50m 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2013

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning and ending D Employer Identification number Check if approachly C Name of organization Address change 45-1739761 NETWORK TIME FOUNDATION hame change Number and street (or P.O. pox. if mail is not delivered to street address) Telephone number Initial return 650-691-8463 Terminated. PO BOX 918 City or town, state or province, country, and ZIP or foreign postal code F. Group Exemption Amended return X Application pending Number > TALENT if the organization is not Cash X Accrual Other (specify) ▶ Check > Accounting Method: Website: > networktimefoundation.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( 4947(a)(1) or 527 (insert no.) Other X Corporation Association Form of organization: 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 80,508 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Х Check if the organization used Schedule O to respond to any question in this Part I 61,602 Contributions, gifts, grants, and similar amounts received 2,900 2 2 Program service revenue including government fees and contracts 16,000 See Statement 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Sc Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events-Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 8 Other revenue (describe in Schedule O) 80,508 9 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 Benefits paid to or for members 16,741 12 Salaries, other compensation, and employee benefits 12 52,703 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 319 Printing, publications, postage, and shipping 15 15 14,309 16 16 Other expenses (describe in Schedule O) 84,072 17 Total expenses. Add lines 10 through 16 17 -3,564 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 32,825 19 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 20 29,261 21 Net assets or fund belances at end of year. Combine lines 18 through 20

Form 990-EZ (2013)

For Paperwork Reduction Act Notice, see the separate instructions.

NETWORK TIME FOUNDATION

MEINOID III					
Part II Balance Sheets (see the instructions	s for Part II)				X
Check if the organization used Schedu	ie O to respond to any q	uestion in this Part II	nning of year		(B) End of year
		(A) begi	32,114	22	11,491
22 Cash, savings, and investments		PARTITION TO THE PARTIT	0	23	44/404
23 Land and buildings			711	24	23,353
24 Other assets (describe in Schedule 0)			32,825	25	34,844
25 Total assets 26 Total liabilities (describe in Schedule Ö)		ninonen :	0	26	5,583
27 Net assets or fund balances (line 27 of column (B) mu	et sorea with line 21\	11111(0)311(	32,825	27	29,261
Part III Statement of Program Service A	ccomplishments (see	the instructions for Pa			Expenses
Check if the organization used Schedul What is the organization's primary exempt purpose? See Schedule 0 Describe the organization's program service accomplishmental measured by expenses. In a clear and concise manner, dispersions benefited, and other relevant information for each presions.	le O to respond to any question to for each of its three larger escribe the services provide	uestion in this Part III	[X]	501(d organ 4947	uired for section c)(3) and 501(c)(4) nizations and section (a)(1) trusts; optional thers.)
28 See Schedule O		• HILLIAN HILLIAN HILL			
(Grants \$ ) If this amount in	cludes foreign grants, check	c here	•	28a	70,720
29					
(Grants \$ ) If this amount in	cludes foreign grants, check	k here	<b>&gt;</b>	29a	
31 Other program services (describe in Schedule O)	cludes foreign grants; checi		<b>▶</b> ∏	30a 31a	
		k nere		32	70,720
32 Total program service expenses (add lines 28a through Part IV List of Officers, Directors, Trustees, and	Key Employees (list each	one even if not compens	ated — see the i		
Check if the organization used Schedule O	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heath ber contributions to e benefit plans	mployee and	(e) Estimated amount of other compensation
HARLAN STENN	( PERMITTENESS OF THE PERMITTENESS OF T	(if not paid, enter -0-)	deferred compe	nsanun	
BOARD MEMBER	0.00	0		0	0
RAY EVERETT BOARD MEMBER		0		0	0
JOEL SHERRILL	0.00				
BOARD MEMBER	0.00	0		0	0
MIKE ROSE	0.00	13,352		0	0
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NETWORK TIME FOUNDATION

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	n the s Part V		
-	Instructions for Part V) Check if the diganization used Schedule O to respond to any december in the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			523
	detailed description of each activity in Schedule O	33	_	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	02.70		***
	change on Schedule O (see instructions)	34	-	X
35a		35a		х
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b		
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  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	MERCHANICA 350	$\neg$	_
c	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III	35c	_	x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	WITH THE		
30	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	#####################################	AT PHILIPPING TO		
b	\$1.00 pt 1 pt	37b		X
38a	그걸 마음을 하나보다 없다. 얼마 없는 것은 가장이 가장에 가장에 되었다면 하는데 하는데 하는데 가장 하는데 그렇게 되었다는데 하는데 그렇게 되었다면 하는데 그렇게 되었다면 그렇게 그렇게 그렇게 되었다면 그렇게 되었다면 그렇게			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations, Enter.			
а			men.	
b			-	
40a		ed 30		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	m (m)	199	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I	40b		x
2	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
9	organization managers or disqualified persons during the year under sections 4912.			144
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
9	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	40e		X
41	List the states with which a copy of this return is filed ▶ CA, OR	F41 40		0.40
42a		no.▶ 541-48	2-4	849
	1701 SISKIYOU BLVD	97520		
	Located at ► ASHLAND OR ZIP+4	3/320		Ni.
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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country.	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		100	
	and Financial Accounts.	-		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.7	42c		X
	If "Yes," enter the name of the foreign country: ▶	10 (0.00000)		0.19
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Line	▶ .
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	Line I	
			Yes	No
44a	De New North Nort			x
125	completed instead of Form 990-EZ	44a		-
b	에 대한 경우를 가득하는 경우를 가득하는 다른 사람들이 되었다. 그는 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은	44b		x
	completed instead of Form 990-EZ	44c		X
C		440		-
đ	explanation in Schedule O	44d		
45a		45a		x
45b		111111111111111111111111111111111111111		
400	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	0.0	-	
	Form 990-EZ (see instructions)	45b		x
_				-

Offfi	990-EZ-(2013)	NETWORK	TIME	FOUNDATI	ON		45-17	39761		,	age (
					T HAVE					Yes	No
6		zation engage, direct for public office? If "Y				n behalf o	of or in opposition	n.	4	3	x
Pa	nt VI Se All 50	ction 501(c)(3)	organizat organizat	ations only ons must answ	er questions 47-			plete the tables for line	s	T VALUE	
7	Did the organ	ization engage in lobb	bying activ	ties or have a sec	ction 501(h) election	in effect	during the tax			Yes	N
	year? If "Yes."	complete Schedule	C, Part II						4		X
82		ation a school as des					edule E		4	_	X
49a		ization make any tran				nization?			45		X
b		the related organization					-12/12/12/12/12/12		49	ь	_
50		table for the organization that the table for the organization of the table for the organization of table for table for table for table for table for table for the organization of table for table for table for table for table									
		Name and title of each		oo,ooo a campa	(b) Average frours per week devoted to position	(c)	Reportable npensation W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	O . March 40 Co. Co. Co. Co. Co. Co.	ated amo	
N	one	(Year) (Jeal) News									
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w		Head has seen and the		mmunaaa	п п						
ıw	umuuwan	www.mmennwax	medicani								
t		r of other employees					<b>&gt;</b>				
51	\$100,000 of	s table for the organiz compensation from th	ne organiza	tion. If there is no	ne, enter "None."	contracto	rs who each red	seived more than	10000000	1100000000	907
	(8)	Name and business ad	dress of ear	th independent cant	ractor		(b) Ty	pe of service	(c) Con	pensatio	et .
N	one.				XX						
	ansanan	MINIMI MINIMI SON	aran a			ii:(();ii()					
H			ientmynt	3117111THE	manamisans						
	www		millula m		it community	annin					

X Yes No nonexempt charitable trusts must attach a completed Schedule A

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 in	AN STENN		PRESIDENT	OF 1	THE	BOARD		
MARKET TO	Type or print in	ame and title							
Paid	PrestType preparers Justin Botil		Frequent's squature  Justin Botillier, EA		Date 05/1	5/14	Check X # self-employed	PTIN P0072240	5
Preparer	Firm's name	Rogue Tax F	rofessionals			Firm's D	SH4 P		
Use Only	Firm's address )	244 S Grape Medford, OF	st 8 97501-3124			Phone	541-2	282-34	01
May the IRS	S discuss this retu		m above? See instructions		Territoria.		min > 1	X Yes	No

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.

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-004T

Inspection

Department of the Tressury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

45-1739761 NETWORK TIME FOUNDATION

P	art I	Reaso	n for Public Charity S	Status (All organizations	must cor	nplete ti	nis par	t.) See	instru	ctions.				
The	organ	nization is not a	private foundation because i	it is: (For lines 1 through 11, ch	eck only on	e box.)								
1		A church, conv	ention of churches, or associ	ciation of churches described in	section 1	70(b)(1)(A	)(i).							
2		A school descri	ibed in section 170(b)(1)(A	)(ii), (Attach Schedule E.)										
3		A hospital or a	cooperative hospital service	organization described in sec	tion 170(b)	(1)(A)(iii).								
4	П	A medical rese	arch organization operated i	n conjunction with a hospital d	escribed in	section 1	70(b)(1)	(A)(III). I	Enter th	e hospita	i's na	me,		
	*****	city, and state:												
5	TTT.		operated for the benefit of	a college or university owned o	or operated	by a gover	nmental	unit des	scribed	in				
	-		)(1)(A)(iv). (Complete Part I											
8				vernmental unit described in se	ection 170(	b)(1)(A)(v)	).							
7	X			ubstantial part of its support fro				the ger	seral pul	olic				
00	-	The state of the s	ection 170(b)(1)(A)(vi). (Co					100						
8			회사 사용하다 그 아니라 아이는 사람들이 어떻게 하지 않는데 이 아이를 되고 하는데 없다.	O(b)(1)(A)(vi). (Complete Part	11.3									
G	Н			more than 33 1/3% of its supp		tributions.	membe	rship fe	es, and	gross				
-	1			t functions—subject to certain										
				funrelated business taxable in										
				1975. See section 509(a)(2).										
10				clusively to test for public safe			3)(4).							
11	н			clusively for the benefit of, to p				carry ou	t the					
	-			d organizations described in se						tion				
				e type of supporting organizati										
		a Type I	b Type II	c Type III-Function	nally integra	ted	d	Тур	e III-No	n-function	nally is	ntegrate	d	
ė		By checking th	is box. I certify that the orga	nization is not controlled direct	ly or indirect	ly by one	or more	disquali	fied pen	sons				
	-			than one or more publicly sup-										
		or section 509												
f		If the organizat	tion received a written deten	mination from the IRS that it is	a Type i, Ty	pe II, or T	ype III s	upportin	9					
		organization, o	heck this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contribu	ution from a	ny of the								
-		following pers	ons?									119		_
		(i) A person	who directly or indirectly cor	ntrols, either alone or together	with person	s describe	d in (ii) a	and				_	Yes.	No
		(iii) below	, the governing body of the	supported organization?								11g(i)		<u> </u>
		(iii) A family r	nember of a person describe	ed in (i) above?								11g(ii)		_
		(iii) A 35% oc	ontrolled entity of a person de	escribed in (i) or (ii) above?				V-1X-1-				11g(iii)		
h		Provide the fo	ollowing information about the	e supported organization(s)		_					1			
	(f) fsar	ne of supported	(iii) Este	(W) Type of organization	The state of the s	organization	11.75.75.55.5	you notify		is the	(VII)	Amount o		sry
	- (34	gwszakon		osescribed on lines 1-8 above or IIIC section		document?		of your		ion in col. zed in the		supp	89.1	
				(see instructions))	gyraning		Sup	port?	Ų.	8.7				
				A APPLICATION PARTICI	Yes	No	Yes	No	Yes	No	_			
(A)														
								_	_		_			_
(B)														
									-					
(C)														
(D)	1													
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To	tal			Date Class Control										
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Schedule A (Form 990 or 990-EZ) 2013

Schedula A (Form 990 or 990-EZ) 2013 NETWORK TIME FOUNDATION

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.)

1 Gifts, membrinclud 2 Tax re organ to or 3 The virtumist organ 4 Total 5 The pleach gover supportine 1 shown 6 Public Section I Calendar ye. 7 Amous gaym rents, source 9 Net in activities reg	ar (or fiscal year beginning in)	753 2000					
2 Tax re organ to or 3 The virtumist organ 4 Total 5 The pleach gover supposine 1 shows 6 Public Section I Calendar ye. 7 Amou 8 Gross payments, source 9 Net in activities reg	ar (or riscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
organ to or 3 The v fumisi organ 4 Total 5 The p each gover support line 1 shown 6 Public Section I Calendar ye 7 Amou 8 Gross paym rents, sourc 9 Net in activit is reg	grants, contributions, and pership fees received. (Do not te any "unusual grants.")			10,563	78,508	61,602	150,673
fumisiorgan 4 Total. 5 The peach gover supposine 1 shows 6 Public Section I Calendar ye. 7 Amou 8 Gross payments, sourc 9 Net in activities reg	evenues levied for the nization's benefit and either paid expended on its behalf						
5 The p each gover supporting 1 shows 6 Public Section I Calendar year 7 Amou 8 Gross payments, source 9 Net in activities reg	value of services or facilities thed by a governmental unit to the nization without charge						
each gover support ine 1 shows 6 Public Section I Calendar ye. 7 Amou 8 Gross paym rents, source 9 Net in activities reg	. Add lines 1 through 3			10,563	78,508	61,602	150,673
Section I Calendar ye. 7 Amou 8 Gross paym rents, sourc 9 Net in activit is reg	portion of total contributions by person (other than a mmental unit or publicly orted organization) included on that exceeds 2% of the amount on line 11, column (f)						
7 Amou 8 Gross paym rents, source 9 Net in activit is reg	c support. Subtract line 5 from line 4.			14			150,673
7 Amou 8 Gross paym rents, source 9 Net in activit is reg 10 Other	B. Total Support						
8 Gross paym rents, source 9 Net in activit is reg	ar (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
paym rents, source 9 Net in activit is reg 10 Other	unts from line 4			10,563	78,508	61,602	150,673
activit is reg 10 Other	a income from interest, dividends, nents received on securities loans, , royalties and income from similar ces						
	ncome from unrelated business ties, whether or not the business gularly carried on						
	r income. Do not include gain or from the sale of capital assets fain in Part IV.)						
11 Total	support. Add lines 7 through 10						150,673
	s receipts from related activities, etc.					12	18,906
13 First	five years. If the Form 990 is for the	organization's first	second, third, four	h, or fifth tax year as	a section 501(c)(3	3)	1100
	nization, check this box and stop her						▶ X
and the section of the law of the	C. Computation of Public S	- Andrewson - Company of the Company		09VI		Town I	7907
	ic support percentage for 2013 (line 6			(0)		14	%
	ic support percentage from 2012 Sche				the least things	15	%
	3% support test—2013. If the organ				73% or more, chec	K this	
	and stop here. The organization qual					STREET,	
	/3% support test—2012. If the organish this box and stop here. The organish			material in the definition of			•
17a 10%	-facts-and-circumstances test—20 or more, and if the organization meet	13. If the organizat	ion did not check a	box on line 13, 16a,	or 16b, and line 14		Turining.
Part	IV how the organization meets the "fa nization						
b 10% 15 is Expli	-facts-and-circumstances test—20 10% or more, and if the organization ain in Part IV how the organization me	meets the "facts-a	nd-circumstances"	est, check this box a	and stop here.		<b>&gt;</b> [
18 Priva	orded organization ate foundation. If the organization di actions	d not check a bex of	in line 13, 16a, 16b		this box and see	Inmaniman.	mmm K L

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.)

Sect	tion A. Public Support							
Calen	dar year (or fiscal year beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513						4	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						_	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b						-	
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support						_	7707.50
Caler	ndar year (or fiscal year beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	-	(f) Total
9	Amounts from line 6						-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b						-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First five years, If the Form 990 is for the	organization's first	, second, third, four	th, or fifth tax year	as a section 501(c	)(3)	_	-
- 1	organization, check this box and stop here		100500000000000000000000000000000000000		************	*****		<b>&gt;</b>
Sec	tion C. Computation of Public Su		CONTRACTOR AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY.				-	
15	Public support percentage for 2013 (line 8,			(f))			15	%
16	Public support percentage from 2012 Sche						16	%
Sec	tion D. Computation of Investme			000 Tab 01 Tab 0			22.1	11/200
17	Investment income percentage for 2013 (lin			column (f))		almosmer.	17	- %
18	Investment income percentage from 2012			5201177782170276217	TTTTCTTT120772CT		18	%
19a	33 1/3% support tests—2013. If the organ							20.0
	17 is not more than 33 1/3%, check this bo							
b	33 1/3% support tests—2012, If the organine 18 is not more than 33 1/3%, check this							<b>&gt;</b> [
20	Private foundation, If the organization did							<b>&gt;</b>

Schedule A (Fo	rm 990 or 990-EZ) 2013	NETWORK TI	ME FOUNDA	TION		45-1/39/6	
Part IV	Supplemental Info Part III, line 12. Als	ormation. Provide to complete this part	the explanation rt for any additi	ns required by ional informa	y Part II, line 1 tion. (See inst	0; Part II, line 17a ructions).	or 17b; and
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Tressury internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 890-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

NETWORK	TIME	FOUNDATION	

45-1739761

Employer identification number

Organization type (check	one);		
Filers of:	Section:		
Form 990 or 990-EZ	X 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 Note. Only a section 501( instructions. General Rule	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See		
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or yone contributor. Complete Parts I and II.		
Special Rules			
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations 99(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1, and II.		
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, otal contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, rposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
during the year, o not lotal to more year for an exclus	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did than \$1,000. If this box is checked, enter here the total contributions that were received during the sively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ganization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or		
more during the		<b>▶</b> \$	
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ of to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	r on its	

Name of organization
NETWORK TIME FOUNDATION

Employer identification number 45-1739761

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>1</b>	GOOGLE OPEN SOURCE PROGRAMS OFFICE 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW CA 94043	s 10,000	Person X Payroll Noncash (Complete Part II for moncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VMWARE, INC 3401 HILLVIEW AVE PALO ALTO CA 94304	s 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ATTO IN		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
IVIIVI'		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
[40440		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ) 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. 2013

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Barvice

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NETWORK TIME FOUNDA	TION				45-1	7397	61
Form 990-EZ, Part I, Line 16 -	Other	Exp	enses				
Description			Amount				
Expenses		23771177			ameninemi		
MARKETING		\$	5,23	5	······································		
BANK FEES		\$	21	.3			
OFFICE SUPPLIES		\$	40	7	4179700000000000000000000000000000000000		
SECRETARY OF STATE		\$		0			
UNIFORM		\$	11	.2			
TELEPHONE & INTERNET		\$	46	51			
CONFERENCE & CONVENTIONS		\$	1,15	59	meericalisas		
MEALS		\$	78	38			
TRAVEL		\$	4,92	26			
MILEAGE REIMBURSEMENT		\$	33	33			
Non-investment Depreciation	1	\$	62	25			
	Total	\$	14,30	9			
Form 990-EZ, Part II, Line 24	- Oth	er A	ssets				
Description				Beg.	of Year	End	d of Year
Prepaid Expenses and Deferred	Charge	es		\$	0	\$	15,000
				\$	808	\$	9,075
Less Accumulated Depreciati	ion			\$	97	\$	722
			Total	\$	711	\$	23,353
Form 990-EZ, Part II, Line 26	- Oth	er L	iabiliti	es	enevalania		
Description					of Year	End	d of Year

Rame of the organization  NETWORK TIME FOUNDATION		Employer identification number 45-1739761	
CREDIT CARD	\$	0 \$	83
PFCS LOAN PAYABLE	\$	0 \$	5,500

FORM 990-EZ, Part III - Primary Exempt Purpose

NTF EXISTS TO SUPPORT THE ONGOING DEVELOPMENT AND EVOLUTION OF

TIMEKEEPING PROTOCOLS THAT MAINTAIN NETWORK TIME AND OTHER RELATED

TIMEKEEPING PROJECTS. ITS LEAD PROJECT IS THE NETWORK TIME PROTOCOL (NTP)

PROJECT, WHICH HAS BEEN A CORE COMPONENT OF THE INTERNET INFRASTRUCTURE FOR

THE PAST 25 YEARS. NTF ALSO SUPPORTS THE ONGOING MAINTENANCE, DEVELOPMENT,

AND IMPROVEMENT OF THE PTPD PROJECT, LINUXPTP PROJECT, THE GPSD PROJECT,

THE RADCLOCK PROJECT, AND THE NEW GENERAL TIMESTAMP LIBRARY AND API

(APPLICATION PROGRAMMING INTERFACES).

Form 990-EZ, Part III, Line 28 - First Accomplishment

PRESENTED AN INVITED PAPER AT THE 2012 FUTURE OF UTC CONFERENCE. REFINED

AND EXPANDED NTF'S CONSORTIUM STRUCTURE. EXPANDED OUR EDUCATION AND

OUTREACH PROGRAM. FURTHERED MAINTENANCE AND DEVELOPMENT OF NTF'S NTP AND

PTPD PROJECTS. THE RADCLOCK, GPSD, AND LINUXPTP PROJECTS JOINED NTF.

## Form 4562

Department of the Treasury Internal Revenue Service Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

2013

ment 17

Name(a) shown on return

See separate instructions.

Identifying number

45-1739761 NETWORK TIME FOUNDATION Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -8-. If married filling separately, see in 5 (e) Elected cost (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 7 В Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 625 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, theck here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Hasis for depreciation (b) Month and year (iii) Recyvery (f) Method (g) Depreciation deduction (e) Convention (a) Classification of property usiness/investment use period Service only-see (valructions) 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property 20-year property SAL 25 yrs. 25-year property SAL 27.5 yrs. MM Residential restal property MM SAL 27.5 yrs. MM Nonresidential real 39 yrs. SÆ MM property Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life SA 12 yrs. 5/1 b 12-year SA MM 40 yrs c 40-year Summary (See instructions.) Part IV Listed property. Enter amount from line 28 21 Total, Add amounts from line:12; lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 625 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

1062JB NETWORK TIME FOUNDATION
45 1739761 Federal Statements

FYE: 12/31/2013

5/15/2014 4:20 PM

Prepaid expense - EOY

Amount Description 15,000 PREPAID LEGAL 15,000 Total