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Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 10-01-2011, and ending 09-30-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: VIDANET INC. Number and street (or P O box, if mail is not delivered to street address): 5 WHITE STREET. City or town, state or country, and ZIP + 4: AKRON, PA 17501

D Employer identification number: 90-0439113. E Telephone number: (800) 413-9818. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-Exempt status (check only one): [X] 501(c)(3) [] 501(c) () (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 177,481

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 23,544, 153,937, 177,481, 2,828, 3,598, 63,386, 820, 47,033, 117,665, 59,816, 30,324, 90,140.

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,505	22 89,049
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,819	24 1,091
25 Total assets	30,324	25 90,140
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,324	27 90,140

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

VIDANET INC EXISTS TO EXPAND THE KINGDOM OF GOD AND FULFILL THE GREAT COMMISSION BY DISCIPLING THE GLOBAL CHURCH THROUGH MISSIONS, AND FACILITATING MISSIONS FOR THE GLOBAL CHURCH TO MAKE NEW DISCIPLES DEDICATED VOLUNTEER STAFF CARRY OUT THE ACTIVITY IN A RENTED BASE IN THE MOUNTAINS OF SAN RAFAEL DE HEREDIA BY PROVIDING AN IN-COUNTRY BASE AND TRANSPORTATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PVM - PURA VIDA MISSIONS PROVIDES SHORT TERM INTENSIVE MISSION TRIP EXPERIENCES THAT BRING PARTICIPANTS CLOSER TO THE FATHER, TAKE THEM OUT OF THEIR COMFORT ZONE AND HELP THEM GAIN A NEW WORLDVIEW PVM PROVIDES AND FACILITATES MISSIONS AND DISCIPLESHIP OPPORTUNITIES FOR SHORT TERM CROSS- CULTURAL MISSION TEAMS THIS MINISTRY SERVES GROUPS OF ALL KINDS BY PROVIDING 5 DAY TO 3 WEEK LIFE-IMPACTING MISSION TRIPS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	106,383
29 DAVIDA - DAVIDA SEEKS TO GIVE LIFE THROUGH DISCIPLESHIP AND MISSIONS BY SUPPORTING, FACILITATING AND NETWORKING WITH OTHERS TO MEET INDIVIDUAL AND CORPORATE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS WITH INTEGRITY DAVIDA WORKS AS THE CHARITABLE ARM OF VIDANET IT WORKS WITH VIDANET'S OTHER PROGRAMS TO PROVIDE HELP AND THEREFORE DISCIPLE AND REACH THE CHURCH AND THE WORLD DAVIDA NETWORKS WITH OTHER CHURCHES AND MINISTRIES TO SEE THE KINGDOM OF GOD EXPANDED DAVIDA HAS TWO MINISTRIES UNDER ITS COVERING THEY ARE LA CUENCA PROJECT - THIS PROJECT IS A PARTNERSHIP WITH SEVERAL OTHER MINISTRIES TO REACH A VERY POOR SECTION OF HEREDIA, COSTA RICA NEHEMIAH PROJECT - VIDANET HAS A BUILT UP NETWORK OF 40+ CHURCHES AND MINISTRIES WITH WHOM THEY ARE CONTINUALLY PARTNERING THIS PROJECT REPRESENTS THAT NETWORK (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,112
30 VIDA220 - VIDA220 SEEKS TO EXPAND THE KINGDOM OF GOD AND FULFILL THE GREAT COMMISSION BY TRAINING, FACILITATING AND SENDING THE CHURCH TO WHERE GOD HAS CALLED THEM VIDA220 SERVES AS A LONGER TERM PROGRAM OF VIDANET THIS PROGRAM AND ITS MINISTRIES ARE DESIGNED FOR THOSE WHO ARE LOOKING TO SERVE FOR 3 MONTHS TO 3 YEARS THE GOAL OF THIS MINISTRY IS MISSIONS AND DISCIPLESHIP IT WORKS WITH THE GLOBAL CHURCH THERE ARE SEVERAL PROGRAMS THAT ARE UNDER THE UMBRELLA OF VIDA220 THEY ARE 220 HOUSE - THIS MINISTRY IS BEST DESCRIBED AS A "DISCIPLESHIP HOUSE" IT IS A PLACE IN WHICH THE MEMBERS LIVE IN COMMUNITY AND IN CONSTANT CONTACT WITH EACH OTHER THERE ARE MANY ACTIVITIES THAT ARE CARRIED OUT OF THIS HOUSE D72 - THIS IS A DISCIPLESHIP TRAINING COURSE FOLLOWED BY AN ASSIGNMENT (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,387
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	113,882

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> DELYNN HOOVER Telephone no <input type="checkbox"/> (717) 207-7104 APARTADO 1094-3000 Located at <input type="checkbox"/> HEREDIA, COSTA RICA CS ZIP + 4 <input type="checkbox"/> _____		
42b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> CS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> CS	Yes	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

Yes **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		No
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
 All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47 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

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

47		No
48		No
49a		No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-08-15 Date
	STEVE MORGAN TREASURER Type or print name and title	





Paid Preparer's Use Only	Preparer's signature ▶ JOYCE N MARTIN EA	Date 2013-08-15	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ COVENANT CPA LLP 2733 WILLOW STREET PIKE N WILLOW STREET, PA 175849531			EIN ▶ Phone no ▶ (717) 464-2951

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

Additional Data

Software ID:
Software Version:
EIN: 90-0439113
Name: VIDANET INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DELYNN HOOVER  318 WILLOWBEND CIRCLE PLAIN CITY, OH 43064	PRESIDENT 000 00	0		
JAMES DOUGLAS GEHMAN  5 PUEBLO DRIVE PENSACOLA, FL 32507	VICE PRESIDE 000 00	0		
ANTHONY WEBER  4304 VANCE ROAD TRAVERSE CITY, MI 49684	SECRETARY 000 00	0		
STEVE MORGAN  619 E ORCHARD DRIVE TRAVERSE CITY, MI 49686	TREASURER 000 00	0		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
VIDANET INC

Employer identification number

90-0439113

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)

- 1 A church, convention of churches, or association of churches **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).**
- 4 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

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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).**
- 11 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
 a Type I b Type II 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)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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 A. Public Support

Calendar 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.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the 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 test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **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 IRC 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

Calendar 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.")		8,674	44,235	9,952	23,544	86,405
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		300,162	296,945	187,988	153,937	939,032
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		308,836	341,180	197,940	177,481	1,025,437
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)						1,025,437

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		308,836	341,180	197,940	177,481	1,025,437
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		142	67	10		219
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		142	67	10		219
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)		308,978	341,247	197,950	177,481	1,025,656
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.980 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.970 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE O
(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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VIDANET INC

Employer identification number

90-0439113

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL 185 PVM PROGRAM EXPENSES 30,380 DAVIDA PROGRAM EXPENSES 2,112 VIDA220 PROGRAM EXPENSES 5,387 BANK FEES 443 STAFF DEVELOPMENT 6,878 SUPPLIES 920 NON-INVESTMENT DEPRECIATION 728 TOTAL 47,033
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	3,591 3,591 LESS ACCUMULATED DEPRECIATION 1,772 2,500 TOTAL 1,819 1,091
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	VIDANET INC EXISTS TO EXPAND THE KINGDOM OF GOD AND FULFILL THE GREAT COMMISSION BY DISCIPLING THE GLOBAL CHURCH THROUGH MISSIONS, AND FACILITATING MISSIONS FOR THE GLOBAL CHURCH TO MAKE NEW DISCIPLES DEDICATED VOLUNTEER STAFF CARRY OUT THE ACTIVITY IN A RENTED BASE IN THE MOUNTAINS OF SAN RAFAEL DE HEREDIA BY PROVIDING AN IN-COUNTRY BASE AND TRANSPORTATION
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	PVM - PURA VIDA MISSIONS PROVIDES SHORT TERM INTENSIVE MISSION TRIP EXPERIENCES THAT BRING PARTICIPANTS CLOSER TO THE FATHER, TAKE THEM OUT OF THEIR COMFORT ZONE AND HELP THEM GAIN A NEW WORLDVIEW PVM PROVIDES AND FACILITATES MISSIONS AND DISCIPLESHIP OPPORTUNITIES FOR SHORT TERM CROSS- CULTURAL MISSION TEAMS THIS MINISTRY SERVES GROUPS OF ALL KINDS BY PROVIDING 5 DAY TO 3 WEEK LIFE-IMPACTING MISSION TRIPS
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	DAVIDA - DAVIDA SEEKS TO GIVE LIFE THROUGH DISCIPLESHIP AND MISSIONS BY SUPPORTING, FACILITATING AND NETWORKING WITH OTHERS TO MEET INDIVIDUAL AND CORPORATE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS WITH INTEGRITY DAVIDA WORKS AS THE CHARITABLE ARM OF VIDANET IT WORKS WITH VIDANET'S OTHER PROGRAMS TO PROVIDE HELP AND THEREFORE DISCIPLE AND REACH THE CHURCH AND THE WORLD DAVIDA NETWORKS WITH OTHER CHURCHES AND MINISTRIES TO SEE THE KINGDOM OF GOD EXPANDED DAVIDA HAS TWO MINISTRIES UNDER ITS COVERING THEY ARE LA CUENCA PROJECT - THIS PROJECT IS A PARTNERSHIP WITH SEVERAL OTHER MINISTRIES TO REACH A VERY POOR SECTION OF HEREDIA, COSTA RICA NEHEMIAH PROJECT - VIDANET HAS A BUILT UP NETWORK OF 40+ CHURCHES AND MINISTRIES WITH WHOM THEY ARE CONTINUALLY PARTNERING THIS PROJECT REPRESENTS THAT NETWORK
THIRD ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 30	VIDA220 - VIDA220 SEEKS TO EXPAND THE KINGDOM OF GOD AND FULFILL THE GREAT COMMISSION BY TRAINING, FACILITATING AND SENDING THE CHURCH TO WHERE GOD HAS CALLED THEM VIDA220 SERVES AS A LONGER TERM PROGRAM OF VIDANET THIS PROGRAM AND ITS MINISTRIES ARE DESIGNED FOR THOSE WHO ARE LOOKING TO SERVE FOR 3 MONTHS TO 3 YEARS THE GOAL OF THIS MINISTRY IS MISSIONS AND DISCIPLESHIP IT WORKS WITH THE GLOBAL CHURCH THERE ARE SEVERAL PROGRAMS THAT ARE UNDER THE UMBRELLA OF VIDA220 THEY ARE 220 HOUSE - THIS MINISTRY IS BEST DESCRIBED AS A "DISCIPLESHIP HOUSE" IT IS A PLACE IN WHICH THE MEMBERS LIVE IN COMMUNITY AND IN CONSTANT CONTACT WITH EACH OTHER THERE ARE MANY ACTIVITIES THAT ARE CARRIED OUT OF THIS HOUSE D72 - THIS IS A DISCIPLESHIP TRAINING COURSE FOLLOWED BY AN ASSIGNMENT

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2011

Attachment
Sequence No **179**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return VIDANET INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 90-0439113
----------------------------------------	--------------------------------------------------------------------------	----------------------------------

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9 Tentative deduction Enter the smaller of line 5 or line 8		9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562		10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	728
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	728
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)
43 Amortization of costs that began before your 2011 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

TY 2011 Compensation Explanation

Name: VIDANET INC

EIN: 90-0439113

Person Name	Explanation
DELYNN HOOVER	
JAMES DOUGLAS GEHMAN	
ANTHONY WEBER	
STEVE MORGAN	