

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



CHANGE OF ACCOUNTING PERIOD

Return of Organization' Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_						
<u>A</u>	For the	e 2010 calendar year, or tax year beginning JAN 1, 2011 and ending	<u>MAR 3</u>	<u>1, 2011</u>		
В	Check if	C Name of organization	D Emp	oloyer identific	ation number	
	applicable	COLLECTIVE HERITAGE INSTITUTE				
	Addre	DBA BIONEERS				
	Name chang	Doing Business As		85-04	132731	
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/si	ute E Tele	phone number		
F	Termir		1110 12 1616	-	986-0366	
Η	—Jated □Amend	4.4	 			4.2
늗	Ireturn □ Applic			s receipts \$	589,34	<u> 13.</u>
L	ttiòn pendir	SANIA FE, NM 8/301		this a group re		ì
		F Name and address of principal officer KENNETH AUSUBEL		r affiliates?	Yes X	No
_		SAME AS C ABOVE		e all affiliates incl	uded? Yes 	No
1	Tax-exe	empt status X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or	527 If	"No," attach a	ist. (see instructions))
		te: > WWW.BIONEERS.ORG	H(c) Gi	roup exemption	number 🕨	
K	Form of	organization: X Corporation	ear of formati	on: 1995 M	State of legal domicile:	: NM
P	art I	Summary				
_	1	Briefly describe the organization's mission or most significant activities: ENVIRONM	ENTAL	EDUCATIO	ON	
Activities & Governance					221	
ā	2	Chack this boy		0/ 06 40 704 00		
ě		Check this box If the organization discontinued its operations or disposed of n)		sets.	1 2
ő	1	the man and the man and a state of the governing body (that the most tay		3		$\frac{12}{10}$
∞ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)	181	4		10
<u>ë</u>	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 👍 5 2011	ကြို	5		<u>31</u>
₹.	6	Total number of volunteers (estimate if necessary)	(3)	6	2	<u> 250</u>
ţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u> E</u>	7a		_0.
_	b	Net unrelated business taxable income from Form 990-T, line 34 OGDEN. U		7b		0.
			Prio	r Year	Current Year	
a)	8	Contributions and grants (Part VIII, line 1h)		78,099.	584,80)6.
Ž	1	Program service revenue (Part VIII, line 2g)		60,168.		90.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		960.		59.
æ	1		··	67,405.	3,47	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,9	06,632.	589,34	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,450.		0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> 1,6</u>	55,073.	382,22	<u> 27.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 105,074.				
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1.7	27,643.	217,01	2.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		84,166.	599,23	
n		Revenue less expenses Subtract line 18 from line 12		77,534.	-9,89	
Net Assets or Fund Balances	1.0	Totalias 1000 0xpoiloss Cabitact into 10 ffortific 12				,
anc		Total accests (Part V. line 16)		f Current Year	End of Year	
SS	20	Total assets (Part X, line 16)		16,495.	1,148,11	
<u>`</u>	21	Total liabilities (Part X, line 26)		99,644.	241,15	
		Net assets or fund balances Subtract line 21 from line 20	9	<u>16,851.</u>	906,95	<u>,5.</u>
_,,	art II	Signature Block				
_Und	ier pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and	to the best of my	knowledge and belief,	ıt ıs
true	, correc	t, and complete. Declaration of grepare (Gener than officer) is based on all information of which prep	arer has any k	knowledgę.		
e		- Plotten hly		8~8	-2011	
Sig	n	Signature of officer		Date		
₽eı		HUGO STEENSMA, TREASURER				
	•	Type or print name and title				
_		Print/Type preparer's name Praparer's signature /_ aa	Date	Check	PTIN	
Paid	4		8-8-	// It self-employed	-	
		RHONDA WILLIAMS Conday Williams OF The Research Conday Williams	100°			
	parer	Firm's name BARRACLOUGH & ASSOCIATES, P.C.	Firm's EIN			
use	Only	Firm's address P.O. BOX 1847				_
		SANTA FE, NM 87504		Phone no. 50	<u>)5-983-3387</u>	
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes	No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2	010)

4d	Other program services	(Describe in Schedule O)
	·= •	

including grants of \$

4e Total program service expenses ▶

) (Revenue \$

423,738.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
J	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II			x
E		4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٦,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٦,
_	Schedule D, Part III	8		<u> </u>
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			٠.,
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b_		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		C	000	2010

Form 990 (2010) DBA BIONEERS

Part IV Checklist of Required Schedules (continued)

85-0432731 Page 4

			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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	-		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		<u>X</u>
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		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		X
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)			Ì
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			İ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33_		<u>X</u>
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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>X</u>
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	X	

	990 (2010) DBA BIONEERS 85-0432	731	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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	İ		
	(gambling) winnings to prize winners?	1c	Х	
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 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
	any contributions that were not tax deductible?	6a	1	х
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 goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization 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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		l
9	Sponsoring organizations maintaining donor advised funds.			
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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
11	Section 501(c)(12) organizations. Enter			ĺ
а	Gross income from members or shareholders 11a			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			l
b	Enter the amount of reserves the organization is required to maintain by the states in which the	•		l
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	,,,,	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2010)

85-0432731

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

	to line da, db, of 100 below, describe the circumstances, processes, of changes in schedule O. See instructions				
	Check if Schedule O contains a response to any question in this Part VI	٠,		X.	
Sec	tion A. Governing Body and Management		 1		
_	5		Yes	No	
_	Enter the number of voting members of the governing body at the end of the tax year 1a 12	}			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	{			
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	X		
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?			v	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<u> </u>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Does the organization have members or stockholders?	6		X	
	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	7a		<u>x</u>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:				
а	The governing body?	8a	_x_		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
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	9		X	
<u>Sec</u>	tion 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		<u>X</u>	
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			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
b					
12a					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		32		
	to conflicts?	12b	Х		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v		
12	In Schedule O how this is done Does the organization have a written whistleblower policy?	12c	X		
13 14	Does the organization have a written whistleblower policy?	13 14	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	x		
b	Other officers or key employees of the organization	15b	x		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		X	
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 the organization's				
	exempt status with respect to such arrangements?	16b			
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NM , CA , CO , IL , KS , MA , MD , ME , MI		<u>, NY</u>	<u>, OH</u>	
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.				
	Own website X 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, are	nd fina	ncial		
••	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion: 🟲	·		
	JEFFREY VASTERLING - 505-986-0366				
	1607 PASEO DE PERALTA, NO. 3, SANTA FE, NM 87501	Corm	990 (2010\	

	$\alpha\alpha\alpha$	(2010)	
-01111	330	(2010)	

DBA BIONEERS

85-0432731

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization	nor any related	orga	anıza	ation	CO	npei	nsa	ted any current officer, o	director, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	(c	(check all that a				ly)	compensation	compensation	amount of
	week	cto			ŀ			from	from related	other
	(describe hours for	dre				8		the organization	organizations	compensation from the
	related	stee o	nstee			ensat		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	al frui	nal tr		loyee	E CO		(17 2, 1000 11.100)		and related
	ın Schedule	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	Ĕ	Ĕ	₽	3	포트	چ			
POLLY HOWELLS									_	_
CHAIR	1.00	X	ļ	X	-	ļ	_	0.	0.	0.
GAY DILLINGHAM	1	l		l						
VICE CHAIR	1.00	X		X	<u> </u>	├	-	0.	0.	0.
HUGO STEENSMA	1 00	l								
TREASURER	1.00	X	<u> </u>	Х	<u> </u>	-		0.	0.	0.
MELISSA NELSON	1 1 00					l				
SECRETARY	1.00	X		X	-	-		0.	0.	0.
KENNETH H. AUSUBEL	40.00			٠,,				100 000		7 425
DIRECTOR & CO-CEO	40.00	X	 	X	 	-		126,000.	0.	7,435.
CHARLOTTE BRODY	1 00	١,,								_
DIRECTOR	1.00	X	<u> </u>		 	-	├	0.	0.	0.
ELIZABETH KAPU'UWAILANI LINDSEY	1.00	x						0.	0.	0.
DIRECTOR	1.00	┢≏	-	-			\vdash	0.	U •	0.
DUNE LANKARD DIRECTOR	1.00	x						0.	0.	0.
CHIEF OREN LYONS	1.00	-	\vdash	\vdash	\vdash			•		
HONORARY DIRECTOR	1.00	x						0.	0.	0.
DAVID ORR						T				
DIRECTOR	1.00	x		İ				0.	0.	0.
NINA SIMONS	***									
DIRECTOR & CO-CEO	40.00	X						103,000.	0.	7,456.
LYNN TWIST										
DIRECTOR	1.00	X						0.	0.	0.
GREG WATSON										
DIRECTOR	1.00	X		<u> </u>				0.	0.	0.
ROBERTO D. APONTE										
MANAGING DIRECTOR	40.00	<u> </u>		X				85,538.	0.	18,998.
PETER A. MATTAIR										
V.P. FOR ADVANCEMENT	40.00	<u> </u>	_	X	_	<u> </u>	<u> </u>	93,981.	0.	7,595.
JEFFREY G. VASTERLING		ĺ								
COMPTROLLER	40.00		L	X	<u> </u>	<u> </u>	<u> </u>	76,788.	0.	<u>7,587.</u>
KIM B. RIBBANS										
MARKETING DIRECTOR	40.00	L		X			<u> </u>	67,789.	0.	4,526.
032007 12-21-10										Form 990 (2010)

Part VII. Section A. Officers, Directors, Tr	ustees, Key Er (B)	mple	oyee	s, a		ligh	est					<i>(</i> C)	
(A) Name and title	Average			ر Posi		ı		(D) Reportable	(E) Reportable		Fe	(F) timate	ed he
	hours per week (describe hours for related organizations in Schedule O)	istee or director	heck	officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	n d s	com, fre orga	nount of other pensa om the anization in	of tion e ion ed
												•	
1b Sub-total		<u></u>						553,096.		0.	5	3,5	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but it		nose	liste	ed at	OOVE	► ► e) wh		553,096.	000 in reportab	0. 0.	5	3,5	0. 97.
compensation from the organization											- 1	Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual		•					,	. ,		3	103	X
 For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual	J	į	4		<u>x</u>
rendered to the organization? If "Yes," con Section B. Independent Contractors											5		X
Complete this table for your five highest country the organization NONE	empensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npensa	ation fi	rom	
(A) Name and business	address							(B) Description of s	ervices	C	(C omper		า
							_			<u></u>			
							1						
2 Total number of independent contractors (-	ot lir	nited	d to		_	ted	above) who received m	ore than				
\$100,000 in compensation from the organi	zation					<u>) </u>	_					200 /	

Page 9

Form 990 (2010) DBA BIONEERS
Part VIII | Statement of Revenue

		Statement of never	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
돭	1 a	Federated campaigns	1a					
gra	b	Membership dues	1b	11,940.				
Contributions, gifts, grants and other similar amounts	c	Fundraising events	1c					
ar ar	d	Related organizations	1d					
S E	е	3 . (-
utic er s	f	All other contributions, gifts, gran				1		
랷		similar amounts not included abo	ove 1f	572,866.				
P C	_	Noncash contributions included in lines	s 1a-1f \$		504 006			
0 🖏	h	Total, Add lines 1a-1f		D	584,806.			
اہ	•	CONFEDENCES		Business Code	100	100		
Š	2 a			519100	190.	190.		
Ser	b	-						
E S	d					 · -		
Program Service Revenue	e							
g	f		enue					
	a			•	190.			
\neg	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	669.			669.
	4	Income from investment of ta	x-exempt bond ;	oroceeds >				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross Rents						
	b	•						
		Rental income or (loss)				-	-	
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
- 1		assets other than inventory	-	200.				
1	b	Less cost or other basis		i i				
	_	and sales expenses Gain or (loss)		200.				
		` '		200.	200.			200
		Net gain or (loss) Gross income from fundraisin	a ovente (not	P	200.			200.
Jue	0 4	including \$	of					
Other Revenu		contributions reported on line						
ĕ		Part IV, line 18	а					
‡	ь	Less direct expenses	b					!
0		Net income or (loss) from fund						
		Gross income from gaming ac	_					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	. а	1,653.	:			
İ		Less cost of goods sold	b					
-	c	Net income or (loss) from sale		<u> </u>	1,653.	1,653.		
-		Miscellaneous Revenu	ıe	Business Code	4 005	4 005		
		BOOK ROYALTIES		519100	1,825.	1,825.		
	b							
	ب د	All other revenue						
	đ	Total. Add lines 11a-11d			_1,825.			
-	е 12	Total revenue. See instructions.	•		589,343.	3,668.	0.	869.
032009	,	Total 10 voide. Occ mandending.	,					Form 990 (2010)

DBA BIONEERS

Part IX. Statement of Functional Expenses

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

	All other organizations must com				
	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	146,324.	59,196.	27,965.	59,163.
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	179,804.	148,338.	6,653.	24,813.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	1,307.	1,078.	48.	181.
9	Other employee benefits	27,641.	22,804.	1,023.	3,814.
10	Payroll taxes	27,151.	17,605.	2,762.	6,784.
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,727.	3,727.		
С	Accounting	332.	332.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,569.	4,139.	430.	
g	Other	86,598.	86,598.		
12	Advertising and promotion	21,022.	17,061.		3,961.
13	Office expenses	23,752.	22,052.	1,700.	
14	Information technology				
15	Royalties				
16	Occupancy	26,306.	24,306.	2,000.	
17	Travel	11,740.	5,382.		6,358.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,195.		12,195.	
20	Interest	2,796.		2,796.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,973.	8,403.	1,570.	
23	Insurance	2,623.		2,623.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	BOARD EXPENSES	6,264.		6,264.	
b	EQUIPMENT LEASE	1,851.		1,851.	
c	MEALS & ENTERTAINMENT	1,767.	1,517.	250.	
d	DUES & SUBSCRIPTIONS	1,497.	1,200.	297.	
e		<u>/.</u>			
f	All other expenses		-		·
25	Total functional expenses Add lines 1 through 24f	599,239.	423,738.	70,427.	105,074.
26	Joint costs, Check here July of following SOP			,	
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					- 000

85-0432731 Page 11

Pa	<u>rt X ,</u>	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			50,017.	1	73,906.
	2	Savings and temporary cash investments			494,636.	2	411,861.
	3	Pledges and grants receivable, net]	383,718.	3	333,718.	
	4	Accounts receivable, net		<u>179,955.</u>	4	100,000.	
	5	Receivables from current and former officers, d.	rectors,	trustees, key			
		employees, and highest compensated employe	es. Com	plete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as		İ			
v		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru	uctions)			6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use .		_	30,488.	8	30,162.
	9	Prepaid expenses and deferred charges .			10,735.	9	37,512.
	10a	Land, buildings, and equipment cost or other					
	}	basis Complete Part VI of Schedule D	10a	291,053.			
	b	Less accumulated depreciation	10b	168,016.	128,715.	10c	123,037.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related See Part IV, line	20 224	13			
	14	Intangible assets	-	38,231.	14	37,917.	
	15	Other assets See Part IV, line 11			1 216 405	15	1 1 1 1 1 1 1 1 1
	16	Total assets. Add lines 1 through 15 (must equ	ial line 3	4)	1,316,495.	16	1,148,113.
	17	Accounts payable and accrued expenses	4,655.	17	16,540.		
	18	Grants payable Deferred revenue		}		18	12 400
	19 20			ļ		19	12,400.
	21	Tax-exempt bond liabilities		of Cabadula D		20	
Liabilities	22	Escrow or custodial account liability Complete Payables to current and former officers, director		F		21	
夏	22	highest compensated employees, and disqualif		· · · · I			
<u>:</u>		of Schedule L	ica pers	ons complete rait if		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d narties	350,000.	23	150,000.
	24	Unsecured notes and loans payable to unrelate		·	330,000.	24	130,000.
	25	Other liabilities Complete Part X of Schedule D		74.1.00	44,989.	25	62,218.
	26	Total liabilities. Add lines 17 through 25		ļ	399,644.		241,158.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete	33370111		211/1301
S		lines 27 through 29, and lines 33 and 34.					
ĕ	27	Unrestricted net assets			831,851.	27	852,505.
ala	28	Temporarily restricted net assets		Ī	85,000.	28	54,450.
Ē	29	Permanently restricted net assets		Ī		29	
μ̈		Organizations that do not follow SFAS 117, c	heck he	ere 🕨 🔲 and			
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
488	31	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, o	or other funds		32	
Z	33	Total net assets or fund balances		. [916,851.	33	906,955.
	34_	Total liabilities and net assets/fund balances			1,316,495.	34	1,148,113.
							- 000

COLLECTIVE HERITAGE INSTITUTE

	1990 (2010) DBA BIONEERS	<u>85-0432</u>	<u> 2731</u>	Pa	ge 12	
Pa	rt XI. Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>58</u>	9,3	<u>43.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	59	9,2	<u> 39.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,8	96.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91	<u>6,8</u>	<u>51.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6	6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	b Were the organization's financial statements audited by an independent accountant?					
С						
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both		1 ;			
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit				
	or audits, explain why in Schedule O and describe any stone taken to undergo such audits		26		1	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

Somplete 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

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name of the organization Employer identification number COLLECTIVE HERITAGE INSTITUTE DBA BIONEERS 85-0432731 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II _ Type I c ____ Type III - Functionally integrated d ____ Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

COLLECTIVE HERITAGE INSTITUTE

Schedule A (Form 990 or 990 EZ) 2010 DBA BIONEERS

85-0432731 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	fails to qualify under the tests			-	ii iaileo to quality t	under Part III. If the	e organization		
Sec	ction A. Public Support			,					
	ndar year (or fiscal year beginning in)	(a) 200e	(h) 2007	(c) 2008	(4) 2000	(e) 2010	(6 Tata)		
	tlendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 1 Gifts, grants, contributions, and						(f) Total		
•	membership fees received. (Do not								
	include any "unusual grants.")	2584766.	2922806.	3076543.	3279107.	2478099	14341321.		
2	Tax revenues levied for the organ-	2304700.	2322000.	30703431	3273107.	2470000.	14341321.		
_	ization'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		ļ						
4	Total. Add lines 1 through 3	2584766.	2922806.	3076543.	3279107.	2478099.	14341321.		
	The portion of total contributions			00,00101		22,000,00			
	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)						1590519.		
6	Public support. Subtract line 5 from line 4						12750802.		
	ction B. Total Support					•			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
	Amounts from line 4	2584766.	2922806.	3076543.	3279107.		14341321.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	:							
	and income from similar sources	81,829.	85,201.	78,954.	46,832.	45,055.	337,871.		
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	_					14679192.		
12	Gross receipts from related activities,	etc (see instruction	ons)			12 2	,278,581.		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)			
	organization, check this box and stor						▶ □		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>86.86 %</u>		
15	Public support percentage from 2009					15	<u>87.90 %</u>		
16a 33 1/3% support test - 2010.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		•				\triangleright [X]		
b	b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	10% -facts-and-circumstances tes	=							
	and if the organization meets the "fac					t IV how the orgar	nization		
	meets the "facts-and-circumstances"				-		▶□		
b	10% -facts-and-circumstances tes	=							
	more, and if the organization meets the				•				
40	organization meets the "facts-and-circ		•	•			. •		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, please com	piete Fait II)			••	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and				-		•
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				 		_
are not an unrelated trade or bus-						
iness under section 513				 		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		·	ł	·	<u> </u>	
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	(4) 2000	(5) 2001	(0) 2000	(4) 2000	(6) 2010	(i) rotai
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		ļ				
b Unrelated business taxable income			!			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on						
2 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)				-		
4 First five years. If the Form 990 is for the	ne organization'	s first second thir	l. d fourth or fifth to	av voor as a socti	.l	otion
check this box and stop here	le organization	s mst, second, tim	a, lourel, or mar a	ax year as a secu	on soricitis) organiz	ation,
Section C. Computation of Public	Support Pe	rcentage				
5 Public support percentage for 2010 (lin			column (fl)		15	9
6 Public support percentage from 2009 S	• • •	-	Joidinin (1))		16	
section D. Computation of Invest				·····		
7 Investment income percentage for 2010			no 12 column (f)		147	
			ie ro, columni (f))		17	
8 Investment income percentage from 20			line 14	. 4 <i>5</i>	18	7
9a 33 1/3% support tests - 2010. If the or						/ IS NOT
more than 33 1/3%, check this box and	=	-				. ▶∟_
b 33 1/3% support tests - 2009. If the or	_					and . —
line 18 is not more than 33 1/3%, check			•		•	▶⊨
20 Private foundation. If the organization	<u>did not check a</u>	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COLLECTIVE HERITAGE INSTITUTE

DBA BIONEERS

Employer identification number 85-0432731

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if 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 advi	sed funds							
	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a	_								
	for charitable purposes and not for the benefit of the donor of									
	impermissible private benefit?									
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,								
1	Purpose(s) of conservation easements held by the organization									
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area							
	Protection of natural habitat		tified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last							
	day of the tax year									
			Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements	2b								
С	Number of conservation easements on a certified historic str	2c								
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure									
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax							
	year ▶									
4	Number of states where property subject to conservation ear	sement is located >								
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements if	t holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨							
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$							
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(ı)							
	and section 170(h)(4)(B)(ii)?		└── Yes └── No							
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for							
	conservation easements									
Par	t III Organizations Maintaining Collections of		Other Similar Assets.							
	Complete if the organization answered "Yes" to Form									
1a	If the organization elected, as permitted under SFAS 116 (AS									
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,							
	the text of the footnote to its financial statements that descri									
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	it and balance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts							
	relating to these items:									
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$							
	(ii) Assets included in Form 990, Part X		> \$							
2	If the organization received or held works of art, historical treatment									
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:								
а	Revenues included in Form 990, Part VIII, line 1		> \$							
b	Assets included in Form 990, Part X		> \$							

COLLECTIVE HERITAGE INSTITUTE

	dule D (Form 990) 2010 DBA BIO							85	-04	3273	1 Page 2
Pa	rt III. Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Oth	<u>er Si</u>	milar	Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	at are a s	signific	cant use	of its	collection	n items
	(check all that apply)·										
а	Public exhibition	C			hange progra						
b	Scholarly research	6	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exe	mpt p	ourpose	ın Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, his	stoncal trea	sures, or oth	er sımıla	r asse	ets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	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, Pa	rt X, line 21.				_					
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for d	contribution	s or other as	sets not	t ınclu	ded		_	
	on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:							
							L			Amount	
C	Beginning balance	•					L	1c_			.
đ	Additions during the year						L	1d			
е	Distributions during the year						L	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Yes	No
	If "Yes," explain the arrangement in Part XIV.		_								
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line	10				
		(a) Current year	(b) Pi	rior year	(c) Two yea	rs back	(d) Th	ree year	s back	(e) Four	years back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	ıs.								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment ▶	%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administe	ered for t	he org	ganızatı	on	_	
	by										Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b									ĺ		
4	Describe in Part XIV the intended uses of the	organization's ende	owment f	unds						`	
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X,	line 10.	_						
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccum	ulated		(d) Book	value
		basis (investr	ment)	basis	(other)	de	precia	ation			
1a	Land	35,	000.							3 !	5,000.
b	Buildings										
С	Leasehold improvements			10	4,244.		43	,883	3.	6(0,361.
d	Equipment			13	8,625.			,002			3,623.
ее	Other				3,184.			,131			1,053.
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colum	n (B), line 1	0(c))		_		• 🗆		3.037.

Schedule D (Form 990) 2010

1, 1	COLLECTIVE HERITAGE	: INSTITUT
Schedule D (Form 990) 2010	DBA BIONEERS	

Schedule D (Form 990) 2010 DBA BIONEE	RS		85-0432731 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation: end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests .			<u> </u>
(3) Other			
(A)			
(B)			
(C)			
(D)	_		
(E)			
(F)			
(G)			
(H)			
(I)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, lin	e 13.	
(a) Description of investment type	(b) Book value		Method of valuation. end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, Im			
(6	a) Description		(b) Book value
(1)			
(2)			
(3)		·	
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15)		>
Part X Other Liabilities. See Form 990, Part X	(, line 25		
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) CREDIT CARDS PAYABLE		<u>17,752.</u>	
(3) ACCRUED PAYROLL		16,439.	
(4) ACCRUED COMPENSATED ABSE	NCES	14,581.	
(5) PAYROLL LIABILITIES		12,308.	
(6) ACCRUED INTEREST		1,138.	
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25.)	_62,218.	
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	to the organization's financial sta	atements that reports the organization	's liability for uncertain tax positions under
032053 12-20-10			Schedule D (Form 990) 2010

COLLECTIVE HERITAGE INSTITUTE

	dule D (Form 990) 2010 DBA BIONEERS				432731	Page 4
Pai	t XI. Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	<u>State</u>	ments	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			<u>589</u>	<u>,343.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			<u>599</u>	,239.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3				,896.
4	Net unrealized gains (losses) on investments	4				_
5	Donated services and use of facilities	5				
6	Investment expenses	6				
7	Prior period adjustments	7				
8	Other (Describe in Part XIV.)	8				
9	Total adjustments (net) Add lines 4 through 8	9				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			- 9	,896.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	nue p	er Ro	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	589	<u>,143.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments 2a					
b	Donated services and use of facilities 2b					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1	•	1	3	589	,143.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		Ì			
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV)	2	00.	1		
С	Add lines 4a and 4b			4c		200.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Ī	5	589	,343.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses	per	Retur		
1	Total expenses and losses per audited financial statements		ŀ	1	599	,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		Ī			
а	Donated services and use of facilities 2a					
b	Prior year adjustments 2b					
c	Other losses 2c					
d	Other (Describe in Part XIV)					
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1		- 1	3	599	,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		Ī			, 2000
-	Investment expenses not included on Form 990, Part VIII, line 7b					
	Other (Describe in Part XIV)					
	Add lines 4a and 4b		\dashv	4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		-	5	599	,239.
	t XIV Supplemental Information		1			<u>, 233 </u>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV lu	nes 1h	and 2	h: Part V line	4. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to pro					7,1 011
	RT X, LINE 2: FEDERAL INCOME TAX STATUS	1100 a.	., au	itionari	mormation.	
	,					
COI	LECTIVE HERITAGE INSTITUTE IS A NOT-FOR-PROFIT CORP	ORA	יוסדים	И. Е	XEMPT 1	FROM
<u> </u>		<u>OIUI</u>	 0 1	<u>,, _</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11011
ाञ्च	DERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTE	RNA.	r. F1	EVEN	TIE CODI	R.
	THE THE ONE PROPERTY OF THE THE	14111	<u></u>	<u> </u>	IOD COD	<u> </u>
COT	LECTIVE HERITAGE INSTITUTE ADOPTED FASB ACCOUNTING	ሮሞል1	ו ג רווא	פחפ	מתעומוז	NΟ
<u> </u>	EDUCITOR HERTIAGE INDITIONS ADOLIED FASD ACCOUNTING	DIM	ועתויי	XDS	OFDAIL	110.
200	9-6, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AN	ם ח	ד פרו	r.Agri	DР	
200	75 0, ACCOUNTING FOR UNCERTAINTE IN INCOME TAKES AN	ט ט.	TOCI	<u> </u>	KE	
ΔМΙ	NDMENTS FOR NONPUBLIC ENTITIES." THIS REQUIRES DIS	CT.O	ימוןס	₽ ○ ₽	י האעא היי	r.r
प्तग्रा	ENDMENTS FOR NONPUBLIC ENTITIES." THIS REQUIRES DIS	الاست	20KI	<u>10 c</u>	TAVAD	UE
TINIE	ELATED BUSINESS INCOME. NONE OF THE PRESENT OR ANT	TOT	וייתעם	а П	ם פווחווי	
OINE	THATED DOUTHESS INCOME. NOME OF THE PRESENT OR ANT	<u> </u>	LAII	ם עני	OIUKE	
AC7	VIVITIES OF COLLECTIVE HERITAGE INSTITUTE ARE SUBJEC	т т	о ти	AXAT	ION AS	

COLLECTIVE HERITAGE INSTITUTE Schedule D (Form 990) 2010 DBA BIONEERS 85-0432731 Page 5 Part XIV Supplemental Information (continued) UNRELATED BUSINESS INCOME; THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. PART XII, LINE 4B - OTHER ADJUSTMENTS: GAIN ON SALE OF ASSET 200.

SCHEDULE L

(Form 990 or 990, EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

2010

Open To Public Inspection

Name of the organization COLLECTIVE HERITAGE INSTITUTE

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Employer identification number

DBA	BIONE	ERS					8	<u> 5-04</u>	<u> 3273</u>	1									
Part I Excess Benefit	Transacti	ons (section	on 501(c)(3) and sectio	n 501(c)(4) organizatio	ns only)													
Complete if the orga	nization ansy	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	m 990-E	Z, Part	V, line 40)b										
1 (a) Name of disc	(b) Description of transaction						(c) Corrected?												
(a) Name of disqualified person						- Hallse				Yes	No								
	_		_																
2 Enter the amount of tax imposection 4958	osed on the o	organization	manager	s or disqualifi	ed persons during the	year un	der	> \$,								
3 Enter the amount of tax, if ar	ny, on line 2,	above, reim	bursed by	the organiza	ation			▶ \$											
Part II Loans to and/or	r From Int	erected I	Parsons																
,					lmo 06 or Form 000 F	7 0-41	/ luna 00												
(a) Name of interested person and purpose	(b) Loan	to or from nization?	(c) Origin	nal principal mount	line 26, or Form 990-E	(e) In				(e) In		(e) In		(e) In		(f) App	oroved ard or uttee?	(g) W agreer	
	То	From	1			Yes	No	1 1		Yes	No No								
							ļ												
			<u> </u>					ļ <u>-</u>											
			 			 													
	 		-																
			İ	<u>.</u>			-												
-, -,				· · · · · · · · · · · · · · · · · · ·		ļ													
Total				\$		İ		İ											
Part III Grants or Assis	tance Ber	nefiting Ir	ntereste	ed Person	S.														
Complete if the organ	nization ansv	vered "Yes"	on Form	990, Part IV,	line 27.		ı												
(a) Name of interested person (b) Relation								ount and	and type of stance										
							_												
	<u> </u>																		
			·		·		-												
							+												
		· -																	
-																			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

COLLECTIVE HERITAGE INSTITUTE DBA BIONEERS

85-0432731

Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part IV. Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of òrganızatıon's person and the organization transaction transaction revenues? Yes Nο KENNY AUSUBEL 187. PURCHASES DIRECTOR AND CO-CEO X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: KENNY AUSUBEL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DIRECTOR AND CO-CEO (C) AMOUNT OF TRANSACTION \$ 1,187. (D) DESCRIPTION OF TRANSACTION: PURCHASES - BOOKS AND DVD'S WERE PURCHASED BY THE ORGANIZATION FROM INNER TRADITIONS INTERNATIONAL AND REALITY ZONE, WHICH HAS PUBLISHED A BOOK AND A DVD FOR INNER TAN INC., A COMPANY OWNED BY MR. AUSUBEL. ROYALTIES FROM THESE PURCHASES COULD POTENTIALLY BE ACCRUED AND PAID TO INNER TAN, INC. IN 2010, COLLECTIVE HERITAGE PAID THESE ORGANIZATIONS A TOTAL OF \$1,187. (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE 0

. .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

COLLECTIVE HERITAGE INSTITUTE DBA BIONEERS

Employer identification number 85-0432731

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE ORGANIZATION CHANGED ITS YEAR END FROM DECEMBER 31 TO MARCH 31. MARCH 23, 2011, IT UNVEILED "BIONEERS STRATEGIC VISION 2011-2015, SIX PROGRAMS FOR EDUCATION, MOBILIZATION, AND ACTION," WHICH WILL BE IMPLEMENTED IN THE COMING YEAR. WITH THIS DOCUMENT, THE ORGANIZATION HAS DEEPENED OR PRIORITIZED THE WORK IT IS ALREADY DOING. BUILDING RESILIENCE IS AT THE HEART OF IT ALL. EDUCATION REMAINS A CORE FOCUS BOTH PUBLIC EDUCATION AND FORMAL EDUCATION. THE TWIN POLES OF LOCAL AND GLOBAL GO HAND IN HAND. LEADERSHIP DEVELOPMENT IS KEY, WORKING WITH WOMEN AND FIRST PEOPLES. LEADERSHIP DEVELOPMENT AT LARGE IS AN IMPORTANT GROWING EDGE FOR BIONEERS AS A DE FACTO COMMUNITY OF THE SIX PROGRAMS ARE: CHANGING THE MINDSCAPE - PUBLIC EDUCATION AND MEDIA OUTREACH, EDUCATION FOR ACTION - FORMAL EDUCATION. RESILIENCE FROM THE GROUND UP - LOCALIZATION, BIONEERS GLOBAL - AN INTERNATIONAL COMMUNITY OF LEADERSHIP, MOONRISE - WOMEN'S LEADERSHIP AND RESTORING THE FEMININE, AND BECOMING NATIVE TO PLACE - INDIGENEITY.

FORM 990, PART VI, SECTION A, LINE 2: KENNY AUSUBEL AND NINA SIMONS ARE

MARRIED. KENNY AUSUBEL HAS A PRIVATE BUSINESS THAT REIMBURSES THE

ORGANIZATION FOR RECORD STORAGE.

FORM 990, PART VI, SECTION B, LINE 11: THE FINAL VERSION OF THE 990 IS

REVIEWED AND SIGNED BY THE BOARD TREASURER. MEMBERS OF THE SENIOR STAFF

AND EXECUTIVE TEAM REVIEW THE 990 DRAFT BEFORE THE FINAL VERSION IS GIVEN

TO THE BOARD TREASURER FOR SIGNATURE. THE FORM 990 IS MADE AVAILABLE TO

THE ENTIRE GOVERNING BODY UPON REQUEST.

DBA BION	NEERS	Employer identification number 85-0432731
FORM 990, PART VI, SEC	CTION B, LINE 12C: NEW BOARD AND	STAFF MEMBERS MUST
DISCLOSE ANY CONFLICTS	OF INTEREST. FOR CONTINUING I	NDIVIDUALS, ANY
CHANGES THAT MIGHT AFE	FECT THIS AREA OF DISCLOSURE MUST	r be reported
IMMEDIATELY.		
FORM 990, PART VI, SEC	CTION B, LINE 15: DETERMINE AUTHO	ORITY LEVEL OF JOB
AND ASSIGN THE CORRECT	BANDING BY FOLLOWING THE COMPE	NSATION POLICY.
DETERMINE THE SALARY E	BAND. THE BOARD OF DIRECTORS REG	CEIVES AND APPROVES
THE SALARY LEVELS FOR	ALL PERSONNEL THROUGH THE BUDGE	T PROCESS. THE BOARD
OF DIRECTORS REVIEWS 1	THE JOB DESCRIPTIONS AND EVALUAT	ION INDICATORS OF THE
CO-CEO'S.		
FORM 990, PART VI, LIN	NE 17, LIST OF STATES RECEIVING (COPY OF FORM 990:
NM,CA,CO,IL,KS,MA,MD,N	ME, MI, MN, NY, OH, OR, UT, WA	
FORM 990, PART VI, SEC	CTION C, LINE 19: GOVERNING DOCUM	MENTS, CONFLICT OF
INTEREST POLICY, AND E	FINANCIAL STATEMENTS ARE PUBLICLY	Y AVAILABLE IN THE
ORGANIZATION'S MAIN OF	FFICE IN NEW MEXICO. THEY CAN BI	E HARD-COPIED OR
ELECTRONICALLY PROVIDE	ED IF REQUESTED.	
FORM 990, PART XII, LI	NE 2C	
THE PROCESS HAS NOT CH	ANGED FROM THE PRIOR YEAR.	