

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

**Open to Public Inspection**

**A** For the **2013** calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><u>NET FOUNDATION FOR RADIO</u>   |  |  | <b>D</b> Employer identification number<br><u>47-0588533</u> |  |  |
|   | Doing Business As  |  |  | <b>E</b> Telephone number<br><u>(402) 472-3611</u>           |  |  |
|   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>1800 NORTH 33RD STREET</u> |  |  |  |  |  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br><u>LINCOLN, NE 68503</u>                   |  |  |  |  |  |
| <b>F</b> Name and address of principal officer:<br><u>MARK LEONARD</u><br><u>1800 N 33RD STREET LINCOLN, NE 68503</u>   |  |  | <b>G</b> Gross receipts \$ <u>1,625,167.</u>   |  |  |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| <b>J</b> Website: ▶ <u>HTTP://MYNPTV.ORG/NPTV</u>   |  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  | <b>L</b> Year of formation: <u>1977</u> <b>M</b> State of legal domicile: <u>NE</u>                                      |  |  |  |

## Part I Summary

|   |  |   |
|---|--|---|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>SUPPORT OF PUBLIC RADIO</u>                              |   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b> 16.  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b> 16.  |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | <b>5</b> 0  |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b> 1.   |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b> 0   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b> 0  |   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b> 1,448,836. <b>Current Year</b> 1,488,330.               |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 0   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 40,771. 68,653.   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 4,862. 17,302.  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,494,469. 1,574,285.   |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>398,591.</u>   |   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,436,610. 1,396,951.   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 1,436,610. 1,396,951.   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | 57,859. 177,334.   |   |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> 2,898,793. <b>End of Year</b> 3,295,524. |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 280,461. 244,868.   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.  | 2,618,332. 3,050,656.   |

**COPY FOR PUBLIC INSPECTION**

## Part II Signature Block

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.

|                  |   |
|------------------|---|
| <b>Sign Here</b> | ▶ Signature of officer _____ Date _____ |
|                  | ▶ Type or print name and title _____    |

|                               |  |                                |      |   |                          |
|-------------------------------|--|--------------------------------|------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>KRISTIN TYNON</u>                     | Preparer's signature           | Date | Check <input type="checkbox"/> if self-employed | PTIN<br><u>P01063388</u> |
|                               | Firm's name ▶ <u>BKD, LLP</u>  | Firm's EIN ▶ <u>44-0160260</u> |      | Phone no. <u>402-473-7600</u>                   |                          |
|                               | Firm's address ▶ <u>1248 O STREET, STE 1040 LINCOLN, NE 68508-1461</u> |                                |      |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|   |   |   |
|---|---|---|
| <b>Type or print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions.<br><br>NET FOUNDATION FOR RADIO                     | Employer identification number (EIN) or<br><br>47-0588533 |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><br>1800 NORTH 33RD STREET              | Social security number (SSN)                              |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><br>LINCOLN, NE 68503 |   |
|   |   |   |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  RANDAL P. HANSEN  
 Telephone No.  402 472-3611 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 15.

5 For calendar year     , or other tax year beginning 07/01, 20 13, and ending 06/30, 20 14.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

|   |              |   |
|---|--------------|---|
| <b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> \$ | 0 |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> \$ | 0 |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | <b>8c</b> \$ | 0 |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|  |   |   |
|--|---|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br>NET FOUNDATION FOR RADIO                     | Employer identification number (EIN) or<br>47-0588533 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1800 NORTH 33RD STREET              | Social security number (SSN)                          |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>LINCOLN, NE 68503 |   |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

- The books are in the care of ► RANDAL P. HANSEN

Telephone No. ► 402 472-3611 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_\_\_ or

►  tax year beginning 07/01, 2013, and ending 06/30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |              |   |
|--|--------------|---|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> \$ | 0 |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> \$ | 0 |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> \$ | 0 |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

SUPPORT OF PUBLIC RADIO

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 907,498. including grants of \$ ) (Revenue \$ )

PROGRAM SERVICES ASSIST OPERATION OF NON-COMMERICAL PUBLIC RADIO STATIONS LICENSED TO AND OPERATED BY THE NEBRASKA EDUCATIONAL TELECOMMUNICATIONS COMMISSION INCLUDING PROGRAM PRODUCTION DISTRIBUTED

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 907,498.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>   |     | X  |
| <b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>                          |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                       |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .  |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III. . . . .</i> |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>   | X   |    |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions such as 'Enter the number reported in Box 3 of Form 1096', 'Did the organization comply with backup withholding rules', and 'Sponsoring organizations maintaining donor advised funds'.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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: RANDAL P. HANSEN 1800 NORTH 33RD LINCOLN, NE 68503 402-472-3611



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

Check if Schedule O contains a response or note to any line in this Part VII.

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                     |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) WILL ARMSTRONG<br>DIRECTOR      | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) NICHOLAS BAXTER<br>DIRECTOR     | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) LUCY BUNTAIN COMINE<br>DIRECTOR | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) WILLIAM GRIFFIN<br>DIRECTOR     | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) DANA FALTER<br>DIRECTOR         | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) MARGARET HORNADY-DAVID<br>CHAIR | 1.00<br>1.00   | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (7) BELL ISLAND<br>DIRECTOR         | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) LAURA JANA<br>DIRECTOR          | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) STEVE KIENE<br>DIRECTOR         | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) ROGER MASSEY<br>DIRECTOR       | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) JOHN MCPHAIL<br>DIRECTOR       | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) DON PEDERSON<br>FINANCE CHAIR  | 1.00<br>1.00   | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (13) MARILYN RAHMIG<br>DIRECTOR     | 1.00<br>1.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) CAROL RUSSELL<br>VICE CHAIR    | 1.00<br>1.00   | X  |                       | X       |              |                              |        | 0  | 0   | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 15) MARGARET SIBBITT<br>DIRECTOR                                       | 1.00<br>1.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| ( 16) KATHLEEN THUMAN<br>DIRECTOR  | 1.00<br>1.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| ( 17) MARK LEONARD<br>SECRETARY/TREASUER                                 | 10.00<br>30.00   |   |                       | X       |              |                              | 0      | 84,739.  | 9,787.  |   |
| ( 18) RANDAL HANSEN<br>ASST. SEC./ASS'T TREAS.                           | 10.00<br>30.00   |   |                       | X       |              |                              | 0      | 113,566.   | 21,818.   |   |
| ( 19) PAMELA BRECKA<br>ASS'T SECRETARY                                   | 10.00<br>30.00   |   |                       | X       |              |                              | 0      | 61,961.  | 9,428.  |   |
| ( 20) DAVID FEINGOLD<br>ASS'T SECRETARY                                  | 10.00<br>30.00   |   |                       | X       |              |                              | 0      | 111,930.   | 21,648.   |   |
| ( 21) MICHAEL WINKLE<br>ASS'T SECRETARY                                  | 10.00<br>30.00   |   |                       | X       |              |                              | 0      | 111,420.   | 21,855.   |   |
| ( 22) DEBBIE HAMLET<br>ASS'T SECRETARY                                   | 10.00<br>30.00   |   |                       | X       |              |                              | 0      | 0  | 0   |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 0      | 0  | 0   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | 0      | 483,616.   | 84,536.   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 0      | 483,616.   | 84,536.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 0

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII  X

|   |   |                      |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|---|----------------------|---------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |               |                      |  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |               |                      |  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            |               |                      |  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            |               |                      |  |   |  |
|   | <b>e</b> Government grants (contributions) . .  | <b>1e</b>            |               |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>            | 1,488,330.    |                      |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |                      |               |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |               | 1,488,330.           |  |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> _____   | <b>Business Code</b> |               |                      |  |   |  |
|   | <b>b</b> _____  |                      |               |                      |  |   |  |
|   | <b>c</b> _____  |                      |               |                      |  |   |  |
|   | <b>d</b> _____  |                      |               |                      |  |   |  |
|   | <b>e</b> _____  |                      |               |                      |  |   |  |
|   | <b>f</b> All other program service revenue . . . . .  |                      |               |                      |  |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .   |                      |               | 0                    |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                      |               | 58,845.              |  |   | 58,845.  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . .   |                      |               | 0                    |  |   |  |
|   | <b>5</b> Royalties . . . . .  |                      |               | 2,278.               |  |   | 2,278.   |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real             | (ii) Personal |                      |  |   |  |
|   | <b>b</b> Less: rental expenses . . . . .  |                      |               |                      |  |   |  |
|   | <b>c</b> Rental income or (loss) . . . . .  |                      |               |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .  |                      |               | 0                    |  |   |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .   | (i) Securities       | (ii) Other    |                      |  |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .  |                      |               |                      |  |   |  |
|   | <b>c</b> Gain or (loss) . . . . .   |                      |               |                      |  |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .   |                      |               | 9,808.               |  |   | 9,808.   |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>             |               | 43,904.              |  |   |  |
|   | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>             |               | 30,690.              |  |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .   |                      | ATCH 1        | 13,214.              |  |   |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>             |               |                      |  |   |  |
| <b>b</b> Less: direct expenses . . . . .                                      | <b>b</b>  |                      |               |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |   |                      | 0             |                      |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>  |                      |               |                      |  |   |  |
| <b>b</b> Less: cost of goods sold . . . . .                                   | <b>b</b>  |                      |               |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |   |                      | 0             |                      |  |   |  |
| <b>Miscellaneous Revenue</b>  |   |                      |               | <b>Business Code</b> |  |   |  |
| <b>11a</b> MISCELLANEOUS INCOME   |   | 900099               | 1,810.        | 1,810.               |  |   |  |
| <b>b</b> _____  |   |                      |               |                      |  |   |  |
| <b>c</b> _____  |   |                      |               |                      |  |   |  |
| <b>d</b> All other revenue . . . . .  |   |                      |               |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |   |                      | 1,810.        |                      |  |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .                           |   |                      | 1,574,285.    | 1,810.               |  | 70,931.                                 |  |

**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .  | 0                     |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 0                     |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .   | 0                     |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 0                     |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 0                     |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 0                     |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 0                     |                                 |  |                             |
| 10 Payroll taxes . . . . .   | 0                     |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 0                     |                                 |  |                             |
| c Accounting . . . . .   | 14,700.               |                                 | 14,700.                                |                             |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 0                     |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 0                     |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 12,577.               | 12,577.                         |  |                             |
| 13 Office expenses . . . . .   | 0                     |                                 |  |                             |
| 14 Information technology . . . . .  | 0                     |                                 |  |                             |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 0                     |                                 |  |                             |
| 17 Travel . . . . .  | 16,743.               | 12,629.                         | 4,114.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 1,628.                |                                 | 1,553.                                 | 75.                         |
| 20 Interest . . . . .  | 0                     |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 543.                  |                                 | 543.                                   |                             |
| 23 Insurance . . . . .   | 9,593.                | 2,133.                          | 7,460.                                 |                             |
| 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 PRODUCTION -----   | 103,931.              | 5,044.                          | 17,487.                                | 81,400.                     |
| b PROGRAM ACQUISITION -----  | 244,663.              | 244,663.                        |  |                             |
| c SALARIES REIMB TO RELATED OR -----   | 808,767.              | 569,756.                        | 25,500.                                | 213,511.                    |
| d MEMBERSHIPS -----  | 58,694.               | 54,341.                         | 350.                                   | 4,003.                      |
| e All other expenses -----   | 125,112.              | 6,355.                          | 19,155.                                | 99,602.                     |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>1,396,951.</b>     | <b>907,498.</b>                 | <b>90,862.</b>                         | <b>398,591.</b>             |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X  X

|   |  | (A)<br>Beginning of year |                      | (B)<br>End of year   |
|---|--|--------------------------|----------------------|----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 270,205.                 | <b>1</b>             | 158,895.             |
|   | <b>2</b> Savings and temporary cash investments  | 204,090.                 | <b>2</b>             | 204,091.             |
|   | <b>3</b> Pledges and grants receivable, net  | 150,027.                 | <b>3</b>             | 136,366.             |
|   | <b>4</b> Accounts receivable, net  | 79,417.                  | <b>4</b>             | 85,396.              |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | <b>5</b>             | 0                    |
|   | <b>6</b> Loans and other 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). Complete Part II of Schedule L | 0                        | <b>6</b>             | 0                    |
|   | <b>7</b> Notes and loans receivable, net   | 0                        | <b>7</b>             | 0                    |
|   | <b>8</b> Inventories for sale or use   | 0                        | <b>8</b>             | 0                    |
|   | <b>9</b> Prepaid expenses and deferred charges   | 44,562.                  | <b>9</b>             | 52,874.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 35,213.       |                      |                      |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 34,489.       | 1,267.               | <b>10c</b> 724.      |
|   | <b>11</b> Investments - publicly traded securities   | <b>ATCH 2</b>            | 2,149,225.           | <b>11</b> 2,657,178. |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   |                          | 0                    | <b>12</b> 0          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  |                          | 0                    | <b>13</b> 0          |
|   | <b>14</b> Intangible assets  |                          | 0                    | <b>14</b> 0          |
|   | <b>15</b> Other assets. See Part IV, line 11   |                          | 0                    | <b>15</b> 0          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) |  | 2,898,793.               | <b>16</b> 3,295,524. |                      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 205,347.                 | <b>17</b>            | 158,282.             |
|   | <b>18</b> Grants payable   | 0                        | <b>18</b>            | 0                    |
|   | <b>19</b> Deferred revenue   | 75,114.                  | <b>19</b>            | 86,586.              |
|   | <b>20</b> Tax-exempt bond liabilities  | 0                        | <b>20</b>            | 0                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>            | 0                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | <b>22</b>            | 0                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0                        | <b>23</b>            | 0                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0                        | <b>24</b>            | 0                    |
|   | <b>25</b> 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  | 0                        | <b>25</b>            | 0                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   |                          | 280,461.             | <b>26</b> 244,868.   |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |                      |                      |
|   | <b>27</b> Unrestricted net assets  | 2,010,319.               | <b>27</b>            | 2,355,553.           |
|   | <b>28</b> Temporarily restricted net assets  | 97,206.                  | <b>28</b>            | 174,618.             |
|   | <b>29</b> Permanently restricted net assets  | 510,807.                 | <b>29</b>            | 520,485.             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |                      |                      |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>            |                      |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>            |                      |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>            |                      |
| <b>33</b> Total net assets or fund balances                         | 2,618,332.   | <b>33</b>                | 3,050,656.           |                      |
| <b>34</b> Total liabilities and net assets/fund balances            | 2,898,793.   | <b>34</b>                | 3,295,524.           |                      |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,574,285. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,396,951. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 177,334.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 2,618,332. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 254,990.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 3,050,656. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization**

NET FOUNDATION FOR RADIO

**Employer identification number**

47-0588533

**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 described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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-Non-functionally integrated
- 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 supported organization? 

|               |     |    |
|---------------|-----|----|
|               | Yes | No |
| <b>11g(i)</b> |     |    |
  - (ii) A family member of a person described in (i) above? 

|                |     |    |
|----------------|-----|----|
|                | Yes | No |
| <b>11g(ii)</b> |     |    |
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

|                 |     |    |
|-----------------|-----|----|
|                 | Yes | No |
| <b>11g(iii)</b> |     |    |
- h Provide the following information about the supported organization(s).

| (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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2013

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 A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (97.31%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (96.65%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2009          | 2010          | 2011          | 2012          | 2013          | TOTAL          |
|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| MISCELLANEOUS | 2,240.        | 2,150.        | 1,016.        | 4,797.        | 1,810.        | 12,013.        |
| TOTALS        | <u>2,240.</u> | <u>2,150.</u> | <u>1,016.</u> | <u>4,797.</u> | <u>1,810.</u> | <u>12,013.</u> |

**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|   |   |
|---|---|
| <b>Name of the organization</b><br>NET FOUNDATION FOR RADIO | <b>Employer identification number</b><br>47-0588533 |
|---|---|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **NET FOUNDATION FOR RADIO**

Employer identification number  
47-0588533

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | -----<br>-----<br>-----           | \$ 95,358.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **NET FOUNDATION FOR RADIO**

Employer identification number

47-0588533

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |

Name of organization **NET FOUNDATION FOR RADIO**

Employer identification number  
47-0588533

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NET FOUNDATION FOR RADIO

47-0588533

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

JSA 3E1268 2.000

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 2,005,907.       | 1,815,779.     | 1,784,331.         | 1,325,860.           | 1,107,190.          |
| b Contributions                                  | 313,163.         | 947.           | 40,862.            | 228,461.             | 101,696.            |
| c Net investment earnings, gains, and losses     | 308,462.         | 189,181.       | -9,414.            | 230,010.             | 116,974.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 22,400.          |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 2,605,132.       | 2,005,907.     | 1,815,779.         | 1,784,331.           | 1,325,860.          |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  74.0500 %
  - b Permanent endowment  19.9800 %
  - c Temporarily restricted endowment  5.9700 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  |     | X  |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      | 35,213.                         | 34,489.                      | 724.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 724.           |



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |  |                    |           |            |
|----------|--|--------------------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |                    | <b>1</b>  | 1,880,884. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |                    |           |            |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> 254,990. |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> 20,919.  |           |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b>          |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> 30,690.  |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |                    | <b>2e</b> | 306,599.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |                    | <b>3</b>  | 1,574,285. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |                    |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b>          |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b>          |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |                    | <b>4c</b> |            |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |                    | <b>5</b>  | 1,574,285. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |   |                   |           |            |
|----------|---|-------------------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |                   | <b>1</b>  | 1,448,560. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |                   |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> 20,919. |           |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b>         |           |            |
| <b>c</b> | Other losses  | <b>2c</b>         |           |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> 30,690. |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |                   | <b>2e</b> | 51,609.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |                   | <b>3</b>  | 1,396,951. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |                   |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b>         |           |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b>         |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |                   | <b>4c</b> |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |                   | <b>5</b>  | 1,396,951. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART X, LINE 2

THE FINANCIAL STATEMENTS FOR THIS ORGANIZATION DO NOT CONTAIN A FIN 48  
FOOTNOTE.

PART V, LINE 4

UNRESTRICTED, BOARD DESIGNATED ENDOWMENT FUNDS

-----

PRINCIPAL, EARNING AND NET APPRECIATION ARE TO REMAIN INVESTED EXCEPT  
THOSE PORTIONS LIQUIDATED IN PREDETERMINED AMOUNTS ON A PREDETERMINED  
SCHEDULE TO PROVIDE A CERTAIN LEVEL OF SUPPORT FOR FOUNDATION OPERATING  
EXPENSES AND CASH FLOW NEEDS RELATED TO ANNUAL PRODUCTION/EDUCATIONAL  
CONTENT ACTIVITIES, PROGRAMMING ACQUISITION COSTS AND EXTRAORDINARY  
CAPITAL EXPENDITURES, AS NEEDED.

PERMANENTLY RESTRICTED, NON-DESIGNATED ENDOWMENT FUNDS

-----

PRINCIPAL IS TO REMAIN INVESTED. EARNINGS AND NET APPRECIATION ARE TO  
REMAIN INVESTED EXCEPT THOSE PORTIONS LIQUIDATED IN PREDETERMINED AMOUNTS  
ON A PREDETERMINED SCHEDULE TO PROVIDE FOR A CERTAIN LEVEL OF SUPPORT FOR  
FOUNDATION OPERATING EXPENSES AND CASH FLOW NEEDS RELATED TO ANNUAL  
PRODUCTION/EDUCATIONAL CONTENT ACTIVITIES AND PROGRAMMING ACQUISITION  
COSTS. ALSO AVAILABLE TO SUPPORT PERSONNEL COSTS RELATED TO MAJOR AND  
ENDOWMENT FUNDRAISING ACTIVITIES.

PERMANENTLY RESTRICTED, DESIGNATED ENDOWMENT FUNDS

-----

PRINCIPAL IS TO REMAIN INVESTED. EARNINGS AND NET APPRECIATION ARE TO BE

**Part XIII** Supplemental Information *(continued)*

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LIQUIDATED AND USED ONLY TO SUPPORT THE DONOR'S SPECIFIC DESIGNATION OF  
THESE FUNDS.

PART XI, LINE 2D

SPECIAL EVENT EXPENSE \$30,690

PART XII, LINE 2D

SPECIAL EVENT EXPENSE \$30,690

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

NET FOUNDATION FOR RADIO

Employer identification number

47-0588533

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (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  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1                 | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|--|------------------------------|--------------|------------------|---------------------------------|
|                 |  | PRAIRIE HOME<br>(event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 43,904.                      |              |                  | 43,904.                         |
|                 | <b>2</b> Less: Contributions . . . . .   |                              |              |                  |                                 |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 43,904.                      |              |                  | 43,904.                         |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                              |              |                  |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  |                              |              |                  |                                 |
|                 | <b>6</b> Rent/facility costs . . . . .   | 19,668.                      |              |                  | 19,668.                         |
|                 | <b>7</b> Food and beverages . . . . .  | 5,785.                       |              |                  | 5,785.                          |
|                 | <b>8</b> Entertainment . . . . .   |                              |              |                  |                                 |
|                 | <b>9</b> Other direct expenses . . . . .   | 5,237.                       |              |                  | 5,237.                          |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                              |              |                  | 30,690.                         |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                              |              |                  | 13,214.                         |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
|                 |   |   |   |   |  |
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NET FOUNDATION FOR RADIO

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

47-0588533

PART VI, QUESTION 11B

DESCRIBE THE PROCESS TO REVIEW THE 990

THE 990 WAS PREPARED BY THE ORGANIZATION'S AUDIT FIRM AND WAS REVIEWED BY THE ASSISTANT SECRETARY/TREASURER. CHANGES WERE MADE APPROPRIATELY, AND THE RETURN WAS PROVIDED TO THE ENTIRE BOARD. ANY CHANGES IDENTIFIED BY THE BOARD WERE MADE PRIOR TO FILING THE RETURN.

PART VI, QUESTION 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

ANNUAL DISCLOSURE AND DOCUMENTATION OF POTENTIAL CONFLICTS OF INTEREST IS REQUIRED. SENIOR MEMBERSHIP STAFF ALSO FOLLOW UP WITH THE BOARD.

PART VI, QUESTION 15A & B

PROCESS FOR DETERMINING COMPENSATION

THIS ORGANIZATION DOES NOT PAY ANY COMPENSATION.

THEY DO COMPLY WITH THE UNIVERSITY OF NEBRASKA AND

STATE OF NEBRASKA PERSONNEL POLICIES CONCERNING HIRING

AND COMPENSATION.

PART VI, QUESTION 19

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE.



|  |  |
|--|--|
| Name of the organization<br>NET FOUNDATION FOR RADIO | Employer identification number<br>47-0588533 |
|--|--|

## PART IX, LINE 24E

|                                  | PROGRAM | MNGT/GENERAL | FUNDRAISING | TOTAL   |
|----------------------------------|---------|--------------|-------------|---------|
|                                  | -----   | -----        | -----       | -----   |
| TELEPHONE                        | 2,364   | 455          | 1,635       | 4,454   |
| POSTAGE & SHIPPING               |         |              | 23,368      | 23,368  |
| MISCELLANEOUS EXPENSE            | 771     | 494          |             | 1,265   |
| DUES & SUBSCRIPTIONS             | 496     | 160          |             | 656     |
| PRINTING/PUBLICATIONS            | 230     |              | 48,401      | 48,631  |
| EQUIPMENT RENTAL/<br>MAINTENANCE | 2,400   |              |             | 2,400   |
| BANK SERVICE CHARGES             |         | 12,994       | 12,980      | 25,974  |
| HOSPITALITY                      |         | 616          |             | 616     |
| DONOR APPRECIATION               |         |              | 12,941      | 12,941  |
| SUPPLIES                         | 94      | 4,029        | 277         | 4,400   |
| COMMUNICATION EXP                |         | 407          |             | 407     |
|                                  | -----   | -----        | -----       | -----   |
| TOTAL                            | 6,355   | 19,155       | 99,602      | 125,112 |

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 ATTACHMENT 1
 

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FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u>           | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> | <u>NET INCOME</u> |
|------------------------------|---------------------|------------------------|-------------------|
| PRAIRIE HOME COMPANION EVENT | 43,904.             | 30,690.                | 13,214.           |
| TOTALS                       | <u>43,904.</u>      | <u>30,690.</u>         | <u>13,214.</u>    |

|  |  |
|--|--|
| Name of the organization<br>NET FOUNDATION FOR RADIO | Employer identification number<br>47-0588533 |
|--|--|

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u>       | <u>ENDING<br/>BOOK VALUE</u> |
|--------------------------|------------------------------|
| CERTIFICATES OF DEPOSIT  | 100,000.                     |
| MUTUAL FUNDS             | 1,863,464.                   |
| MONEY MARKET             | 81,168.                      |
| EXTERNAL INVESTMENT POOL | 612,546.                     |
| TOTALS                   | <u>2,657,178.</u>            |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

NET FOUNDATION FOR RADIO

Employer identification number

47-0588533

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) NET FOUNDATION FOR TELEVISION<br>1800 N 33RD LINCOLN, NE 68503 23-7122088     | PUBLIC TV               | NE   | 501(C)(3)                  | 7   | N/A                              |  | X  |
| (2) UNIVERSITY OF NEBRASKA TELEVISION<br>1800 N 33RD LINCOLN, NE 68503 47-0049123 | PUBLIC TV               | NE   | 501(C)(3)                  | 2   | N/A                              |  | X  |
| (3) NET COMMISSION<br>1800 N 33RD LINCOLN, NE 68503 47-0491233                    | PUBLIC TV               | NE   |                            |   | N/A                              |  | X  |
| (4) -----   |                         |  |                            |   |                                  |  |    |
| (5) -----   |                         |  |                            |   |                                  |  |    |
| (6) -----   |                         |  |                            |   |                                  |  |    |
| (7) -----   |                         |  |                            |   |                                  |  |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity                            |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) UNIVERSITY OF NE TELEVISIION    | P                             | 443,986.               | ACTUAL INVOICES                              |
| (2) NET COMMISSION                  | P                             | 431,884.               | ACTUAL INVOICES                              |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>section 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|---|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |   | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (2) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (3) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (4) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (5) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (6) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (7) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (8) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (9) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (10) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (11) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (12) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (13) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (14) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (15) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (16) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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