Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Α	For	the 2007 calend	dar year, c	r tax year beginning		, 2007, and	ending	3		,	
В	Chec	k if applicable:	[С				D	Employer Ide	entification Numbe	r
	\square	Address change	Please use IRS label	Network for G					68-048	0736	
	\Box								Telephone nu	ımber	
	П								482-3305		
	П	Termination	Instruc- tions.					F	Accounting nethod:	Cash	X Accrual
	П	Amended return								pecify) ►	
	\square	Application pending	Section	on 501(c)(3) organizati	ons and 4947(a)(1) nonexe	empt	H and	l are not applicable			
			charit	able trusts must attac 990 or 990-EZ).	h a completed Śchedule A	٠.	H (a)	ls this a group retu	ırn for affiliat	es? Yes	X No
_	147.1		•	•			H (b)	If 'Yes,' enter numb	er of affiliates	, -	
G	vver	site: - www.	networ	kforgood.org	. .		H (c)	Are all affiliates in			No
J	Org	anization type		X 501(c) 3 ◀	(insert no.) 4947(a)(1) or		11 (4)	(If 'No,' attach a li		*	
<u></u>					(insert no.) 4947(a)(1) or (3) supporting organization		n (a)	Is this a separate organization cover			X No
n							 	Group Exemp		103	A No
	gross receipts are normally not more than \$25,000. A return i organization chooses to file a return, be sure to file a comple				a complete return.	but ii tiic	M	Check ► X			rad
L	Gros	ss receints: Add	Llines 6h	8h 9h and 10h to lin	e 12 ► 57,737,948.		- '''	to attach Schedule			
	art I				es in Net Assets or F	und Bal	ances				
00500	1			nts, and similar amou				(000 1170 11	30,000,0	10./	
		•	• . •			1	a	54,313,76	s		
					·			1,745,08	30000000000		
	1				a)		-	1,710,00	<u> </u>		
		•			ed on line 1a)				-		
	6	Total (add lines	S	55 995 31 <i>2</i>	noncash \$63				1e	56,058	850
	2				nt fees and contracts (from					1,461	<u> </u>
	3	-			(nor	•		•		1,401	,052.
	4				tments					216	,781.
	5										, 101.
	1					1	1				
									-		
	1				rom line 6a	-			6c		
ь	7			e (describe) 7		
REVENUE					(A) Securitie	s	1	(B) Other			
Ě	8 a			s of assets other		125. 8	a	(-)	-		
Ď	b			s and sales expenses		61. 8			-		
_	1)Statemer		-36. 8					
		, , ,		•	(A) and (B)				8 d		-36.
). If any amount is from g a						
		Gross revenue		and the second s		-					
							a				
	Ь	Less: direct ex	penses of	her than fundraising e	expenses	91	b				
	C	Net income or	(loss) from	m special events. Sub	tract line 9b from line 9a				9с		
	10a	Gross sales of	inventory	, less returns and allo	wances	10	3		_		
		-									
	С	Gross profit or (los	ss) from sale	s of inventory (attach sched	ule). Subtract line 10b from line	10a			. 10c		
	11		-								
	12				3d, 9c, 10c, and 11					57,737,	
E	13									57,437,	
P	14				n (C))				1		906.
E N	15	-								108,	048.
EXPENSES	16										
S	17				(A)					58,202,	
Ą	18				7 from line 12					-464,	551.
S					ar (from line 73, column (1,822,	
ASSETS	20				(attach explanation)						350.
S	21	Net assets or for	und balan	ces at end of year. Co	mbine lines 18, 19, and 26) <i>.</i>			21	1.504.	884.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.) Part II

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	a Grants paid from donor advised	100000000	*	00111000	ana general	
	funds (attach sch) See Stmt 3					
	(cash \$ <u>52313457.</u>					
	non-cash \$)					
	If this amount includes	22 a	52,313,457.	52,313,457.		
22	foreign grants, check here	228	32,313,437.	32,313,437.		
22	(cash \$					
	non-cash \$					
	If this amount includes					
	foreign grants, check here	22 b				
23	Specific assistance to individuals					
	(attach schedule)	23			4	
24	Benefits paid to or for members					
	(attach schedule)	24				
25	a Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25 a	212,026.	0.	150,539.	61,487
	b Compensation of former officers.				100,000.	01/10/
'	directors, key employees, etc. listed			_		_
	in Part V-B	25 b	0.	0.	0.	0.
•	c Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.
20	.,,,,,				7.3	
26	Salaries and wages of employees not included on lines 25a, b, and c	26	1,874,216.	1,709,086.	139,096.	26,034.
27	, ,			,,		
27	Pension plan contributions not included on lines 25a, b, and c	27				
20						
28	Employee benefits not included on lines 25a - 27	28	238,504.	192,079.	39,832.	6,593.
29	Payroll taxes	29	146,081.	124,242.	16,792.	5,047.
30	Professional fundraising fees	30				
31	Accounting fees	31	101,922.	1,417.	100,505.	
32	Legal fees	32	233,077.	219,789.	13,288.	
33	Supplies	33	22,763.	9,093.	13,354.	316.
34	Telephone	34	36,651.	32,300.	3,580.	771.
35	Postage and shipping	35	11,175.	8,173.	2,470.	532.
36	Occupancy	36	151,556.	122,993.	23,503.	5,060.
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	35,077.	28,535.	5,652.	890.
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	282,346.	280,128.	1,481.	737.
	Other expenses not covered above (itemize):					
а	See Statement 4	43 a	2,543,187.	2,395,792.	146,814.	581.
b	' 	43 b				
С		43 c				
d		43 d				
е		43 e				
f		43 f				
g		43 g				
44	Total functional expenses. Add lines 22a					
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	58,202,038.	57,437,084.	656,906.	108,048.
	Costs. Check . If you are following S				000,000.	100,040.
	ny joint costs from a combined educational			itation reported in (B) Pi	rogram services?	► Yes X No
	s,' enter (i) the aggregate amount of these j		-		nount allocated to Progra	
\$_	; (iii) the amount allo		to Management and gene		; and (iv) the	
to Fur	ndraising \$.					
	-					

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's prin All organizations must describ clients served, publications iss izations and 4947(a)(1) nonexe	nary exempt purpose? See Statement 5 e their exempt purpose achievements in a clear and concise manner. State the number of used, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)				
a See Statement 6						
(Grants and allocations	\$ 52,313,457.) If this amount includes foreign grants, check here	57,437,084.				
b						
						
(Grants and allocations	\$) If this amount includes foreign grants, check here					
c						
Grants and allocations	\$) If this amount includes foreign grants, check here					
d						
Grants and allocations	\$) If this amount includes foreign grants, check here					
e Other program services.						
(Grants and allocations	\$) If this amount includes foreign grants, check here ▶					
f Total of Program Service Expenses (should equal line 44, column (B), Program services) 57, 437,						

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Form 990 (2007)

		Bularios Cristis (See the menastremen						
No	te:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the desc	cription		(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing				-	45	
	46	Savings and temporary cash investments				817,256.	46	1,718,796.
	47 8	Accounts receivable	47 a	42,	309.			
	1	Less: allowance for doubtful accounts	47 b			115,026.	47 c	42,309.
	Ì							
	48 a	Pledges receivable	48 a					
	ŀ	Less: allowance for doubtful accounts	48 b				48 c	
	49	Grants receivable				462,807.	49	182,857.
	50	Receivables from current and former officers, directors employees (attach schedule)					50 a	
A	ŀ	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attach	d under :	section 4958(e)	f)(1))		50 b	
Ş	51 -	Other notes and loans receivable				(REC. 1981)		
ASSETS	316	(attach schedule)	51 a					
S	Ŀ	Less; allowance for doubtful accounts	51 b				51 c	
	52	Inventories for sale or use			[52	
	53	Prepaid expenses and deferred charges	<u>.</u>	<u></u>	[29,683.	53	18,439.
	54 a	Investments — publicly-traded securities	🟲 [Cost	FMV [54a	
	l t	Investments – other securities (attach sch)	▶[Cost	FMV		54 b	
	55 a	Investments - land, buildings, & equipment: basis	55 a					
	b	Less: accumulated depreciation (attach schedule)	55 b				55 c	
	56	Investments - other (attach schedule)					56	
	57 a	Land, buildings, and equipment: basis	57 a	836,	144.			
	b	Less: accumulated depreciation (attach schedule)Statement.7	57 b	506,	372.	441,733.	57 c	329,772.
	58	Other assets, including program-related investments						
		(describe ► See Statement 8). [15,107,763.	58	21,400,049.
	59	Total assets (must equal line 74). Add lines 45 through	58			16,974,268.	59	23,692,222.
	60	Accounts payable and accrued expenses				720,042.	60	990,411.
	61	Grants payable				13,710,996.	61	19,959,018.
Ļ	62	Deferred revenue				37,500.	62	15,572.
A B I	63	Loans from officers, directors, trustees, and key employees (attach schedule)			[63	
Ī	64 a	Tax-exempt bond liabilities (attach schedule)					64a	
Ë S	b	Mortgages and other notes payable (attach schedule)S.ee		tement9.		400,000.	64 b	900,000.
š	65	Other liabilities (describe • <u>See Statement</u>]				283,645.	65	322,337.
	66	Total liabilities. Add lines 60 through 65				15,152,183.	66	22,187,338.
N	Orga	·	d comple	ete lines 67				
N E		through 69 and lines 73 and 74.						
Ą	67	Unrestricted			-	1,822,085.	67	1,132,810.
人の心を下の	68	Temporarily restricted					68	372,074.
š	69	Permanently restricted					69	
P R	Orga	nizations that do not follow SFAS 117, check here ►	∐ and	d complete lin	es			
- 1	70	70 through 74.		70				
FUZD		Capital stock, trust principal, or current funds		70				
В	71 72	Paid-in or capital surplus, or land, building, and equipm		71				
<u>}</u>	72	Retained earnings, endowment, accumulated income, or					72	
Ç	73	Total net assets or fund balances. Add lines 67 through 72. (Column (A) must equal line 19 and column (B) must	h	1,822,085.	73	1,504,884.		
Š	74	Total liabilities and net assets/fund balances. Add lines			_	16,974,268.	74	23,692,222.
- 1						, _, _, _, _,		,,,,

Fo P	art IV-A Reconciliation of Rever instructions.)	anue per Audited Financi	al Statements with	Revenue per Retu	
a	Total revenue, gains, and other suppor	t per audited financial stateme	ents	a	57,737,487
b	Amounts included on line a but not on				
	1 Net unrealized gains on investments				
	2Donated services and use of facilities.				
	3 Recoveries of prior year grants				
	4 Other (specify):		- 4		
	Add lines b1 through b4			b	
С	Subtract line b from line a				57,737,487
d	Amounts included on Part I, line 12, bu	t not on line a:			
	1 Investment expenses not included on F		d1		
	2 Other (specify):				
			أمدا		
	Add lines d1 and d2			<u>d</u>	
е	Total revenue (Part I, line 12). Add line	s c and d		► e	
P	art IV-B Reconciliation of Exper	ses per Audited Financ	<u>ial Statements wit</u>	h Expenses per Re	turn
					F0 000 000
a	Total expenses and losses per audited			a	58,202,038
b	Amounts included on line a but not on l		الما		
	1Donated services and use of facilities.				
	2Prior year adjustments reported on Par				
	3Losses reported on Part I, line 20				
	4 Other (specify):		1 4 4		
			 		
_	Add lines b1 through b4				58,202,038
c d	Amounts included on Part I, line 17, bu				30,202,030
u	1 Investment expenses not included on F		41		
	2Other (specify):		40		
	Add lines d1 and d2		 	d	
e	Total expenses (Part I, line 17). Add lin			⊢	58,202,038
Pa	current Officers, Director or key employee at any time di			 	
	or key employee at any time di	(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
	· · · · · · · · · · · · · · · · · · ·	'	·	compensation plans	
	·	_			
Se	e Statement 11	_	205,850.	6,176.	0.
		-			
		1			
		-			-
- –		-			
_					
		1			

Form 990 (2007) Network for Good Part V-A Current Officers, Directors, Tro	rates and Kay E	mentarias (continu	68-0480)736	T	Page 6
75a Enter the total number of officers, directors, and trustees p					Yes	No
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	iployees listed in Form isated professional and gh family or business r	990, Part V-A, or highed d other independent confrelationships? If 'Yes,' al	st compensated employ ractors listed in Schedu	ees le 75b		х
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	nsated professional and any other organization e definition of 'related	d other independent cont ns, whether tax exempt or organization'	ractors listed in Schedu or taxable, that are rela	ile ted		Х
If 'Yes,' attach a statement that includes the in				35.4	v	
d Does the organization have a written conflict o						
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key empl	lovee received compens	ation or other benefits (described b	elow)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	opense and oth ances	
None						
						
						
Part VI Other Information (See the insti	ructions.)	L			Yes	No
76 Did the organization make a change in its activi	ties or methods of con-	ducting activities?				
If 'Yes,' attach a detailed statement of each charge. 77 Were any changes made in the organizing or gr						X
If 'Yes,' attach a conformed copy of the change	•	it not reported to the inc	/;	//		
78a Did the organization have unrelated business gr		or more during the year	covered by this return?	78a	.20000000000	Х
b If 'Yes,' has it filed a tax return on Form 990-T f		• ,	,		N/Z	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	, or substantial contrac	ction during the				x)
80a Is the organization related (other than by assoc	ation with a statewide	or nationwide organizati	on) through common			**
membership, governing bodies, trustees, officer b If 'Yes,' enter the name of the organization ►	•		HIZAUONY	80a	X	
		eck whether it is X ex	empt or nonexem			
81 a Enter direct and indirect political expenditures.	(See line 81 instruction		81 a	0.		v

TEEA0106L 12/27/07

Form **990** (2007)

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Telephone number ► 240-482-3305

Located at ► 7920 Norfolk Avenue, Suite 520 Bethesda, MD ZIP + 4 ► 20814

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)?

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Form 99	00 (2007) Network for Good				68-0480	0736 Page 8
Part '	VI Other Information (continu	ıed)				Yes No
c At	any time during the calendar year, did	the organizat	ion maintain an office	outside of the U	nited States?	91 c X
	'Yes,' enter the name of the foreign co					
92 Se	ection 4947(a)(1) nonexempt charitable	trusts filing F	orm 990 in lieu of Fori	<i>n 1041</i> – Check	here	N/A ►
an	d enter the amount of tax-exempt inte	rest received (or accrued during the t	ax year	▶ 92	N/A
Part \	/II Analysis of Income Producing	a Activities	See the instruction	s.)		
100.000			business income		ection 512, 513, or 514	
Note: El	nter gross amounts unless se indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
	Program service revenue: License Fees					418,669.
b	Other Income					10,941.
c	Set Up Fees					15,000.
ď	Subscription Fees					1,017,282.
e -						
f N	Medicare/Medicaid payments					
•	Membership dues and assessments.					
	nterest on savings & temporary cash invmnts.			14	216,781.	
	Dividends & interest from securities				210,701.	
	Net rental income or (loss) from real estate:					
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from pers prop					
		-				
99 (Other investment income					
	Gain or (loss) from sales of assets other than inventory			18	-36.	
101 N	Net income or (loss) from special events					
102 d	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b _						
c _						
d_						
e_			···			
104 S	Subtotal (add columns (B), (D), and (E))				216,745.	1,461,892.
	「otal (add line 104, columns (B), (D), a				· · · · · · · · · · · · · · · · · · ·	1,678,637.
	ne 105 plus line 1e, Part I, should equa					# 1 = 1
Part V	III Relationship of Activities t	o the Accor	mplishment of Ex	empt Purpos	ses (See the instru	ctions.)
Line No ▼	Explain how each activity for which of the organization's exempt purpo	income is reposes (other tha	oorted in column (E) o n by providing funds f	f Part VII contrib or such purposes	uted importantly to the so).	accomplishment
	See Statement 13					
		-11-6-1	P. C. IB'		(0 1)	- <i>C</i>
Part I					es (See the instruc	
	(A)	(B)	(0	5)	(D)	(E)
Nam	ne, address, and EIN of corporation,	Percentage		activities	Total	End-of-year
<u>.</u>	partnership, or disregarded entity	ownership inte			income	assets
N/A			8			
	<u></u>		8			
			%			
			8		2 1 2 2	
Part >	*****					
	the organization, during the year, receive any fun I the organization, during the year, pay			•		
	: If 'Yes' to (b), file Form 8870 and For					
BAA					TEEA0108L 12/27/0	7 Form 990 (2007)

68-0480736

Page 8

Pa	Information Regarding T organization is a controlli					he		
	organization is a controll	ng organizatio	n do domica m scom	011012(0)(10			Yes	No
106	Did the reporting organization make a 'Yes,' complete the schedule below for	any transfers to a or each controlled	controlled entity as defined	d in section 512	(b)(13) of the Code	e? If		Х
2	(A) Name, address, of eac controlled entity	2000	(B) Employer Identification Number	Desc	(C) ription of ansfer	Amount (D) of tran	sfer
a								
b								
с								
	Totals		i i					
				14			Yes	No
107	Did the reporting organization receive 'Yes,' complete the schedule below for	any transfers fro	m a controlled entity as de entity	fined in section	512(b)(13) of the	Code? If		Х
	(A) Name, address, of each controlled entity		(B) Employer Identification Number	Desci	(C) ription of ansfer	(D) Amount of transfer		
a								
Ь								
с								-
- 10 H	Totals							
108	Did the organization have a binding w annuities described in question 107 at	ritten contract in e	effect on August 17, 2006, o	covering the int	erest, rents, royalt	ies, and	Yes	No X
Pleas Sign Here	Under penalties of perjury. I declare that I he true, correct, and complete. Declaretion of page 5.	nave examined this retu preparer (other than off	rn, including accompanying schedul icer) is based on all information of v		0 3 900 900	nowledge and I	belief, it i	
	Type or print name and title.	HMANN	CEO	3 92 x 2004-000 0 x 2 0				
Paid Pre-	Preparer's signature Carol Duffi		1	113108		eparer's SSN c eneral Instruction /A	or PTIN (S	See
pare: Use	employed). 44 Montgome		Otake, LLP Suite 2019		EIN ► N/A			
Only	address, and San Francis				Phone no. ► (415	5) 983-0	0200	
BAA					0.000	Form	990 (2	2007)

Form 88 6	68 (Rev 4-2007)	Page Page
• If you	u are filing for an Additional (not automatic) 3-Month Extension, complete on	nly Part II and check this box
Note On	aly complete Part II if you have already been granted an automatic 3-month e	extension on a previously filed Form 8868.
• If you	u are filing for an Automatic 3-Month Extension, complete only Part I (on pag	ge 1).
Part II	d vote the first visit Time Vi	ou must file original and one copy.
T atti	Name of Exempt Organization	Employer identification number
	Turio di Biange di gamana	
Type or	Notwork for Cood	68-0480736
print	Network for Good Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
File by the	Number, Street, and footh of Suite Humber. If a 1.0. box, see instructions.	
extended due date for	G. 11 7 G. 11	
filing the return. See	/920 NOTIOIR Avenue, Suite 320	_
instructions.		
	Bethesda, MD 20814	
	pe of return to be filed (File a separate application for each return):	
XForm		Form 1041-A Form 6069
Form	990-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870
	990-EZ Form 990-T (trust other than above)	Form 5227
STOP! Do	not complete Part II if you were not already granted an automatic 3-month e	extension on a previously filed Form 8868.
• The b	ooks are in care of Bob Deily	
Telep	hone No. ► 240-482-3207 FAX No. ► <u>240-482</u> -	-3218
If the	organization does not have an office or place of business in the United State	s, check this box
If this	is for a Group Return, enter the organization's four digit Group Exemption Nu	umber (GEN)
whole gro	sup, 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
	the extension is for.	
4 I rec	nuest an additional 3-month extension of time until 11/15 , 20	_08.
E For	catendar year 2007 or other tax year beginning	20 and ending , 20 .
6 If th	is tay year is for less than 12 months, check reason; 1 1 IIIIIIal return	
7 Stat	e in detail why you need the extension The Organization rec	quires additional time to gather the
in	formation necessary to file a complete and accur	rate return.
0 = 16 Hn	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ten	tative tax, less any
nonr	refundable credits. See instructions.	8a \$
b If thi	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits and estimated tax
navn	ments made. Include any prior year overpayment allowed as a credit and any Form 8868.	amount paid previously
c Bala	nce Due. Subtract line 8b from line 8a. Include your payment with this form, of FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen	or, it required, deposit it System). See instrs 8c \$
	Signature and Verificati	ion
i lodor popalfic	es of perjury, I declare that I have examined this form, including accompanying schedules and statem complete, and that I am authorized to prepare this form.	nents, and to the best of my knowledge and belief, it is true,
correct, and o	complete, and that I am authorized to prepare this form.	2011/10
Signature >	Carol Aufulo Title - CPA	Date - 814108
Signature	Notice to Applicant. (To be Complete	ed by the IRS)
	Notice to Applicant. (To be complete	ed by the may
We I	have approved this application. Please attach this form to the organization's r	eturn.
We I	have not approved this application. However, we have granted a 10-day grace	period from the later of the date shown below of the period is considered to be a valid extension of time for
elect	date of the organization's return (including any prior extensions). This grace patients of the organization's return (including any prior extensions). This grace patients of the organization of the organiza	is form to the organization's return.
Well	have not approved this application. After considering the reasons stated in ite	m 7, we cannot grant your request for an extension of
	to file. We are not granting a 10-day grace period.	
We c	cannot consider this application because it was filed after the extended due d	
Othe		
	By:	
Director		Date
Alternate Maddress dif	failing Address. Enter the address if you want the copy of this application for ferent than the one entered above.	an additional 3-month extension returned to an
	Name	
	Fontanello, Duffield & Otake, LLP	
Type or	Number and street (include suite, room, or apartment number) or a P.O. box number	
Type or Print	44 Montgomery Street, Suite 2019	
	City or town, province or state, and country (including postal or ZIP code)	
	San Francisco, CA 94104	
1	DU11 1 1 U11 U 1 D U U V 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1	

100836 Department of the Treasury Internal Revenue Service

OGDEN, UT 84201-0074

Notice Number: CP211A Date: September 15, 2008

Laxpayer Identification Number: Forme 990 as Pariods December 31, 2007

2152 584

005499.538738.6022.001 1 AT 0.346.530 liging Bird Kanad Hamblad and Bland Bland

NETWORK FOR GOOD INC 22000 AOL WAY DULLES VA 20166-930200

APPLICATION FOR EXTENSION OF THE TO FILE AN EXEMPT ORGANIZATION RETURNS APPROVED

We have received your Form 8868, Application in the control of the Return, for the return (form) and tax period identifications

We have approved your request and have extend to the date of the contact the c November 15, 2008.

Please attach a copy of this letter levous commonwer was the and a second control of the extension of time to tile your returns A copy a provincian value as and

If you have any questions, please call an alaboration altown about it is not be all the address shown at the top left of this letter.

Reminder - You May Be Required to Blook out among

Exempt organizations may be require an all the square square and to the same square enting on or after December 31, 2006, the gestions inhose quies on a plant in a mount of an employed \$10 million or more in total asseis it in consequent to the property of the proper required to file Forms 990-PF electronically reperchase at last used apply deling allegatess 250 returns annually. For more information, governors, as any that Stanton and Jone Partie Dock for the "e-file for Charities and Non-Brante (a):

For tax forms, instructions and information and Awardisand. Areas to intrate with interprovide you with your specific taxpayer accommon to the second second

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

		(.,			
Che	ck ► a	if the organization belor	igs to an affiliated group.	Check ► b	if you	check	ed 'a' and 'limited contr	ol' provisions apply.
			Lobbying Expenditu				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lo	bbying expenditures to influ	ence public opinion (grassr	oots lobbying)		36		
37	Total lo	bbying expenditures to influ	ence a legislative body (dir	ect lobbying)		37		
38	Total lo	bbying expenditures (add lir	nes 36 and 37)			38	0.	0.
39	Other e	xempt purpose expenditure:	5			39		58,202,038.
40	Total exempt purpose expenditures (add lines 38 and 39)				40	0.	58,202,038.	
41	Lobbying nontaxable amount. Enter the amount from the following table —							
	If the an	nount on line 40 is —	The lobbying nonta	axable amount is	. –			
	Not ove	r \$500,000	20% of the amount	on line 40				
	Over \$500	,000 but not over \$1,000,000	\$100,000 plus 15% of th	ne excess over \$500,0	00			
	Over \$1,00	00,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	,000 -	41		1,000,000.
	Over \$1,50	00,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000			
	Over \$1	7,000,000	\$1,000,000					
42	Grassro	ots nontaxable amount (ent	er 25% of line 41)			42	0.	250,000.
43	Subtrac	t line 42 from line 36. Enter	-0- if line 42 is more than li	ine 36		43	0.	0.
44	Subtract	t line 41 from line 38. Enter	-0- if line 41 is more than li	ine 38		44	0.	0.
	Caution	: If there is an amount on e	ither line 43 or line 44, you	must file Form 4	<i>1720.</i>			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	cos the metaletter of miles to through cory									
		Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total				
45	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000.				
47	Total lobbying expenditures					0.				
48	Grassroots non- taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000.				
50	Grassroots lobbying expenditures					0.				

zan vies i	Obbving	Activity by	Nonelectine	a Public	Charities

(F	or reporting o	only b	y organizations	s that did not	: complete Part	t VI-A) (Se	e instructions.)
----	----------------	--------	-----------------	----------------	-----------------	-------------	------------------

During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount**

N/A

a Volunteers .								
b Paid staff or	managemen	t (Include	compens	sation in	expenses	reported	on lines	c throug

attempt to influence public opinion on a legislative matter or referendum, through the use of:

c Media advertisements.......

- e Publications, or published or broadcast statements....
- f Grants to other organizations for lobbying purposes
- **g** Direct contact with legislators, their staffs, government officials, or a legislative body.....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means......
- i Total lobbying expenditures (add lines c through h.).....

If 'Yes' to any of the above,	also attach a statement	giving a detailed descri	iption of the lobbying activ	rities
-------------------------------	-------------------------	--------------------------	------------------------------	--------

Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	ne reporting organization	directly or in	ndirectly engage in any of the following organizations) or in section 527, relating	g with any other organization described	in section	n 501(d	c)
	•		to a noncharitable exempt organization			Yes	No
	, ,	•			51 a (i)		X
• • •					a (ii)		X
• •	transactions:				- \		
		ets with a r	noncharitable exempt organization		b (i)		Х
**	5				b (ii)		X
٠,			. •		b (iii)		X
• •		•			b (iv)		X
(, ·					b (v)		X
, ,	•				b (vi)		$\frac{\Lambda}{X}$
, ,			•		c C		X
				Limn (b) should always show the fair mark rganization received less than fair mark ods, other assets, or services received:		of n	
any tr	ansaction or sharing arra	ngement, s	how in column (d) the value of the goo	ods, other assets, or services received:			
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and s	haring arran	gement	S
N/A							
11/ 11							
					-		
			· · · · · · · · · · · · · · · · · · ·				
							
	organization directly or in bed in section 501(c) of the c,' complete the following		liated with, or related to, one or more her than section 501(c)(3)) or in sectio	tax-exempt organizations on 527?	Yes	X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relations	hip		
N/A	-		_	·	-		
/							
		· · · · · · · · · · · · · · · · · · ·					
							
-							

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information — (See separate instructions.)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer identification number Name of the organization 68-0480736 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions, List each one. If there are none, enter 'None.') (d) Contributions (b) Title and average (c) Compensation (e) Expense (a) Name and address of each to employee benefit plans and deferred employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation See Statement 14 623,814 18,714. 0. Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 **(b)** Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Ronald Strong 127 S Fairfax St, Ste 242 Alexandria System Dev't & Maint 320,854. Total number of other contractors receiving over \$50,000 for other services.....

Pa	rt III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities > \$ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
		I		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
;	a Sale, exchange, or leasing of property?	2a		Х
i	b Lending of money or other extension of credit?	2b		Х
•	c Furnishing of goods, services, or facilities?	2c		Х
	See Form 990, Part V	١.,	.,	
(d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
(a Transfer of any part of its income or assets?	2e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
ı	Did the organization have a section 403(b) annuity plan for its employees?	3b	Х	
(Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		Х
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4 a	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	Х	
t	Did the organization make any taxable distributions under section 4966?	4b		X
c	; Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
c	Enter the total number of donor advised funds owned at the end of the tax year			2
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	21,0	68,8	89.
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.			0

Schedule A (Form 990 or 990-EZ) 2007 Network for Good

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . ▶

68-0480736

Schedule A (Form 990 or 990-EZ) 2007

Page 3

BAA

Part IV I certify that	Reason for Non-Private the organization is not a private			olicable box	.)	
5 A c	church, convention of churches,	or association of churches	. Section 170(b)(1)(A)(i).			
6 ∏As	school. Section 170(b)(1)(A)(ii).	(Also complete Part V.)				
	nospital or a cooperative hospita		tion 170(b)(1)(A)(iii).			
	ederal, state, or local governme	-				
		•		1		
	nedical research organization op d state ►	perated in conjunction with	a nospital. Section 170(b)(
10 An (Als	organization operated for the best complete the Support Sched	enefit of a college or univerule in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Sect	ion 170(b)(1)(A)(iv).
11a X An Sec	organization that normally receition 170(b)(1)(A)(vi). (Also com	ves a substantial part of its plete the Support Schedul	s support from a governmer e in Part IV-A.)	ntal unit or t	from the gener	al public.
11 b	ommunity trust. Section 170(b)(1)(A)(vi). (Also complete th	ne Support Schedule in Par	t IV-A.)		
fron	organization that normally receing activities related to its charitating gross investment income and anization after June 30, 1975. S	ole, etc, functions — subject unrelated business taxable	ct to certain exceptions, and e income (less section 511 t	d (2) no mo dax) from bu	re than 33-1/3%	of its support
13 An requ	organization that is not controlle uirements of section 509(a)(3). (ed by any disqualified perso Check the box that describe	ons (other than foundation i es the type of supporting or	managers) a	and otherwise ⊢	meets the
	Type I Type II		onally Integrated out the supported organiza		I-Other	
N	(a) lame(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the s organizat the su organi	(d) upported ion listed in pporting zation's erning ments?	(e) Amount of support
				Yes	No	
otal						
Otal					>	0.

68-0480736 Schedule A (Form 990 or 990-EZ) 2007 Network for Good Page 4 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include 105,144,884. 37,442,793. 35, 356, 563. 19,227,143. 13, 118, 385 unusual grants. See line 28.) 16 Membership fees received . . . Gross receipts from admissions. merchandise sold or services performed. or furnishing of facilities in any activity that is related to the organization's 1,168,897. 187,960. 311,592. 485,690. 2,154,139. charitable, etc, purpose Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975. 328,700. 80,994. 4,598. 3,360. 417,652. 19 Net income from unrelated business 0. activities not included in line 18. 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf...... 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. 0. Other income. Attach a schedule. Do not include gain or (loss) from sale of 0. capital assets...... 38,940,390. 35,625,517. 19,543,333. 13,607,435. 107,716,675. Total of lines 15 through 22 37,771,493. 35,437,557. 19,231,741. 13,121,745. 105,562,536. Line 23 minus line 17..... 389,404. 356,255. 195,433. 136,074. Enter 1% of line 23..... Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... 26 a 2,111,251. **b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26 b 4,362,982. c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 105562536. 26 c 18 417,652. 19 d Add: Amounts from column (e) for lines: 26 d 4,780,634. 100781902. e Public support (line 26c minus line 26d total). 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 95.47 % Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006)**b**For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) (2004) c Add: Amounts from column (e) for lines: 20 27 c 27 d d Add: Line 27a total.... f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) o

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27 h

#C!	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	- -		
32	Does the organization maintain the following:	_		
i	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ı	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
(c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	33a		
	• Admissions policies?	33b		
		335		
C	Employment of faculty or administrative staff?	33 c		
c	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
ç	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
h	Has the organization's right to such aid ever been revoked or suspended?	34b	İ	
.,	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

		(To be completed ONL) by an end	Jibie organization th	iat med i onn 5/1	30)			
Che	ck ► a	if the organization belongs to a	n affiliated group.	Check ► b	if you	checke	ed 'a' and 'limited contr	ol' provisions apply.
		Limits on Lobby					(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total Id	bbying expenditures to influence pu	ıblic opinion (grassr	roots lobbying)		36		
37	Total lo	bbying expenditures to influence a	legislative body (dire	ect lobbying)		37		
38	Total Id	bbying expenditures (add lines 36 a	and 37)			38	0.	0.
39	Other e	exempt purpose expenditures	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			39		58,202,038.
40	Total e	xempt purpose expenditures (add lii	nes 38 and 39)			40	0.	58,202,038.
4 1	Lobbyir	ng nontaxable amount. Enter the an	nount from the follow	wing table –				
	If the a	mount on line 40 is —	The lobbying nonta	axable amount is	-			
	Not ove	er \$500,000	20% of the amount	on line 40				
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of th	ne excess over \$500,0	00			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of th	ne excess over \$1,000	,000	41		1,000,000.
	Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,0	000			
	Over \$	17,000,000	\$1,000,000					
42	Grassro	oots nontaxable amount (enter 25%	of line 41)			42	0.	250,000.
43		t line 42 from line 36. Enter -0- if lin				43	0.	0.
44	Subtrac	t line 41 from line 38. Enter -0- if lin	ne 41 is more than I	ine 38	[44	0.	0.
	Caution	n: If there is an amount on either lin	e 43 or line 44, you	must file Form	1720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

			Lobbying Expen	obbying Expenditures During 4 -Year Averaging Period						
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total				
45	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000.				
47	Total lobbying expenditures					0.				
48	Grassroots non- taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000.				
50	Grassroots lobbying expenditures					0.				

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			
If Want to any of the above, also although a statement of the statement of the late time and the	_		

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Yes	X X X X X X X X
)	X X X X X X X
)	X X X X X X
0	X X X X X
)	X X X X
)	X X X X
() () ()	X X X X
)) ()	X X X
)	X
)	Х
	+
ie of	
angemen	ts
es X	No
	es X

2007

Federal Statements

Page 1

Network for Good

68-0480736

Statement 1 Form 990, Part I, Line 8 Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: Cost or Other Basis: 425.

461.

Total Gain (Loss) Publicly Traded Securities \$ -36. -36. Total Net Gain (Loss) From Noninventory Sales \$

Statement 2 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances

P/Y Audit Adjustment....

147,350. 147,350.

\$ 52,313,457.

Statement 3 Form 990, Part II, Line 22a **Grants and Allocations from Donor Advised Funds**

<u>Cash Grants and Allocations</u>

Class of Activity:

Donee's Name:

Charitable

See Attached Statement 15 N/A

Relationship of Donee:

Amount Given:

Total Grants and Allocations \$ 52,313,457.

Statement 4 Form 990, Part II, Line 43 Other Expenses

	(A)Total	(B) Program Services	(C) Management & General	(D) <u>Fundraising</u>
Advertising Data Licensing Hosting and Software	16,434. 165,775. 170,530.	12,599. 165,775. 170,530.	3,835.	
Insurance Interest Marketing	13,060. 56,878. 239,221.	8,612. 239,221.	4,448. 56,878.	
Miscellañeous One Time Losses & W/Os Professional Fees	9,800. 309,329. 383,259.	2,174. 297,700. 320,280.	7,045. 11,629. 62,979.	581.
Transaction Processing Costs Total	1,178,901. \$ 2,543,187.	1,178,901. 5 2,395,792.	\$ 146,814.	\$ 581.

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Statement 5
Form 990 , Part III
Organization's Primary Exempt Purpose

To increase charitable giving from individuals and decrease the cost of fundraising for non-profits by providing the public with an easy, safe, and efficient way to give to the charity of their choice and by enabling non-profits to engage supporters through low-cost online fundraising and communication tools.

Statement 6 Form 990, Part III, Line a Statement of Program Service Accomplishments

Description

Grants and Service Allocations Expenses

What we've accomplished:

- Have created a secure, convenient donation system that makes it possible to give to any charity, anywhere, anytime online
- Returned \$18 to the charitable sector for every \$1 invested in Network for Good
- Returned \$9 in donations for every \$1 a non-profit spent on our services in 2007
- Raised over \$53 million in online donations in 2007 to more than 20,000 different non-profit organizations
- Matched more than 755,000 volunteers with thousands of non-profits in 2007
- Taken fundraising viral and raised over \$2 million via fundraising widgets

For individuals, we've helped by:

- Enabling donors to research and give to any of 1.5 million charities, in one place online at www.networkforgood.org
- Allowing donors to choose from among thousands of volunteer opportunities at www.networkforgood.org or www.volunteer.gov
- Helping individuals to fundraise for their cause with charity badges at www.six degrees.org
- Enabling individuals to give the gift of charity with the Good Card, a gift card that the recipient can use to give to any charity

For non-profits, we've helped by:

- Processing donations for charities with DonateNow
- Enabling charities to email their supporters with EmailNow

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Statement 6 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description

Grants and Service
Allocations Expenses

- Tracking charities' supporters in a donor database created in partnership with Salesforce.com
- Providing charities with fundraising training, including "Nonprofit 911" calls and our Learning Center at www.fundraising123.org

For funders who want more resources to go to non-profits, we've helped by:

- Ensuring there are affordable fundraising services and scholarships for our services for small and medium-sized non-profits $\,$
- Training this "long tail" of non-profits to be better at outreach and fundraising
- Lowering the costs of fundraising for all non-profits

For organizations that want to do good, we've helped by:

- Enabling organizations to collect donations for any charity at their own website or among employees via web services
- Providing organizations with branded fundraising widgets
- Allowing organizations to give clients or customers the gift of charity with Good Cards, a gift card that the recipient can use to give to any charity
- Allowing organizations to give grants to non-profits in their field for our fundraising services Includes Foreign Grants: No

52,313,457. 57,437,084.

\$ 52313457. \$ 57437084.

Statement 7 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category	 Basis	 Accum. Deprec.	 Book Value
Machinery and Equipment Improvements Total	\$ 621,741. 214,403. 836,144.	\$ 470,638. 35,734. 506,372.	\$ 151,103. 178,669. 329,772.

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Grants for Distribution	em. Total	19,959,018. 1,412,909.
Statement 9 Form 990, Part IV, Line 64b Mortgages and Other Notes Payab	le	
Other Notes Payable Lender's Name: Relationship of Lender: Date of Note: Maturity Date: Repayment Terms: Interest Rate: Security Provided: Purpose of Loan: Desc. of Consideration: Original Amount: Balance Due: Lender's Name: Relationship of Lender: Date of Note: Maturity Date: Repayment Terms: Interest Rate: Security Provided: Purpose of Loan: Desc. of Consideration: Balance Due:	RSF Social Finance N/A Various Various Int Only Until Estate Settled 8.83% N/A Cover Cash Flows N/A 400,000. RSF Social Finance N/A Various 12/31/2011 Int Only Thru 12/09 8.00% N/A Cover Cash Flows N/A Cover Cash Flows N/A	\$ 600,000. \$ 300,000.
	Total	\$ 900,000.
	Total	226,358.

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Statement 11 Form 990, Part V-A List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
William Strathmann 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814		\$ * 205,850.		
Kevin Conroy 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Scott Case 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Chairman 0.50	0.	0.	0.
John Klaffky 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Treasurer 0.50	0.	0.	0.
Drummond Pike 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Rich D'Amato 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Secretary 0.50	0.	0.	0.
Danica Remy 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Jim Bankoff 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Meg Garlinghouse 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Murray Gaylord 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Alisa Gravitz 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Ben Binswanger 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.

^{*}Compensation as key employee, not as Board Member.

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Statement 11 (continued) Form 990, Part V-A List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Tien Tzuo 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	\$ 0.	\$ 0.	\$ 0.
Mike Yutrzenka 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Gary Dillabough 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
Denise Shephard 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Board Member 0.50	0.	0.	0.
	Total	\$ 205,850.	\$ 6,176.	\$ 0.

Statement 12 Form 990 , Part VI, Line 90a List of States which this Return is Filed

AL AK AZ AR CA CO CT DC DE FL GA IL KS KY LA ME MD MA MI MN MS MO NH NJ NM NY NC ND OH OK OR PA RI SC TN UT VA WA WV WI

Statement 13 Form 990, Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	Fees charged by Network for Good ("NFG") for the development, design and licensing of Volunteer Network, an online volunteer opportunity search engine
93b	<pre>Incidental book sales, affiliate/partner revenue and other non-standard revenue</pre>
93c	Set up fees for the implementation of Workplace Giving application
93d	Subscription revenue for services to non-profit organizations: Custom Donate Now, Email Now and Donor Management Suite

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Statement 14
Schedule A, Part I
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen- sation	Contribut. EBP & DC	Expense Account
Joseph Mouzon 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Ex Dir, NPO Svc 40.00	149,364.	4,481.	0.
Debbie Lam 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Dir., Bus. Sys. 40.00	113,877.	3,416.	0.
Derek Y. H. Low 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Dir., Bus Prod 40.00	115,397.	3,462.	0.
Katherine D. Andresen 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	VP Marketing 40.00	145,401.	4,362.	0.
Salaam H. Dahbour 7920 Norfolk Ave, Suite 520 Bethesda, MD 20814	Developer 40.00	99,775.	2,993.	0.
	Total 🛂	623,814.	\$ 18,714.	0.