 18 is not more than 33 1/3 %, check this Private foundation. If the organization did						P [-

Schedule A (Form 990 or 990-EZ) 2009 NETCORPS INC 93-1200931

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

N	ETCORPS INC		93-1200931						
	ert I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A							
	the organization answered "Yes" to Form 990, Part IV, line 6.								
_		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·						
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised							
	funds are the organization's property, subject to the organization's exclusion		Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in w	-							
	used only for chantable purposes and not for the benefit of the donor or								
	purpose conferring impermissible private benefit?	·	Yes No						
Pa	ert II Conservation Easements. Complete if the organization	anization answered "Yes" to Form	n 990, Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization (check a	all that apply)							
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant land area						
	Protection of natural habitat	Preservation of certified historic st	tructure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conserva-	tion						
	easement on the last day of the tax year								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С.	Number of conservation easements on a certified historic structure inclu	` '	2c						
a	Number of conservation easements included in (c) acquired after 8/17/0		[2d]						
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the organization	during						
	the taxable year								
4	Number of states where property subject to conservation easement is lo								
5	Does the organization have a written policy regarding the periodic monitive violations, and enfercement of the concentration occurrent at helds?	oring, inspection, handling of	Yes No						
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing the staff and volunteer hours.	ng consequation accoments during the vector							
ŭ	b	ng conservation easements during the year							
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year							
•	S	briser variori casements during the year							
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section							
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No						
9	In Part XIV, describe how the organization reports conservation easeme	ents in its revenue and expense statement, a	and						
	balance sheet, and include, if applicable, the text of the footnote to the o								
	the organization's accounting for conservation easements								
Pa	ort III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.						
	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	n its revenue statement and balance sheet	works of						
	art, historical treasures, or other similar assets held for public exhibition,	•	blic service,						
	provide, in Part XIV, the text of the footnote to its financial statements the								
þ	If the organization elected, as permitted under SFAS 116, to report in its		·						
	historical treasures, or other similar assets held for public exhibition, edu	ication, 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		S						
•	(ii) Assets included in Form 990, Part X	other complex coacts for Samuel and	P						
2	If the organization received or held works of art, historical treasures, or c		ie ine						
•	following amounts required to be reported under SFAS 116 relating to the	ese ilems	▶ ¢						
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$						
D	ASSERT MODUCU III I OHN 330, F dit A		-						

cne	dule D (Form 990) 2009 NETCORPS T	NC		93-12	200931	, ,	<u> </u>	'age ∠
Pa	art III Organizations Maintaining C	Collections of Art	, Historical Treas	sures, or Other	Similar Assets (continu	ied)	-
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, chec	ck any of the following	that are a significant	use of its			
а	Public exhibition	d Loai	n or exchange progran	ns		-	•	
b	Scholarly research	e Othe						
С	Preservation for future generations							
4	Provide a description of the organization's collect Part XIV	tions and explain how t	they further the organiz	zation's exempt purpo	ose in			
5	Duning the year, did the organization solicit or recassets to be sold to raise funds rather than to be					∏ Y€	es [□ No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the organiza	ation answered '	'Yes" to Form 99			-
	IV, line 9, or reported an amo					-,		
1a	Is the organization an agent, trustee, custodian of			r assets not				
	included on Form 990, Part X?	,				Ye	es l	No
b	If "Yes," explain the arrangement in Part XIV and	complete the following	ı table			<u> </u>		
	, , , , , , , , , , , , , , , , , , ,		,			Amoun	t	
С	Beginning balance				1c			
	Additions during the year				1d			
	Distributions during the year				1e			
	Ending balance				1f	•		
	Did the organization include an amount on Form	990 Part X line 212			<u> " 1</u>			7
	If "Yes," explain the arrangement in Part XIV	550, 1 art X, iii c 21				Y€	,s	_ No
	ert V Endowment Funds. Complete	te if organization :	answered "Yes" t	o Form 990 Par	t IV line 10			
<u></u>	Endownione i dildo. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r vears	hack
12	Beginning of year balance	(a) content year	(b) i noi year	(c) Two years back	(a) Thice years back	1 (6)1 00	years	Dack
	Contributions				 	 		
	1					 		
Ç	Net investment earnings, gains,							
_	and losses			<u> </u>		 		
	Grants or scholarships				 	 		
е	Other expenditures for facilities							
	and programs					 		
	Administrative expenses					 		
g	End of year balance		l	<u>l</u>	<u> </u>	<u>.l</u>		
2	Provide the estimated percentage of the year en							
	Board designated or quasi-endowment	- %						
	Permanent endowment ▶ %							
	· · · · · · ·							
3a	Are there endowment funds not in the possession	n of the organization th	nat are held and admin	istered for the				Т
	organization by						Yes	No
	(i) unrelated organizations					3a(i)	<u> </u>	<u> </u>
	(ii) related organizations					3a(ii)	<u> </u>	
b	If "Yes" to 3a(II), are the related organizations list					3b		
4								
Pa	rt VI Investments—Land, Buildin	gs, and Equipme	nt. See Form 99	<u>0, Part X, line 10</u>)			
	Description of investment	(a) Cost or other basis (investment)	s (b) Cost or o basis (othe	1 ' '	ccumulated reciation	(d) Book	value	
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment							
е	Other							
ota	I. Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X, co	lumn (B), line 10(c))		•			

93-1200931

Part VII	Investments—Other Securities. See Form	<u>m 990, P</u>	art X, line 12.		<u> </u>
	(a) Description of security or category		(b) Book value	(c) Method o	
	(including name of security)			Cost or end-of-ye	ar market value
Financial denv	atives				
Closely-held ed	quity interests				
Other					
			· · · · · · · · · · · · · · · · · · ·		· · ·
		L			
		L			
					
	 .				
		L			
	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. See For	m 990, F			
	(a) Description of investment type		(b) Book value	(c) Method o Cost or end-of-ye	
			·		
					<u> </u>
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. See Form 990, Part X, line	15.			
	(a) Description	tion	· ·	· · · · · · · · · · · · · · · · · · ·	(b) Book value
			·		
	·				
	(b) must equal Form 990, Part X, col (B) line 15)	0.5		<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, I	<u>ine ∠5.</u>			
1	(a) Description of liability		(b) Amount	-	
Federal income	e taxes			- [
 				4	
		<u> </u>		-	
		<u> </u>		 [
				-	
				-	
				-	
				-	
Total (California	a (h) must a uni Farr 200 B-1 V (1 / D) 1 (25)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) otnote. In Part XIV, provide the text of the footnote to the	252222525	nio Snancial at the control	to the transactor the	<u> </u>
A. FIN 40 FO	oniole in Fail Aiv, biovide life lext of the foothole to the	organizaii0	o s noauciai statement	is man reports me	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 NETCORPS INC	93-1	200931	, Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses		6	
7	Pnor penod adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10_	
Pa	rt XII Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	1	
а	Net unrealized gains on investments	_2a		
b	Donated services and use of facilities	_2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	_4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	ert XIII Reconciliation of Expenses per Audited Financial State	ments With Expense	es per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С.	Other losses	2c		
a	Other (Describe in Part XIV)	_2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
_	Add lines 4a and 4b		4c	
_ <u>5</u>	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	··	5	
	ert XIV Supplemental Information	4 1 4 D-4 B/ 1		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, li			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lii	nes 2a and 4b. Also comple	te	
uus þ	eart to provide any additional information			
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Part XIV	Supplemen	NETCORPS INC tal Information (continued)			
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SCHÈDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

NETCORPS INC

Employer identification number 93-1200931

FORM—990 — ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

NETCORPS WAS FOUNDED TO: INCREASE THE CAPACITY OF PROGRES—

SIVE, GRASS ROOTS GROUPS TO ORGANIZE, ADVOCATE AND ADDRESS

SOCIAL AND ENVIRONMENTAL CHANGE THROUGH APPROPRIATE COM
MUNICATION AND INFORMATION TECHNOLOGY, TRAINING AND AS—

SISTANCE; AND TO TRAIN COLLEGE STUDENTS TO BECOME THE NEXT

WAVE OF TECHNICALLY SAVVY NONPROFIT LEADERS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS BOARD OF DIRECTORS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC