

Form 990EZ

Department of the Treasury Internal Revenue Service

Short Form 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. Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NET FOUNDATION. Number and street: ONE MICROSOFT WAY. City or town: REDMOND, WA 98052

D Employer identification number: 47-2119192. E Telephone number: (425) 705-1008. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: DOTNETFOUNDATION.ORG

J Tax-exempt status: 501(c)(3), 501(c)(6), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 60,000

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

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

Table with 9 rows for Revenue. Line 1: 60,000. Line 9: Total revenue 60,000.

Table with 7 rows for Expenses. Line 10: 79,500. Line 13: 2,903. Line 16: 126,427. Line 17: Total expenses 208,830.

Table with 4 rows for Net Assets. Line 18: -148,830. Line 19: 189,333. Line 20: 0. Line 21: 40,503.

**Part II Balance Sheets**(see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	104,865	<b>22</b> 35,262
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	106,877	<b>24</b> 11,615
<b>25</b> Total assets . . . . .	211,742	<b>25</b> 46,877
<b>26</b> Total liabilities (describe in Schedule O). . . . .	22,409	<b>26</b> 6,374
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	189,333	<b>27</b> 40,503

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
 THE .NET FOUNDATION IS A 501(C)(6) NON PROFIT ORG, WHICH WAS ESTABLISHED TO SUPPORT AN INNOVATIVE, COMMERCIALY FRIENDLY, OPEN-SOURCE ECOSYSTEM AROUND THE .NET PLATFORM.

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

**28** PROJECT GUIDANCE AND MENTORING: NEW .NET PROJECTS JOINING THE FOUNDATION GET MENTORSHIP TO HELP WITH EXPERTISE IN RUNNING AN OPEN SOURCE COMMUNITY AND ACCESS TO OTHER DEVELOPERS CURRENTLY LOOKING AFTER .NET OPEN SOURCE PROJECTS. WE WORK WITH PROJECT LEADS TO HELP ENSURE THAT THE PROJECT GROWS INTO A VIBRANT AND WELCOMING COMMUNITY AND HELP SHARE KNOWLEDGE ON BEST PRACTICES IN RUNNING A FRIENDLY, COLLABORATIVE AND INNOVATIVE OPEN SOURCE COMMUNITY.  
 (Grants \$ 0) If this amount includes foreign grants, check here

**29** OPERATIONS AND MANAGEMENT SUPPORT: TECHNICAL SUPPORT: WE PROVIDE A NUMBER OF TECHNICAL SUPPORT SERVICES FOR OUR PROJECTS INCLUDING AUTHENTIC CODE-SIGNING OF BINARIES AND INSTALLERS, BINARY DISTRIBUTION MANAGEMENT, FORUMS, HOSTING, SHARED SECRET STORAGE, ONLINE AND PHONE CONFERENCING AS WELL AS DOCUMENT COLLABORATION FACILITIES AND ACCESS TO SOFTWARE. MARKETING AND COMMUNICATIONS: THE .NET FOUNDATION WORKS WITH MICROSOFT AND THE BROADER INDUSTRY TO INCREASE THE EXPOSURE OF OPEN SOURCE PROJECTS IN THE .NET COMMUNITY AND THE .NET FOUNDATION. THE .NET FOUNDATION PROVIDES ACCESS TO THESE RESOURCES TO PROJECTS AND LOOKS TO PROMOTE THE ACTIVITIES OF OUR COMMUNITIES. FINANCIAL SUPPORT: THE .NET FOUNDATION IS NOT A GRANT FUNDING BODY, BUT THE .NET FOUNDATION CAN HELP PROJECTS ACCEPT, INVOICE AND PROCESS DONATIONS IN-KIND OR EARMARKED DONATIONS ON BEHALF OF THE INDIVIDUAL PROJECTS. AS A US TAX-EXEMPT NON-PROFIT ORGANIZATION (501(C)(6), THERE ARE SOME LIMITS ON WHAT PROJECTS CAN DO WITH THOSE ASSETS, BUT THE FOUNDATION WILL WORK WITH THE PROJECT TO ENSURE FUNDS ARE SPENT APPROPRIATELY. WHEN RUNNING EVENTS SUCH AS MEET-UPS AND CONFERENCES, THE FOUNDATION CAN ALSO WORK WITH PROJECTS TO CREATE TICKET SELLING ACCOUNTS, ARRANGE CONTRACTS WITH VENUES ETC. DONATIONS TYPICALLY COVER ACTIVITIES INCLUDING HOSTING EXPENSES, TRAVEL EXPENSES TO ATTEND CONFERENCES/MEET-UPS, PROMOTIONAL ITEMS FOR THE PROJECT, SPONSORING OR ORGANIZING A CONFERENCE/MEET-UP.  
 (Grants \$ 0) If this amount includes foreign grants, check here

**30** IP AND LEGAL: WE HELP PROJECTS ORGANIZE AND MANAGE THEIR IP ASSIGNMENTS AS WELL AS PROVIDE INFRASTRUCTURE FOR TRACKING A COMMON, SIMPLE, CONTRIBUTION LICENSE AGREEMENT ACROSS ALL .NET FOUNDATION PROJECTS. WE CAN HELP IN ENSURING PEOPLE RESPECT THE OPEN SOURCE LICENSES AND TRADEMARKS OF PROJECTS ASSIGNED TO THE .NET FOUNDATION AND WE CAN PROVIDE ACCESS TO ADVICE ON LEGAL ISSUES AFFECTING PROJECTS IN THE .NET FOUNDATION.  
 (Grants \$ 0) If this amount includes foreign grants, check here

**31** Other program services (describe in Schedule O) . . . . .  
 (Grants \$ ) If this amount includes foreign grants, check here

**32** Total program service expenses (add lines 28a through 31a) . . . . .

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28a</b>	0
<b>29a</b>	0
<b>30a</b>	0
<b>31a</b>	
<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSEPH GUADAGNO PRESIDENT	2.00	0	0	0
KEVIN GRIFFIN VICE PRESIDENT	2.00	0	0	0
MITCHELL SELLERS TREASURER	2.00	0	0	0
RICH LANDER BOARD MEMBER	2.00	0	0	0
GLENN WATSON BOARD MEMBER	2.00	0	0	0
IRIS CLASSON BOARD MEMBER	2.00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>		No
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .	<b>34</b>		No
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>		No
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <span style="float: right; border: 1px solid black; padding: 2px;">37a 0</span>	<b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>		
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>		No
<b>41</b> List the states with which a copy of this return is filed. ▶ WA			
<b>42a</b> The organization's books are in care of ▶ VIRTUAL INC Telephone no. ▶ (781) 246-0500			
Located at ▶ 401 EDGEWATER PLACE SUITE 600 WAKEFIELD, MA ZIP + 4 ▶ 01880			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>		No
If "Yes," enter the name of the foreign country: ▶ _____			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>		No
If "Yes," enter the name of the foreign country: ▶ _____			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <span style="border: 1px solid black; padding: 2px;">43</span>			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>		No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>		No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>		No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			

explanation in Schedule O . . . . .

<b>44d</b>		
<b>45a</b>		No
<b>45b</b>		

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

**45b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .

Form **990-EZ** (2023)

Form 990-EZ (2023)

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

	<b>Yes</b>	<b>No</b>
<b>46</b>		No

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b>		

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

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

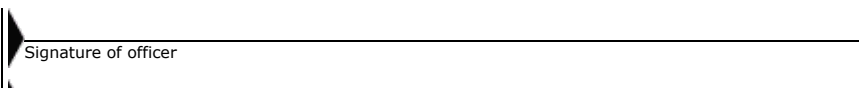
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here**  Signature of officer 2025-01-16  
Date

MITCHEL SELLERS TREASURER

Type or print name and title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name ZOE JOENS CPA	Preparer's signature	Date 2025-01-16	Check <input type="checkbox"/> if self-employed	PTIN P02389255
Firm's name ▶ JACOBSON JARVIS & CO PLLC			Firm's EIN ▶ 91-2011386	
Firm's address ▶ 200 1ST AVE W SUITE 200 SEATTLE, WA 98119			Phone no. (206) 628-8990	

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

Form **990-EZ** (2023)

**Additional Data**

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**Software ID:**  
**Software Version:**

**Form 990-EZ, Special Condition Description:**

Special Condition Description

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Table with 2 columns: Name of the organization (NET FOUNDATION) and Employer identification number (47-2119192)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

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

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

Schedule B (Form 990) (2023)

Name of organization NET FOUNDATION	Employer identification number 47-2119192
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
------------------------	--	--	----------------------

-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization NET FOUNDATION	Employer identification number 47-2119192
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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
-	_____	_____	_____
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift		Relationship of transferor to transferee	
Transferee's name, address, and ZIP 4		_____	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Transferee's name, address, and ZIP 4		(e) Transfer of gift Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Transferee's name, address, and ZIP 4		(e) Transfer of gift Relationship of transferor to transferee	
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Schedule B (Form 990) (2023)

**Additional Data**

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Software ID:  
Software Version:

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization  
NET FOUNDATION

Employer identification number

47-2119192

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: CORPORATE SPONSORSHIP. GRANTEE NAME: OKTA. AMOUNT GIVEN: 44,500.
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: CORPORATE SPONSORSHIP. GRANTEE NAME: UNO PLATFORM. AMOUNT GIVEN: 10,000.
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: CORPORATE SPONSORSHIP. GRANTEE NAME: VMWARE. AMOUNT GIVEN: 25,000. TOTAL INCLUDED ON FORM 990-EZ, LINE 10: 79,500.
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: ADVERTISING. AMOUNT: 5,006. DESCRIPTION: MANAGEMENT FEES. AMOUNT: 46,300. DESCRIPTION: ONLINE SERVICES. AMOUNT: 4,318. DESCRIPTION: COMMUNITY MANAGER. AMOUNT: 35,068. DESCRIPTION: OUTREACH. AMOUNT: 22,196. DESCRIPTION: ADMINISTRATIVE. AMOUNT: 12,940. DESCRIPTION: OTHER. AMOUNT: 599. TOTAL TO FORM 990-EZ, LINE 16: 126,427.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: A/R. BEG. OF YEAR AMOUNT: 104,852. END OF YEAR AMOUNT: 10,000. DESCRIPTION: PREPAID EXPENSES. BEG. OF YEAR AMOUNT: 2,025. END OF YEAR AMOUNT: 1,615.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: A/P. BEG. OF YEAR AMOUNT: 22,409. END OF YEAR AMOUNT: 6,374.

**Additional Data**

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