

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



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Dep: Inter	artment of nal Revent	the Treasury ue Service	► The organization may have to use a copy of this return to satisfy state reporting	requirements	Inspection
A	For the	2011 cale	ndar year, or tax year beginning January 1 , 2011, and ending	December 31	, 20 11
В	Check if	applicable	C Name of organization Abide Network, Inc.	D Employe	er identification number
	Address	change	Doing Business As		47-0655246
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephor	ne number
	Initial reti	urn	3335 Fowler Ave		402-455-7807
	Terminat	ed	City or town, state or country, and ZIP + 4		-
	Amended	d return	Omaha, NE 68111	G Gross re	ceipts \$ 821,090
	Application	on pending	Is this a group return f	or affiliates? Yes Vo	
			Omaha, NE 68111 H(b)	Are all affiliates in	cluded? Yes No
1	Tax-exer	npt status	√ 501(c)(3)	lf "No," attach a	list (see instructions)
J	Website	: ► ww	w.abidenetwork.org H(c)	Group exemption	number ▶
K	Form of c	organization	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	1989 M State	of legal domicile NE
Р	art I	Summ	ary		
	1	Briefly de	escribe the organization's mission or most significant activities: Network with	various ministi	ries to build community
		unity			
Governance					
T.					
Š	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of more	than 25% of	ts net assets.
Ğ	1		of voting members of the governing body (Part VI, line 1a)	1 _ 1	7
eğ Ç			of independent voting members of the governing body (Part VI, line 1b)	4	6
Activities			nber of individuals employed in calendar year 2011 (Part V, line 2a)	5	14
흟			nber of volunteers (estimate if necessary)	6	5500
Ž			elated business revenue from Part VIII, column (C), line 12	7a	<u> </u>
			lated business taxable income from Form 990-T, line 34	7b	
	 	1401 41110		rlor Year	Current Year
	8	Contribu	tions and grants (Part VIII, line 1h)	5 535,176	808,969
Ξe	9		service revenue (Part VIII, line 2g)	5 55,170	
Revenue	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	. 18	79
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,129	12,042
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	545,323	821,090
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	343,323	021,030
	14		paid to or for members (Part IX, column (A), line 4)		
	14-		other compensation, employee benefits (Part IX, column (A), lines 5–10)	179.821	236,079
Expenses	15	-	· · · · · · · · · · · · · · · · · · ·	179,621	230,079
ë	16a		onal fundraising fees (Part IX, column (A), line 11e)		
ᄶ	b		draising expenses (Part IX, column (D), line 25)	325,378	E E 7 E C 2
	''		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		557,562
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	505,199	793,641
	19	Hevenue	less expenses. Subtract line 18 from line 12	40,124 g of Current Year	End of Year
Net Assets or		T-4-1 - :	/		
See	20		sets (Part X, line 16)	260,657	364,408
잘	21		pulmes (Part X line P6)	27,105	29,907
			ts or fund balances. Subtract line 21 from line 20	233,552	334,501
_	art II		ture Block		
			rry, I declare that I have examined this return, including accompanying schedules and statements, at lete. Declaration of preparer fother than officer) is based on all information of which preparer has any		ny knowledge and belief, it is
		1	XII A VIII A VII	- T	
٥:					
Sig	_	Sigr		Date 8-15	-10
He	ere			<u> </u>	<u> </u>
_		<u> </u>	e or print name and title		I Darini
Pa	aid	Print/Ty	pe preparer's name Preparer's signature Date	Check [
	epare	er		self-emp	oloyed
	se Oni		name •	Firm's EIN ▶	
_		Firm's	address ►	Phone no	
Ма	ay the IF	RS discus	s this return with the preparer shown above? (see instructions)		. Yes No
Fo	r Paperv	work Redu	action Act Notice, see the separate instructions. Cat No 11282	Y	Form 990 (2011)

Form 99	0 (2011) •	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	. 🗆
1	Briefly describe the organization's mission:	
	Network with various ministries to build community unity	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the arr grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	ured by sount o
4a	(Code:) (Expenses \$ 664,075 including grants of \$) (Revenue \$ Met with various groups of approximately 2,500 members weekly and 150 urban leaders monthly to build community unity	.)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
	(Code) \(\(\sigma\) \(\sigma\) \(\sigma\) \(\sigma\) \(\sigma\) \(\sigma\) \(\sigma\)	·
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	- '
	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$)	

Part I	V 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	✓	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10	£ (
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	√	
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
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 (see instructions)	17		1
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	1	
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
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		1
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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b 36	-	1
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,			
38	Part VI	37	1	√

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	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 1a 0			
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			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	ļ
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
За b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		 V
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Ĺ	✓
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.		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible?	6a		/
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		Ť
_	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	✓	
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		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	-	 •
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
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	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u> </u>	 	
•	organization, have excess business holdings at any time during the year?	8		✓
9 a	Did the organization make any taxable distributions under section 4966?	9a		1
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	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1		
b	against amounts due or received from them.)		l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
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			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the organization is licensed to issue qualified health plans	1		
1/2	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	-
14a h	If "Yes " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	\vdash	t

Part \					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S				
	Check if Schedule O contains a response to any question in this Part VI	<u>· · · </u>	· .	<u> </u>	
Section	on A. Governing Body and Management		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	$\overline{}$			
Ia	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6]			
2					
_	any other officer, director, trustee, or key employee?				
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? .	,		,	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		-	
6	Did the organization have members or stockholders?	6		7	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	7a		✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1	
•	stockholders, or persons other than the governing body?	7b		Ľ,	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	<u> </u>		
b	Each committee with authority to act on behalf of the governing body?	8b	•		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co			
40-	Dubble according beautiful about the state of the base	40-	Yes	No ✓	
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-			
13	Did the organization have a written whistleblower policy?	12c		./	
14	Did the organization have a written document retention and destruction policy?	14		V	
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	✓		
b	Other officers or key employees of the organization	15b		✓	
163	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
ıva	with a taxable entity during the year?	16a		-	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an ergopization to make its Forms 1023 (or 1024 if applicable) 900, and 900 T (Section 6104 required to be filed)	. FO1/	0/(3/-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1(U)(J)S	only)	
	☐ Own website ☐ Another's website ☑ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est p	olicy.	
	and financial statements available to the public during the tax year.		•	•	
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	:		
	organization: ► Ron Dotzler, 3335 Fowler Avenue, Omaha, NE 68111				

•	·		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated Employees, an	d
	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.
- 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 not	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.	
					C)						
(A)	(B)				rtion			(D)	(E)	(F)	
Name and Title	Average					than c		Reportable	Reportable	Estimated	
Name and The	hours per					compensation from					
	week		_					from	related	other	
	(describe	호호	15	Officer	é	불	Former	the	organizations (W-2/1099-MISC)	compensation from the	
	hours for related	<u>8</u>	<u> </u>	œ.	≗	est est	् व्	organization (W-2/1099-MISC)		organization	
	organizations	₫ #	ᆲ		Key employee	@ S		(and related	
	ın Schedule	Individual trustee or director	2		è	_ pe				organizations	
	O)	e	Institutional trustee			Highest compensated employee					
											_
(1) Ron Dotzler, CEO	4		ì	١,					_		_
	40	✓	lacksquare	✓				44,304	0		0
(2) Rick Berry, President		1				ļ					
	4	✓		✓				0	0	(0
(3) Brad Knutson, Vice President											
	1 4	✓		✓				. 0	o	(0
(4) Jonathan Campbell, Secretary			T					-			_
	4	1		/				l 0	ه ا		0
(5) Maxine Lyons, Board Member	 	<u> </u>		H			_				_
(O) Maxine Eyons, Board Monage	4	1						0	0	(0
(6) Jason Ferris, Board Member	T										
	4	1						o) о	(0
(7) Todd Davis, Board Member											
	4	1						0	l 0	•	0
(8)	 										_
	1								ļ		
(9)											
]	L						L			
(10)					ľ						
	1										
(11)											
	<u> </u>					<u> </u>					
(12)											
(13)	 	-	\vdash	\vdash	-		-		-		_
(19)	1			L				<u> </u>			_
(14)	_										
		i	1	1	1	1	1	I			

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (continue	ed)		
	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck s pe d a d	rson irect	e than one that the the that the the the the the the the the the th	an tee)	(D) Reportable compensation from	(E) Reportab compensation related	n from	Estir amo of	F) mated unt of her	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		fror orgar and i	ensation in the nization related izations	
(15)			_											
(16)														
(17)					-									
(18)														
(19)														
(20)														
(21)											-	<u> </u>		
(22)														
(23)				-										
(24)														
(25)														
1b c	Sub-total			•			· ·	>	44,304 0		0		0	
<u>d</u>	Total (add lines 1b and 1c)	t not limited	d to th				above	e) w	/ho received m	ore than \$1	0 00,000	of	0	
3	Did the organization list any former of	ficer, direc	ctor, o					emp	oloyee, or high	est compe	ensated		Yes No	
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	 and other comp	 pensation fr	 om the	3	√	
	organization and related organizations individual	greater th	an \$'	150,	,000,)? <i>I</i>	f "Ye	s," ·	complete Sch	nedule J fo 	r such	4	1	
5		re or accrue compensation from any unrelated organization or individual on? If "Yes," complete Schedule J for such person												
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re year.	•		•										
	(A) Name and business add	dress							(B) Description of s	ervices	((C) Compens	ation	
								-						
								\vdash						
2	Total number of independent contractor received more than \$100,000 of compen							o th	hose listed ab 0	ove) who				

Part	ΥШ	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	7		1	
ا ق ا	C	Fundraising events 1c	7			•
if s	d	Related organizations 1d				1
n is	e	Government grants (contributions) 1e				
Sir	f	All other contributions, gifts, grants,	\dashv			
it a	•	and similar amounts not included above 1f 808,96	ia			
를 를	~	Noncash contributions included in lines 1a-1f \$	"			
ξĘ	g h	Total. Add lines 1a-1f	808,969			ļ
	- "	Business Code				
Program Service Revenue	2a					
ě	b					
Se F						
Ž	C				 	
Sc	d					
ran	e	All other programmes and the state of the st				
rog	f	All other program service revenue . Total, Add lines 2a-2f				<u> </u>
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2f			1	
	٦	and other similar amounts)	79			
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				- -
	60					
	6a		\dashv			
	b	Less. rental expenses Rental income or (loss)	-			
	C d	Maturatal manus and large				
	7a	Gross amount from sales of (i) Securities (ii) Other	-			i
	'a	assets other than inventory	-		i	
	ь	Less: cost or other basis				
	"	and sales expenses .				
	ြင	Gain or (loss)				
	d	Net gain or (loss)				
	"	iver gain or (loss)				
9	8a	Gross income from fundraising				
evenue	"	events (not including \$				
		of contributions reported on line 1c).				
<u> </u>		See Part IV, line 18 a 16,1	90			
Other R	h	Less: direct expenses b 4,1				
0	1	Net income or (loss) from fundraising events			<u> </u>	
		Gross income from gaming activities.	12,012			
	"	See Part IV, line 19 a			[
	Ь	Less: direct expenses b	-			
		Net income or (loss) from gaming activities	•			
		Gross sales of inventory, less		<u> </u>		
		returns and allowances a				
	ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	-	-		
	٣	Miscellaneous Revenue Business Cod			 	i
	11a			<u> </u>		
	Ь					
	C			-	1	
	ď	All other revenue	 -			
	e	Total. Add lines 11a–11d	· †·····	<u> </u>		
	12	Total revenue. See instructions	821,090		<u> </u>	<u> </u>

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).

	Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	!									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	5,439	5,439								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members	44,304		44,304							
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	191,775	161,643	25,920	4,212						
9 10 11	Other employee benefits	13,401	11,296	1,811	294						
a b c d	Management										
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees	73,548	73,548								
12 13 14	Advertising and promotion	3,650 7,284	5,646	1,638	3,650						
15 16 17	Royalties	39,993 72,844	31,000 67,590	8,993 5,254							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19 20 21	Conferences, conventions, and meetings Interest	47,590	47,590								
22 23	Depreciation, depletion, and amortization . Insurance	13,019	10,091	2,928							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
a b	Cultural Diversity Training Community Engagement	15,482 41,789	15,482 41,789								
c d	Community Improvement Volunteer Engagement	156,854 7,922	156,854 7,922	-							
e 25	All other expenses Miscellaneous Total functional expenses. Add lines 1 through 24e	58,747 793,641	28,185 664,075	30,562 121,410	8,156						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)										

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	30,722	1	111,926
	2	Savings and temporary cash investments	67,261	2	31,340
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S.	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	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 305,422			
	ь	Less: accumulated depreciation 10b 84,280	162,674	10c	221,142
	11	Investments—publicly traded securities	· · ·	11	····
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	260,657	16	364,408
	17	Accounts payable and accrued expenses	7,105	17	24,907
	18	Grants payable		18	
	19	Deferred revenue	·	19	•
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ś	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	20,000	24	5,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	27,105	26	29,907
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	233,552	33	334,501
_	34	Total liabilities and net assets/fund balances	260,657	34	364,408
					C 000 (0044

Form 99	90 (2011)`			Pa	ge 12			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	· · ·	<u></u>	<u>.</u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		82	1,090			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7	3,500			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))	6		33	4,501			
Part	Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII	· · ·	• • •					
	A 1 H 1 H 1 H 1 H 1 T 1 COO TO		_	Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected the Counting from a prior year or checked "Other," expected	olain in						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1			
b	Were the organization's financial statements audited by an independent accountant?		2b		1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account		2c					
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years issued on a separate basis, consolidated basis, or both.	ar were						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		1			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3b					
		*****		n 990	(2011)			

SCHEDULE A (Form.990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

20**11**

Open to Public Inspection

Name of the organization

Abide Network Inc

Port I Pengan for Public Charity Status (All organizations must complete

Employer identification number 47-0655246

Pa	rt I	Reason fo	or Public Char	ity Status (All orgai	nizations	must c	omplete	this par	t.) See ır	nstructio	ns.
				tion because it is: (For							
1		A church, conv	vention of church	nes, or association of	churches	describe	ed in sec	tion 170(b)(1)(A)(i)	١.	
2		A school descr	rıbed ın section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)					
3		A hospital or a	cooperative hos	spital service organiza	tion desc	ribed in s	section 1	70(b)(1)(A)(iii).		
4		A medical rese	earch organizatio	n operated in conjunc	ction with	a hospita	al descrit	oed in se	ction 170	(b)(1)(A)(iii). Enter the
		•	e, city, and state								
5			on operated for t)(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or	operated	by a gov	vernment	al unit described in
6		A federal, state	e, or local govern	nment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).		
7	V			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	governr	nental un	it or from	the general public
8	П	A community t	trust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9		-		receives: (1) more that				m contri	butions.	members	hip fees, and gross
				to its exempt functi							
				nt income and unrel							
		• •	-	fter June 30, 1975. Se							•
10	П	An organizatio	n organized and	operated exclusively	to test fo	r public s	afety Se	e sectio	n 509(a)(4).	
11		•	•	d operated exclusive			-				or to carry out the
• •				licly supported organ							
		509(a)(3). Che	ck the box that o	describes the type of s	supportin	g organiz	ation and	d comple	te lines 1	1e throug	jh 11h.
		a 🔲 Type I	b 🔲	Type II c [□ Туре	III-Funct	onally int	egrated		d□	Type III-Other
•	· 🗆		his box, I certify	that the organization	ıs not coı	ntrolled d	irectly or	indirectly	y by one	or more o	disqualified persons
				rs and other than one							
		or section 509	(a)(2).								
f		If the organiza	ation received a	written determination	n from t	he IRS t	hat it is	a Type	I, Type I	I, or Typ	e III supporting
		organization, o	check this box .								🗆
ç	J	Since August following person		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the		
				ndirectly controls, eith	ner alone	or toget	her with	persons	described	d in (ii) ar	nd Yes No
				ody of the supported of							11g(i)
		· ·	-	on described in (i) abo	_						11g(ii)
			•	a person described in							11g(iii)
ı	1			on about the supporte							[**8(**)]
		ne of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	(vi)	s the	(vii) Amount of
,		rganization	", = "	(described on lines 1-9	in col (i) lis	in col (i) listed in your governing document?		the organization in col (i) of your	organizat	ion in col	support
				above or IRC section (see instructions))	governing	document?		ort?	(i) organi.	zed in the	
				(555 11154 2545115))	Yes	No	Yes	No	Yes	No	
'A \											
A)											
(B)											
C)			1		}						
			-		 				 		
D)											
(E)					<u> </u>						
-,		. —		_			<u> </u>		ļ		
				I	ł	I	1	I	1	l	

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	433,668	485,765	529,684	550,694	808,969	2,808,780
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	433,668	485,765	529,684	550,694	808,969	2,808,780
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						242.225
^							648,665
6 Section	Public support. Subtract line 5 from line 4. on B. Total Support						2,160,115
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	433,668	485,765	529,684	550,694	808,969	2,808,780
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					79	79
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)					12,042	12,042
11	Total support. Add lines 7 through 10						2,820,901
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			<u> </u>		· · · · ·	· · • <u>•</u> <u> </u>
	on C. Computation of Public Suppor				-		
14	Public support percentage for 2011 (line 6	• • •	•			14	76.58 %
15	Public support percentage from 2010 Sch	·				15 nov more s	73.75 %
104	331/3% support test—2011. If the organization qua						
ь	331/3% support test—2010. If the organ	-		-			_
U	check this box and stop here. The organ						. ► <u></u>
17a	10%-facts-and-circumstances test—20	•	•	-		a or 16b and	
774	10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta	nces" test, che	ck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of	tion meets the neets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	ns box and st	op here. a publicly
	11 3						. • 🗖
18	Private foundation. If the organization di instructions						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part II, Lin	e 10 - Proceeds from Golf Fundraiser	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Employer identification number

Abide	Network Inc		47-0655246
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo		
		(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		
	funds are the organization's property, subject	t to the organization's exclusive legal cont	rol? Yes No
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the	benefit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit? .	<u> </u>	· · · · · · · · · Yes 🗌 No
Par	Conservation Easements. Comp	lete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held to	by the organization (check all that apply).	
	Preservation of land for public use (e.g.,	recreation or education) Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	tion 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 eas	ements	2b
С	Number of conservation easements on a cer	tified historic structure included in (a)	2 c
d	Number of conservation easements includ	ed in (c) acquired after 8/17/06, and no	t on a
	historic structure listed in the National Regis		
3	Number of conservation easements modified	l, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written pol		
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
_	\$		(
8	Does each conservation easement reported		
	(1) 4314 5554511 11 5(1.)(1.)(2.)(1.)		· · · · · · L Yes L No
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the	<u> </u>	financial statements that describes the
	organization's accounting for conservation e		Oth Circilar A
Par	•	ctions of Art, Historical Treasures, o	
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other public service, provide, in Part XIV, the text		
	•		
b	If the organization elected, as permitted un		
	works of art, historical treasures, or other public service, provide the following amount		education, or research in furtherance of
	''	•	• •
	(i) Revenues included in Form 990, Part VIII(ii) Assets included in Form 990, Part X	, line i	
_	(ii) Assets included in Form 990, Part X .	of orthogonal transures or other similar	lor coasts for financial coin provide the
2	If the organization received or held works		
	following amounts required to be reported u		
a	Revenues included in Form 990, Part VIII, lin		
þ	Assets included in Form 990, Part X		· · · · > \$

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	access	ion, and of	ther recor	ds, chec	k any of the	e follov	ving that are a s	significant use of its
а	☐ Public exhibition			d [Loan	or exchang	e prog	rams	
b	☐ Scholarly research			е [Other				
С	☐ Preservation for future generations								
4	Provide a description of the organizat	ion's c	collections	and expla	in how t	hey further	the org	janization's exer	npt purpose in Part
	XIV.								
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Part	Escrow and Custodial Arra	_		•	_	anization a	answe	red "Yes" to Fe	orm 990, Part IV,
	line 9, or reported an amoun	t on F	orm 990,	Paπ X, III	ne 21.			· other spects o	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custo	dian or our	ner interm	lediary to	or contribut	ions of	otner assets n	
L									∐ Yes ∐ No
b	If "Yes," explain the arrangement in Pa	art XIV	and compi	ete the 10	nowing to	able:	_	Τ Δ	mount
_	Dogunna halanaa						10	+	- Intourit
٠ د	Beginning balance						10		
d	Distributions during the year						16		
e f	Ending balance						11		
2a	Did the organization include an amour								☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa			Q1171, 11110			•		
Par				zation an	swered	"Yes" to F	orm 9	90, Part IV, line	e 10.
			urrent year	(b) Prid				(d) Three years bac	
1a	Beginning of year balance								
b	Contributions							-	
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships	-							
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he cur	rent year ei	nd balanc	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt ▶		%					
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶			2007					
2-	The percentages in lines 2a, 2b, and 2				zation th	at are hold	and ad	munictored for th	••
3a	Are there endowment funds not in the organization by:	e poss	ession or a	ne organi.	zauon in	at are nero	anu au	ministered for ti	
	(i) unrelated organizations								Yes No
	(ii) related organizations						• •		3a(ii)
h	If "Yes" to 3a(ii), are the related organi			· · · required c	n Sched	 ule B?	• •		3b
4	Describe in Part XIV the intended uses			•			•		
Par									
	Description of property	T	(a) Cost or o			or other basis	(c)	Accumulated	(d) Book value
		1	(ınvestn		(0	other)	ď	epreciation	
1a	Land	.							
b	Buildings	. [268,261		58,770	209,491
С	Leasehold improvements	. [
d	Equipment	. [16,722		8,071	8,651
е_	Other	·			<u> </u>	20,439		17,439	3,000
Total.	Add lines 1a through 1e. (Column (d) n	nust ec	qual Form 9	990, Part 2	K, columr	n (B), line 10)(c).)	. ▶	221,142

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

47-0655246

Abide	Network, Inc.						0655246
Parl	Fundraising Activities.				vered "Yes" to F	orm 990, Part IV,	ine 17.
	Form 990-EZ filers are r				outpa actuation C	book all that apply	
1	Indicate whether the organization	on raised lunds i			on of non-govern		
a	☐ Mail solicitations ☐ Internet and email solicitation	200	f [on of government	-	
b	Phone solicitations	ліъ	` ;		fundraising events		
C	In-person solicitations		g L	J Special i	unuraising events	•	
d 2a	Did the organization have a wri	tten or oral agre	ement with	any individ	dual (including off	icers directors trus	tees
Za	or key employees listed in Form						
b	If "Yes," list the ten highest pair compensated at least \$5,000 by	d individuals or	entities (fun				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1]		
2							
3							
4							
5						· · · · · · · · · · · · · · · · · · ·	
6			-		-		
7		-					
8							
9				-			
10							
Total				▶			
3	List all states in which the organization or licensing.	anızatıon ıs regis	stered or lic	ensed to s	solicit contribution	is or has been notifi	ed it is exempt from

Part II

Pa	rt II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	g event contributions			
		gross receipts greater tha	(a) Event #1 Golf Tournament (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable contributions	16,190			16,190
	3	Gross income (line 1 minus line 2)	16,190			16,190
	4	Cash prizes				
	5	Noncash prizes	1,000			
Direct Expenses	6	Rent/facility costs	1,650			
Exp	7	Food and beverages .	1,498			
Direct	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), ai	nd line 10	•	(4,148) 12,042
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" to Form 99	0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>B</u>	1_	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	□ Yes %	□ Ves %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	•	(_)
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		
ę	a Is	nter the state(s) in which the or the organization licensed to o "No," explain.				
10		/ere any of the organization's g "Yes," explain:	aming licenses revoked		= -	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

▶ Attach to Form 990 or 990-EZ.

201

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Abide Network Inc

Employer identification number

Form 990 Part VI Line 11 - The CEO and President review the document before submission.
Form 990 Part VI Line 19 - Governing Documents and Financial Statements are available by request to the public during the tax year.
Form 990 Part VI Line 9 - Rick Berry, 540 Branding Iron Rd, Elkhorn, NE 68022; Brad Knutson, 4604 N 78th Ave, Omaha, NE 68134;
Jonathan Campbell, 2604 N 32nd Ave, Omaha, NE 68111; Maxine Lyons, 7515 Girard St, Omaha, NE 68122;
Jason Ferris, 5015 Crogrands Rd, Council Bluffs, IA, 50501; Todd Davis, 16568 Elm St, Omaha, NE 68130;
Form 990 Part XI Line 5 - Purchase of Properties at 4716 N 40th Ave, 4125 N 19th St, 3324 Fowler Ave, 3526 Seward St, 3976 & 3978 Seward
1605 & 1607 N 40 St; Roof Repair to 3335 Fowler Avenue property; Purchase of 3 computers, 2 wireless microphones, 2 projectors, and
a wireless access point.
······································
·····