#### COMMITTEE ON NATURAL RESOURCES

# 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on "Energy Independence: Domestic Opportunities to Reverse California's Growing
Dependence on Foreign Oil."
April 4, 2014

#### For all Witnesses

Name/Organization: Alice Green / Stop Oil Seeps (SOS) California, Inc.

Title/Date of Hearing: Oversight hearing on "Energy Independence: Domestic Opportunities to Reverse California's Growing Dependence on Foreign Oil." April 4, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

#### MS Management, Texas A&M University, College Station, TX (1978)

Relevant Coursework includes:

- Marine Resources Management
- Business Transition, Fluctuation, and Measurement
- Marine and Coastal Zone Law
- Environmental Law
- Financial Management
- Ecology of the Continental Shelf
- Ocean Research and Operational Techniques
- Business Policy

#### BA Biology, University of Pennsylvania, Philadelphia, PA (1976)

- Environmental Biology
- Marine Ecology
- Oceanography
- Marine Life
- Biological Limnology

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. NONE

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

#### **Summary**

Ms. Green has prepared or participated in the preparation of numerous permitting, emergency response planning, and environmental impact assessment documents for major oil and gas companies involved in domestic and international onshore and offshore energy projects. She also has studied and analyzed impacts to the physical, cultural, social, and economic environments.

#### SOS California, Santa Barbara, CA (2008-Present)

Board Member, and Grant Writer for a non-profit whose educational mission is reduce the environmental impact of oil seep pollution offshore Santa Barbara, CA through oil extraction.

- --Write internal reports and a blog (<u>www.californiaoil.blogspot.com</u>) relating to energy generation, policy issues, and resource management.
- --Write copy for website. Topics include presence of oil seeps worldwide and locally and safety features of current oil exploration and production practices.

#### Greeneridge Sciences, Santa Barbara, CA (2008-2009)

As **Analyst Coordinator**, supervised a staff analyzing acoustic monitoring data for the presence of bowhead whales. Calls were recorded during passive acoustic monitoring in the Beaufort Sea, AK, to determine whether the migration path of bowhead whales had changed due to oil and gas exploration operations.

#### Tetra Tech, Inc., Santa Barbara, CA (1994-2002)

As **Scientist Level III**, prepared numerous documents under the California Environmental Quality Act (CEQA) and the National Environmental Policy Act (NEPA).

- --Project Manager, Environmental Impact Statement (EIS), Revised Management Plan for the Channel Islands National Marine Sanctuary (CINMS), CA. The Study Area for the EIS includes the current sanctuary boundaries as well as nearby coastal areas from Point Sal to Point Mugu.
- --Task Manager, 30th Space Wing Environmental Services, Programmatic Marine Mammal Incidental Take Permit Application, Vandenberg AFB, CA. Assessed potential impacts to marine mammals from rocket launches and associated range activities, in compliance with the Marine Mammal Protection Act.

## The McCloskey Group, Inc., Santa Barbara, CA (1990 – 1993) and Hooks, McCloskey & Associates, Inc., Radnor, PA (1985 –1990)

As **Senior Analyst**, prepared permitting, emergency response planning, and environmental impact assessment documents for major oil and gas companies involved in domestic and international onshore and offshore energy projects.

- --Prepared numerous Environmental Reports and Oil Spill Contingency Plans for submittal to the former Minerals Management Service (MMS) (now Bureau of Ocean Energy Management or BOEM) for projects in California and Alaska.
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract. NONE
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. NONE
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. NONE
- g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. NONE

#### **Witnesses Representing Organizations**

Name/Organization: Alice Green / Stop Oil Seeps (SOS) California, Inc.

Title/Date of Heaving: Oversight heaving on "Engry Independence: Demostic Opposition of the Computation of the C

**Title/Date of Hearing:** Oversight hearing on "Energy Independence: Domestic Opportunities to Reverse California's Growing Dependence on Foreign Oil." April 4, 2014

- h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. NONE
- i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). NONE
- j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s). NONE
- k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed. NONE
- l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)). THESE FORMS WERE PREVIOUSLY SUBMITTED VIA FAX

### 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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	2010 cale		year, or tax ye		nning		,	2010, ar	nd endi	ng				, 20		
В	Check if a	applicable:	C Nan	ne of organizatio	n								D En	nploy	er identific	ation number	r
	Address	change	Doir	ng Business As									Ĭ				
	Name cha	ange	Num	nber and street (or	r P.O. box	if mail is not	delivered to	street address)		Room/s	uite		<b>E</b> Te	lepho	ne number		
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	1.1.										1	H(b) Are				Yes N	No
ı	Tax-exen	npt status:		501(c)(3)		501(c) (	) ◀ (inser	t no.) 4947(	(a)(1) or	527		` '			list. (see ins		
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Ve	2	Check th	is box	x ▶ ☐ if the o	rganization	n discontinu	ed its operat	ions or disposed	d of more	than 259	% of its	net asset	 ts.				
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Net Assets or Fund Balances	20	Total ass	ets (F	Part X, line 16	s)												
Ass	21		•	(Part X, line	•												
캺	22			fund balance	•	act line 2	1 from lin	e 20									
Pa	art II	Signat															
Un	der penalt	ties of perju	ry, I de	clare that I have	examined	this return	, including a	ccompanying so	chedules	and state	ement	s, and to	the best	t of m	ny knowledo	ge and belief,	it is
tru	e, correct,	, and compl	ete. De	eclaration of prep	arer (othe	r than office	er) is based o	on all information	n of whicl	h prepare	er has	any know	ledge.				
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_		Firm's a	ddress	<b>•</b>								Ph	one no.				
Ma	y the IR	S discuss	s this	return with th	ne prepa	arer show	n above?	(see instruc	ctions)							Yes I	No

Form 990 (2010) Page **2** 

Part		Program Service A	Accomplishments esponse to any question in this Pa	net III	
1	Briefly describe the	organization's missio			
2			icant program services during the		☐ Yes ☐ No
3		n cease conducting	Schedule O. , or make significant changes in	how it conducts, any program	☐ Yes ☐ No
	If "Yes," describe the	ese changes on Sche	edule O.		
4	501(c)(3) and 501(c)(	4) organizations and	nts for each of the organization's the section 4947(a)(1) trusts are required if any, for each program service rep	ed to report the amount of grants a	
4a	(Code:) (l		including grants of \$		
4b	(Code:) (	Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (	Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program service	ces. (Describe in Sch	edule O.)		
	(Expenses \$	including gr		ue \$ )	
4e	Total program serv	ce expenses 🕨			

Part l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part $X$ .	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			
40		12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	4.46		
45		14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H </i>	20a		
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

38

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
32	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	SD		
<del>-</del> a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶	Tu		
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11		
U	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	45		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b				
_	the organization is licensed to issue qualified health plans			
C 1/2	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		
D	in 100, has it lied a form 120 to report these payments: If two, provide an explanation in schedule O .	ITU		

Form 990 (2010) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . **b** Enter the number of voting members included in line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . . . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 14 Does the organization have a written document retention and destruction policy? . . . . . . . . . . 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . . . . . Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a **b** If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply. Another's website ☐ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19

State the name, physical address, and telephone number of the person who possesses the books and records of the

and financial statements available to the public.

20

organization: ▶

Form 990 (2010) Page **7** 

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . . . .

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

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

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

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

☐ Check this box if neither the organization nor	r any relate	d orga	aniz	atio	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations	Individual tr or director	n Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
(4)	in Schedule O)	8	stee			nsated				organizations
(1)	-									
(2)	-									
(3)	-									
(4)	-									
(5)	-									
(6)										
(7)										
(8)	-									
(9)										
(10)										
(11)	-									
(12)	-									
(13)	-									
(14)	-									
(15)	-									
(16)										

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	oyee	es, a	and	Highe	est	Compensated	Employees (co	ontinued)
	(A)	(B)			•	C)			(D)	(E)	(F)
	Name and title	Average hours per		ion (d	_	k all	that ap		Reportable compensation	Reportable compensation from	Estimated amount of
		week	Indi or d	Insti	Officer	Key	High	Former	from	related	other
		(describe hours for	Individual trustee or director	Institutional trustee	er	Key employee	nest o loye	ner	the organization	organizations (W-2/1099-MIS0	compensation C) from the
		related	al tru	nal		oloye	com		(W-2/1099-MISC)	(11 2) 1000 111101	organization
		organizations in Schedule	ıstee	trust		<del>B</del>	pens				and related organizations
		O)		ee			Highest compensated employee				
(17)											
32		•									
(18)											
(19)											
(20)											
(20)											
(21)											
(22)											
(0.0)											
(23)											
(24)											
<u>\'/</u>											
(25)											
(26)											
<del></del>											
(27)											
(28)											
(20)											
1b	Sub-total		٠	٠.		٠.		<b></b>			
С	Total from continuation sheets to Part							▶			
d	Total (add lines 1b and 1c)							<u> </u>			
2	Total number of individuals (including but		d to th	ose	list	ed	above	e) w	ho received m	ore than \$100	,000 in
	reportable compensation from the organi	zation >									Yes No
3	Did the organization list any former of	ficer direc	etor o	r tr	uste	96	kev e	mr	olovee or high	est compens	
•	employee on line 1a? If "Yes," complete									•	
4	For any individual listed on line 1a, is the	sum of re	portal	ble (	con	nper	nsatio	n a	nd other comp	ensation from	the
	organization and related organizations	greater th	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch	edule J for s	such
	individual			•			•	•			. 4
5	Did any person listed on line 1a receive of for services rendered to the organization								,		
Section	on B. Independent Contractors	: 11 163, 0	ompi	CiC	OCI	icat	ile o i	OI S	such person		.   5
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	act	ors that receive	ed more than S	\$100,000 of
-	compensation from the organization.			•							,
	(A)								(B)		(C)
	Name and business add	ress							Description of s	ervices	Compensation
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	limit	ed to	th	nose listed abo	ove) who	
	received more than \$100,000 in compens										

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
s, g	С	Fundraising events 1c					
ar a	d	Related organizations 1d					
S, S	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants,					
bd the		and similar amounts not included above 1f					
dai	g	Noncash contributions included in lines 1a-1f: \$					
a S	h	Total. Add lines 1a-1f	🕨				
en			<b>Business Code</b>				
Program Service Revenue	2a						
Be	b						
<u>i</u> ë	С						
Ser	d						
Ē	е						
gre	f	All other program service revenue .					
P.	g	Total. Add lines 2a–2f	🕨				
	3	Investment income (including divide					
		and other similar amounts)					
	4	Income from investment of tax-exempt bo	ond proceeds ►				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	<u> </u>	🕨				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
e	8a	Gross income from fundraising					
len/		events (not including \$					
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a					
ğ	b	Less: direct expenses b					
0		Net income or (loss) from fundraising	events . ►				
		Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming active	vities ▶				
		Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	<b>Total revenue.</b> See instructions	🕨				

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .				
	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f				
26	<b>Joint costs.</b> Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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#### **Balance Sheet** Part X (A) (B) End of year Beginning of year Cash—non-interest-bearing . . . . . . . . . . . . . . . . . . 1 1 2 Savings and temporary cash investments . . . . . . . . . . . . . . . 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disgualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . 6 7 7 8 8 9 Prepaid expenses and deferred charges . . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 10c 11 11 Investments—publicly traded securities . . . . . . Investments—other securities. See Part IV, line 11 . . . . . . 12 12 13 Investments—program-related. See Part IV, line 11 . . . . . . . . 13 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 17 Accounts payable and accrued expenses . . . . . . . . . . . . 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities. Complete Part X of Schedule D . . . . . . . . . . 25 25 26 Total liabilities. Add lines 17 through 25 . . . . . . . 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 27 27 28 28 Permanently restricted net assets . . . . . . . . 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 34 Total liabilities and net assets/fund balances . . . . . . 34

Form 990 (2010) Page **12** 

Part						
	Check if Schedule O contains a response to any question in this Part XI	· · ·	-	<u>· · · </u>	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6				
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	n			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [	2a		
b	Were the organization's financial statements audited by an independent accountant?			2b		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	L	2c		
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	plain ir	n			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar were	e			
	issued on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a		forth in	n			
	the Single Audit Act and OMB Circular A-133?		·	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		Э			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits		3b	202	
				Form	990	(2010

OMB No. 1545-0047 Return of Organization Exempt From Income Tax 2011 Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Open to Public benefit trust or private foundation) Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service 20 11 , 2011, and ending D Employer identification number January 1 For the 2011 calendar year, or tax year beginning Check if applicable: C Name of organization STOP OIL SEEPS CALIFORNIA, INC. 26-0230814 E Telephone number Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite Address change 805-969-9259 #455 Name change 187 Coast Village Road Initial return City or town, state or country, and ZIP + 4 G Gross receipts \$ H(a) is this a group return for affiliates? Yes No ☐ Terminated Santa Barbara, CA 93108-2737 Amended return H(b) Are all affiliates included? Yes No F Name and address of principal officer. If "No," attach a list. (see instructions) Application pending ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number ▶ □ 501(c) ( ✓ 501(c)(3) Tax-exempt status: 2007 M State of legal domicile: www.soscalifornia.org L Year of formation: Website: ▶ ☐ Association ☐ Other ▶ Form of organization: Corporation Trust Briefly describe the organization's mission or most significant activities: To educate the public about the environmental impact of offshore natural oil and gas seeps in California's coastal waters and the potential benefits to the state and environment Part I from reducing this seepage pollution by producing the underlying oil and gas reserves. Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 -0-5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 40 6 Total number of volunteers (estimate if necessary) -0-7a Total unrelated business revenue from Part VIII, column (C), line 12 -0-7b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 69,453 72,595 Contributions and grants (Part VIII, line 1h) . 8 Program service revenue (Part VIII, line 2g) 24 137 Revenue Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 10 69,477 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 72,732 11 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 12 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 13 24,000 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,000 14 Professional functaising fees (Part IX, column (A), line 11e) 15 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 55,792 48.862 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 79,792 72.862 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17 (10,315)(130)18 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 19 10,929 21,244 Total assets (Part X, line 16) 20 10,929 Total liabilities (Part X, line 26) . 21,244 21 Net assets or fund balances. Subtract line 21 from line 20 22 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Part II true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign Here

reparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Type or print name and title

Print/Type preparer's name

Firm's name

Firm's address ▶

Paid

Preparer

Use Only

Cat No. 11282Y

Date

Yes No Form 990 (2011)

PTN

Check [] if

Firm's EIN ▶

-	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	Id. Other program services (Describe in Schedule O.)	
	•••••	
40	(Code:) (Expenses 5	
_	(Code: ) (Expenses S including grants of \$ ) (Revenue \$	)
		·
	) TOURNEY OF COLUMN AND THE PROPERTY OF THE PR	
4ъ	(Code: ) (Expenses \$ 17,803 including grants of a Production of a documentary film: The Road 2 Energy Independence	·•··
	(Code: ) (Expenses \$ 17,805 including grants of \$ ) (Revenue \$	)
		·
	(3) Provide educational boat tours of the natural on and gas 350ps	
	San Francisco, San Diego, Washington DC.  (3) Provide educational boat tours of the natural oil and gas seeps in the Santa Barbara Channel (3)	
	(1) Research/development of educational material (2) Ongoing public presentations throughout the Tri-Counties and across the state/country, including Los Angeles,	Sacramento,
4a	(Code: ) (Expenses 5 01,507 including grants of the control of educational material (1) Research (development of educational material	Cancamento
	(Revenue \$	)
	grants and allocations to others, the total expenses, and revenue, if any, is starting to the same and allocations to others, the total expenses, and revenue, if any, is starting to the same and allocations to others, the total expenses, and revenue, if any, is starting to the same and allocations to others, the total expenses, and revenue, if any, is starting to the same and allocations to others, the total expenses, and revenue, if any, is starting to the same and allocations to others, the total expenses, and revenue, if any, is starting to the same and allocations to others, the total expenses, and revenue, it is starting to the same and the s	
4	Describe the organization's program service accomplishments for each of its tiffee rargest program service expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report expenses. Section 501(c)(3) and 501(c)(4) organizations and revenue if any for each program service reported.	the amount of
_	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services,  Describe the organization's program service accomplishments for each of its three largest program services,  Describe the organization's program service accomplishments for each of its three largest program services,	as measured b
25	services?	
3	Did the organization cease conducting, or make significant	☐Yes ☑No
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program of the prior Form 990 or 990-EZ?	☑Yes ☐No
	the state on significant program services during the year which were not listed on the	
	seepage pollution by producing the underlying oil and gas reserves.	
	air available through education and awareness and of the potential economic areas.	is reducing this
	Briefly describe the organization's mission:  Our mission is to inform the public about the environmental impact of natural gas and oil seep pollution upon our occurrence of the public about the environment from	an, beaches.
	Check if Schedule O contains a response to any question in this rate in the second of	•
	(201*)	
n 990		Page 2

Page 3

Form 990 (2011) **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 ~ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 114 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Paris XI, XII, and XIII is optional . . . . . 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 146 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2011)

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alti	Official of frequired contours (something)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u></u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		v
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		v
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes." complete Schedule L, Part I	25b		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		J
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a 28b		V
С	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
30	conservation contributions? If "Yes," complete Schedule M	30		~
32	Part I	31		0
33	complete Schedule N, Part II	32		~
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	~
	IV. and V, line 1	34 35a		V
35a b	Did the organization have a controlled entity within the meaning of section 2 (e)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		V
37	Did the organization? If "Yes," complete Scriedule H, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
90	Part VI	37	-	1
38	19? Note. All Form 990 filers are required to complete Schedule O	38 For	m 99	0 (201

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Part				
	Check if Schedule O contains a response to any question in this Part V	• •	<del></del>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- 1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
·	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
h	If "Yes," enter the name of the foreign country: ▶			
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Vu	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		(
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			}
~	and services provided to the payor?	7a		1
ь.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
p	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Į		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:		}	ĺ
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	;		-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	}	1	1
С	Enter the amount of reserves on hand	1		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
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Form 990	(2011)			age 6
Part V	Government And Disclosure For each "Yes" response to lines 2 through 7b below, a	nd fo	r a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C. Set	5 Misu	UCIA	ons.
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	• •	
Section	n A. Governing Body and Management	$\neg$	Yes	No
	7	$\dashv$		
1a	Enter the number of voting members of the governing body at the end of the tax year	- 1	-	
	If there are material differences in voting rights among members of the governing body, or	l		
	if the governing body delegated broad authority to an executive committee or similar	1		
121	committee, explain in Schedule 0.	- 1		
	Enter the number of voting members included in line 1a, above, who are independent .    1b 7  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		1
6	Did the organization have members or stockholders?	-		\ <u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members,	, 5		<u> </u>
р	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	/	
b	Each committee with authority to act on behalf of the governing body?	8b	-	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		ode	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	10 0	Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a		1
10a	If "Yes" did the organization have written policies and procedures governing the activities of such chapters,			
J	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes:	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120		1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	$\vdash$	+
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	1
40	Did the organization have a written whistleblower policy?	13		1
13 14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1,
а	The organization's CEO, Executive Director, or top management official	15a	-	1
b	Other officers or key employees of the organization	150	-	-
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
16a	with a taxable entity during the year?	16a		1
b	If "Yes" did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	·	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California	D 50	1(c)(2	le onle
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	11 50	· (C)(3	ja ulii)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of int	erest	polic
19	and financial statements available to the public during the tax year.			of 10
20	State the name, physical address, and telephone number of the person who possesses the books and records	of th	ne	
20	organization: ► Jim Nelson, 1187 Coast Villago Rd - #455, Santa Barbara, CA 93108 / Ph# 805-969-9259			20.:
		Fr	mn 5	90 /201

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Form 999 (2011)	Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response to any question in this Part VII
Section A.	Officers Directors Trustees, Key Employees, and Highest Compensated Employees
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the n's tax year.

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

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

Check this box if neither the organization no	or any related	d orga	aniza	atio	n cc	mpe	nsa	ted any curren	t officer, director	or trustee.
(A)	(B)	14-		Posi	tion	the-		(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	office	er and	ad	rect	or/trust	ee)	compensation	compensation from related	amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bruce Allen										
Co-Founder	20-25	1		_			_	12,000	-	
(2) Lad Handelman							!		(	
Co-F <b>o</b> under	15-20	1	_	_	_		-			
(3) Jim Nelson										
Treasurer	5-10	1	_				_			
(4) Peggy Ewing										
Secretary	2	1	<del> </del>	_	_	-	-			
(5) Alice Green		١,	1				1	6.500		
Member - Board of Directors	10-15	1	$\vdash$	-	⊢		<del> </del> —	6,500		
(6) Byron Ishkanian		1,							1	
Member - Board of Directors	2	1	$\vdash$	$\vdash$	$\vdash$	-	╁	+		
(7) Patti Putnam Member - Board of Directors	2	1			1					
(8) * Judy Rossiter - Independent contractor	<del></del>	·	+	$\vdash$	$\vdash$	-	+			
66 Seaview Drive, Santa Barbara, CA 93108	25-30	1	1	1			1	24,000		
(9)					1					
(10)					Ī					
(11)		T			T		T			
(12)				$\dagger$			+	1		
(13)		T	+	1		$\top$	+-			
(14)		T	+	+	$\dagger$		$\dagger$			

Part V		es, Key E	nploy	ees	, an	d H	ighes	t Co	ompensated E	mployees (contin	lueo)			_
	(A) Name and title	(B) Average hours per week	box.	ot ch	Posi eck i s pei	ition more	than o	an æ)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustec	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	C	from to from to organiza and rela organiza	he ation ated	
15)														
16)														
17)		-					j							
18)			T	T		T								
19)		-			T									
20)		-												
(21)			+	+	T	1								
			+	$\dagger$	$\dagger$	1		T						
(23)			T	$\dagger$	T		$\top$							
(24)		-		T	1	1								
(25)														
c	Sub-total .  Total from continuation sheets to Par Total (add lines 1b and 1c)	t VII, Sect	ion A					<b>A A A</b>	42,50					_
2	Total number of individuals (including b reportable compensation from the organ	ut not limit	ed to	thos	se li	iste	abo	ve)	who received	more than \$100,	,000 of	i ——	<del>,,</del> ,,	NI
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire	ector,	or	trus	stee	, key	en	nployee, or hi	ghest compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is to organization and related organization	an num of	ranor	det	0 00	mn	ensat	ion es,	and other con " complete S	npensation from chedule J for :	the such	4		,
5	individual	or accuse		Dens	 satio	on f	rom a	nv i	unrelated orga	nization or indiv		5		1
Secti	on B. Independent Contractors			:			nt cor	++0	otore that rece	aived more than	\$100.0	000 0	-	
1	Complete this table for your five higher compensation from the organization. F year.	eport com	pensa	ation	n fo	r the	e cale	nda	ar year ending	with or within th	e orga			ax —
	(A) Name and business	acdress							Description		С	(C) compen		
-1	IONE -					_								
					_									
2	Total number of independent contra	ctors (incl	uding	bu	t no	ot li	mited	to	those listed	above) who				
_	received more than \$100,000 of comp	ensation fr	om th	e or	gar	nizat	ion 🏲		- NON	E -		Fc	m 99	0 (20

Form 990 (2011)

Part	Vill	Statement of Revenue	(A)	(B)	(C) Unrelated	(D) Revenue
			Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	excluded from tax under sections . 512, 513, or 514
0 10	1a	Federated campaigns 1a				
unt	b	Membership dues 1b			1	
9 5	C	Fundraising events 1c				
IT'S	d	Related organizations 1d				
2 8		Government grants (contributions) 1e				
Sing	f	All other contributions, gifts, grants,				
otic	•	and similar amounts not included above   1f			1	
5 9	_	Noncash contributions included in lines 1a-1f: \$		ļ		
Pue	g	Total. Add lines 1a-1f	69,453			
9	-"-	Business Code				
Program Service Revenue and Other Similar Amounts	2a			-		
Rev	b					-
95	c					
eZ.	d					
E	е					
gra	f	All other program service revenue .				
Po	9	Total, Add lines 2a-2f				T
	3	Investment income (including dividends, interest,		.1	1	1
		and other similar amounts)	24	-		1
	4	Income from investment of tax-exempt bond proceeds ▶		-		
	5	Royalties			-	
	İ	(ii) Personal			1	
	6a	Gross rents	-1	1		
	b	Less: rental expenses	-	į		
	C		-		1	
	d					
	7a		-	1		
	1	assets other than inventory	-{			
	þ	The street of th	1	1	}	1
	-	and sales expenses .	-	1		
	6		_			1
	d	Net gain or (loss)	-	-		
Other Revenue	88	events (not including \$ of contributions reported on line 1c).				
Ē	i	See Part IV, line 18 a	$\dashv$			
₹	l t	Less: direct expenses	-			
	0	Net income of hoss from fundralsing overter				
	98	a Gross income from gaming activities. See Part IV, line 19 a				
	1.	b Less: direct expenses b	_			į
		Net income or (loss) from gaming activities	-			
	10	a Gross sales of inventory, less				
		Total To all a line	$\dashv$		l.	
					1	
		c Net income of (loss) from sales of inventory				
		Miscellaneous Revenue Business Cod	-			
	11	a	+			
		b		-		
		С				
		d All other revenue	-			
		e Iotal. Add lines Ha-Hd.	69,4	177		
_	12	Total revenue. See instructions.	30,			Form 990 (20)

	-	•
Page	1	ı

Form 990	The stand Eventor				
Part Section	501(c)(3) and 501(c)(4) organizations must comp				
require	Check if Schedule O contains a respons	e to any question in	n this Part IX	<del> </del>	· · · · · <u> </u>
Do no:	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	42,500	40,000	2,500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	30		30	
b	Legal				
C C	Lobbying				
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses	3,048		1.572	
14	Information technology	1,572		1,312	
15	Royalties	-			
16	Occupancy	5,338	5.338		
17 18	Travel	5,550	5,000		
19	Conferences, conventions, and meetings .	6,954	6,954		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				-
23	Insurance				
24	Other expenses. Itemize expenses not covered				1
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				!
	(A) amount, list line 24e expenses on Schedule O.		5	7	75
;	a Bank charges			-	
	b Production of documentary film	2.47	-	2,47	70
	c Website				
	d All other evoenses				
25	e All other expenses Total functional expenses. Add lines 1 through 24th	79,79	73,14	5	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	1 1			
	following SOP 98-2 (ASC 958-720)				Form 990 (2011)

Form 990 (2011)

art X	Balance Sheet	(A) Beginning of year		(B) End of year
		21,244	1	10,929
1	Cash—non-interest-bearing	21,244	2	
2	Savings and temporary cash investments		3	
3	Pledges and grants receivable, net		4	
4	Accounts receivable net		-	
5	Description from current and former officers, directors, trustees, key		1	
	employees, and highest compensated employees. Complete Part II of		e	
	Schedule		5	
1 -	Receivables from other disqualified persons (as defined under section		1	
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
Į.	employers and sponsoring organizations of section 501(c)(9) voluntary			
1	employees' beneficiary organizations (see instructions)		6	
	employees beneficially organizations (see a see a see		7	
7	Notes and loans receivable, net		8	
8	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges			
10a	Land, buildings, and equipment: cost or		1	
	other basis. Complete Part VI of Schedule D 10a	-	10c	
b	Less: accumulated depreciation	-	11	
11	Investments – publicly traded securities		12	
12	Investments—other securities. See Part IV, line 11		13	
13	Investments—program-related. See Part IV, line 11		14	
14	Intannible assets		15	
15	Other assets, See Part IV, line 11	21211	-	10,92
16	Total assets Add lines 1 through 15 (must equal line 34)	21,244	-	10,32
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	Develop to current and former officers, directors, trustees, key			
22	employees, highest compensated employees, and disqualified persons.	1		
[	Complete Part II of Schedule L		22	
22	Secured mortgages and notes payable to unrelated third parties		23	
-   20	Unsecured notes and loans payable to unrelated third parties		24	
24	Other liabilities (including federal income tax, payables to related third		T	
25	Other liabilities (including federal include ax, payable to related simple parties, and other liabilities not included on lines 17-24). Complete Part X	1		
1	of Schedule D	1	25	
		-0	- 26	
26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ □ and complete			
ای	lines 27 through 29, and lines 33 and 34.	1.	1	
Ces		i	27	1
등 27	Unrestricted net assets		28	
28	Temporarily restricted net assets		29	
Net Assets or Fund Balance	Permanently restricted net assets		+==	
E	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
5	complete lines 30 through 34.		30	
₹ 30	Capital stock or trust principal, or current funds		31	+
8 31	Paid-in or capital surplus, or land, building, or equipment fund		32	
8 32	Retained earnings, endowment, accumulated income, or other funds.	01.01	_	10,
0 33	Total net assets or fund balances	21,24	_	
710	Total liabilities and net assets/fund balances	21,24	4 34	10,9

00	0 (2011)			Pag	e 12
Part					
Part	Check if Schedule O contains a response to any question in this Part XI			• •	
		i i			
1	Total revenue (must equal Part VIII, column (A), line 12)	$\overline{}$			,477
2	Total expenses (must equal Part IX, column (A), line 25)	_			3,792
3	Bevenue less expenses. Subtract line 2 from line 1				0,315
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			21	,244
5	Other changes in net assets or fund balances (explain in Schedule 0)				<u> </u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			22	
J	column (B))			1(	0,929
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	• •	Yes	No.
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  fithe organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.			Yes	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		V
b	Were the organization's financial statements audited by an independent accountant?		2b	-	V
С	If "Ves" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	signt	0-		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts	in in	2c		
	If the organization changed either its oversight process or selection process during the tax year, explanation of the second sec				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were			
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?		<b>3</b> a		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	tne its	3b		
			For	т <b>99</b> 0	(2011

Form **990** 

#### **Return of Organization Exempt From Income Tax**

OMB Nc. 1545-0047

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

Depa	artment of	the Treasury ue Service	► The organization may have to use a copy of this return to satisfy state re	porting requi	rements.	Inspect	ion	
Ā	For the	2012 cale	ndar year, or tax year beginning Janauary 1 , 2012, and endir		mber 31	, 20 12		
В			C Name of organization Stop Oil Seeps California, Inc.		D Employe	r identification nu	ımber	
	Address		Doing Business As			26-0230814		
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephon	e number		
	Initial ret		1187 Coast Village Road	#455		805-969-9259		
	Terminal	ted	City, town or post office, state, and ZIP code					
$\bar{\Box}$	Amende		Santa Barbara, CA 93108-2737		G Gross red	ceipts \$	90,509	
	Applicat	ion pending	F Name and address of principal officer:			or affiliates? 🔲 Yes		
				H(b) Are a	III affiliates inc	cluded? Yes	☐ No	
ī	Tax-exe	mpt status:	✓ 501(c)(3)	If "N	Vo," attach a	list. (see instruction	ns)	
J	Website	: ► www	v.soscalifornia.org	H(c) Grou	p exemption	number ▶		
K	Form of	organization:	✓ Corporation Trust Association Other ► L Year of forma	tion:	M State	of legal domicile:	CA	
P	art I	Summ						
	1	Briefly de	scribe the organization's mission or most significant activities: To ed	ucate the pul	blic about t	he environmen	tal	
0			offshore natural oil and gas seep pollution in California's coastal waters a		tial benefit	s to the state a	nd	
JIC.		environm	ent from reducing the seepage by producing the underlying oil and gas re	serves.				
Activities & Governance								
OV.	2		is box ▶ ☐ if the organization discontinued its operations or disposed	of more that		ts net assets.		
0	3						7	
63	4		of independent voting members of the governing body (Part VI, line 1b)				7	
**	5		nber of individuals employed in calendar year 2012 (Part V, line 2a)		. 5		-0-	
Act	6		nber of volunteers (estimate if necessary)		. 6		50	
	7a		elated business revenue from Part VIII, column (C), line 12		. 7a		-0-	
	b	Net unrel	ated business taxable income from Form 990-T, line 34		. 7b		-0-	
		Diagno DE GORTE I		Prior Y		Current Ye		
re	8		tions and grants (Part VIII, line 1h)		69,453		90,490	
Revenue	9		service revenue (Part VIII, line 2g)				19	
Je.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		CO 477		00 500	
_	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		69,477		90,509	
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)					
	14		paid to or for members (Part IX, column (A), line 4)					
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)					
ens	16a		anal fundraising fees (Part IX, column (A), line 11e)					
Expenses	1 b		draising expenses (Part IX, column (D), line 25)		79,792		77,785	
	11/	Company of the Company	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		79,792		77,785	
	18 19		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)  Less expenses. Subtract line 18 from line 12		(10,315)		12,724	
- 5		Heveriue	less expenses. Subtract line to non-line tz	Beginning of C		End of Ye		
sets or	20	Total ass	ets (Part X, line 16)		10,929		23,653	
A35	21		ilities (Part X, line 26)					
Net As	22		ts or fund balances. Subtract line 21 from line 20		10,929		23,653	
E	art II	Signa	ture Block					
U	nder pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and stat lete. Decla <u>ration of preparer (other</u> than officer) is based on all information of which prepar	ements, and to er has any know	the best of n	ny knowledge and	d belief, it is	
_		\ -	Dance		101	27 13		
Si	gn	Sign	ature of officer		ate			
	ere	<	SLAMES NELLON MEAN	a				
		Турх	e or print name and title					
D.	aid.	Print/Ty	pe preparer's name Preparer's signature	Date	Check	of PTIN		
	aid repare	ar	*		self-emp			
	repare se On		name ►	Fi	rm's EIN ▶			
	oc VII	'y	address ►	PI	hone no.			
M	ay the I		s this return with the preparer shown above? (see instructions)			🗌 Ye	s 🗌 No	
-							000	

No. Communication	20 (2012) Pag
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Our mission is to inform the public about the environmental impact of natural gas and oil seep pollution upon our ocean, beaches a
	air quality through education and awareness and of the potential economic benefits to the state and environment from reducing this
	seepage pollution by producing the underlying oil and gas reserves.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	i C 000 000 F70
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
-	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 52,722 including grants of \$ ) (Revenue \$ )
	(1) Research/development of educational material
	(2) Ongoing public presentations throughout the Tri-Counties and across the state/county, including Los Angeles,
	San Francisco, San Diego
	(3) Provide educational boat tours of the natural oil and gas seeps in the Santa Barbara Channel (3)
	(4) Produce copies/lables for SOS film for distribution
	(5) Website
4b	(Code: ) (Expenses \$ 21,063 including grants of \$ ) (Revenue \$ 27,715 )
10	SOS Fundraising event, 2012 Film Premier: The Road 2 Energy Independence
	occidence and control of the control
4c	(Code:) (Expenses \$ 4,000 including grants of \$ ) (Revenue \$ )
	Complete development and production of 22-minute high definition documentary film for use in deucational public areana: The
	Road 2 Energy Independence
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 77,785

Checklist of Required Schedules

Form 990 (2012)

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		V
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	0		-
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		٧
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	441		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		~
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	18	~	
	If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Form 990 (2012) Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 1 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . 26 ~ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . ~ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . 28a 1 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV v An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a ~ If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 ~ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

om 99	0 (2012)		P	age <b>5</b>
Part				
No.	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	.	1	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return  2a -0-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		.,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		~
	account)?	**a	-	
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
	See instructions for filling requirements for Porth TD P 90-22.1, Report of Foreign Bank and Financial Recognition	5a		V
1940	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	-	~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	+		
ь	Closs receipts, included on total 350, tale tim, and 12, for parties are	1	ĺ	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Closs income non-income to shareholdere	1		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			!
		12a		İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124	<del>                                     </del>	<del>                                     </del>
ь		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	100	<u> </u>	<del>                                     </del>
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand	1	1	
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	V
14a b	and the second s	14b		
	in real, has it like a rotti rest to report these payments: if the, provide an explanation in concount of .	1		0 (2012)

Form 990		and f		"No"
Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	inu inet	nicti	กกร
	Check if Schedule O contains a response to any question in this Part VI			
Sactio	on A. Governing Body and Management	<u> </u>		
Section	MA. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
2/22	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
_	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		-
	one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	69.00	~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	V	ļ
ь	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		V
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.	)
3004	The country and the country an		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		V
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	-
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		+
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		V
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		-
р	Other officers or key employees of the organization	15b	-	-
16a	#####################################			
2	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► California			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	(c)(3)	s only
	Own website Another's website Dupon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest	policy
	and financial statements available to the public during the tax year.	,		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶ Jim Nelson, 1187 Coast Village Rd - #455, Santa Barbara, CA 93108 / Ph # 805-969-9259	of th	е	
				_

Form 990 (2012)										Page 7
Part VII Compensation of Officers, Dire	ectors, Tr	uste	es,	Ke	yЕ	mplo	ye	es, Highest (	Compensated	Employees, and
Independent Contractors										
Check if Schedule O contains a re	sponse to	any (	que	stio	n in	this	Par	t VII		· · · · <u>·                              </u>
Section A. Officers, Directors, Trustees, Key	Employee	s, an	d H	ighe	est	Com	pen	sated Employ	ees	
1a Complete this table for all persons required	to be liste	ed. R	еро	rt c	om	pensa	atio	n for the caler	dar year ending	with or within the
organization's tax year.										
<ul> <li>List all of the organization's current office</li> </ul>	rs, director	s, tru	stee	es (v	whe	ther i	ndi	viduals or orga	inizations), regai	rdless of amount of
compensation. Enter -0- in columns (D), (E), and	(F) if no co	mper	ısati	on v	was	paid				
· List all of the organization's current key em	ployees, if	any.	See	ins	truc	tions	for	definition of "k	ey employee."	
<ul> <li>List the organization's five current highes</li> </ul>	t compens	ated	emp	olov	ees	fothe	er th	nan an officer.	director, trustee	e, or key employee)
who received reportable compensation (Box 5										
organization and any related organizations.										
· List all of the organization's former office	ers, key en	yolan	ees,	an	d h	ighes	t c	ompensated e	mployees who	received more than
\$100,000 of reportable compensation from the	rganization	and	any	rela	atec	orga	niza	ations.	•	
· List all of the organization's former direc-	tors or tru	stees	s tha	at re	ecei	ved.	in t	he capacity as	a former direct	or or trustee of the
organization, more than \$10,000 of reportable co	ompensatio	n fro	m th	ne o	rgai	nizatio	on a	and any related	organizations.	
List persons in the following order: individu										employees; highest
compensated employees; and former such pers									•	
☐ Check this box if neither the organization nor		d ora	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r. or trustee.
				(0				I		
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
nano uno mo	hours per					is both or/trust		compensation	compensation from	
	week (list any hours for	95	5	0	×	GI	7	from the	related	other compensation
	related	Individual to or director	Institutional trustee	Officer	Key employee	nplo	Former	organization	organizations (W-2/1099-MISC)	from the
	organizations	dual	e e	-	필	st co	14	(W-2/1099-MISC)		organization
	below dotted line)	` <u>इ</u>	altı		oye	ğ				and related organizations
		trustee	1st		no.	ens				0.92.22.0.0
		1	6			Highest compensated employee				
76			$\vdash$				_			
(1) Bruce Allen	20-25									
Co-Founder		1						12.000		
(2) Lad Handelman	15-20	_			_		-	12,000		
Co-Founder	10.20	1								
(3) Jim Nelson	5-10						$\vdash$			
Treasurer		~								
(4) Peggy Ewing	2			-	-					
Secretary		1								
(5) Alice Green	15-20		$\vdash$	_	$\vdash$		-			
Member - Board of Directors	† <del></del>	1						9.500		
(6) Byron Ishkanian	4	<u> </u>		$\vdash$	-	-	_	3,300		
Member - Board of Directors	ļ <del>-</del>	,								
wember - board of birectors		-	_	<u> </u>	_		_			

Welliot - Board of Bilectors	1										
(7) Patti Putnam	4										
Member - Board of Directors		~									
(8) Judy Rossiter - Independent Contractor	20-25		П								
66 Seaview Drive, Santa Barbara, CA 93108	Ī	1					2	4,000	1		
(9)											
(10)	ļ		П						 _		
(11)					<u> </u>	+					
(12)	ļ		$\sqcap$	+							
(13)	<u> </u>		$\Box$	1							
(14)	ļ		П	+							
										Form	990 (2012)

Pari	90 (2012) Section A. Officers, Directors, Trus	tees Key F	mplo	/009		nd F	ligho		omnonested E	mployees /c	ontinuna	n	Pa	ge 8
mane	(A) Name and title	(A) (B)						one n an tee)	(D)  Reportable compensation from	(E) Reportable compensation related	•	(F) Estimated		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		from organ and r	ensation in the nization related nizations	
(15)					Г									
(16)								$\vdash$	-		_			
(17)					-	-	<u> </u>	-						
(18)				<u> </u>										
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total						•	<b>&gt;</b>						
d	Total (add lines 1b and 1c)							<b></b>	45,500				-	
2	Total number of individuals (including bure- reportable compensation from the organ	t not limited ization ► N	to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000 of	ĺ		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc Schedule J	tor, c	r tr	uste indi	ee, ividu	key e	emp	oloyee, or high	est comper	nsated	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of rep	oortal	ole (	com	per	satio	n a s,"	and other comp	ensation from	om the	4		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi	vidual	5		v
Section	on B. Independent Contractors										7		-	_
1	Complete this table for your five highest compensation from the organization. Re year.	compensate port compe	ed inc nsatio	depe	end or th	ent ie c	contr alend	act ar y	ors that receive year ending wit	ed more thar h or within th	n \$100,0 he organ	00 of lizatio	n's tax	(
	(A) Name and business add	iress							(B) Description of s	ervices	Cor	(C)	ation	
				-				_						
														_
2	Total number of independent contractor	ors (in <b>cl</b> udin	ig bu	t n	ot i	imit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compen	sation from	the or	rgar	nizat	ion	<u> </u>		-none-			Form	990 (2	2012)

Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. . (D) Revenue excluded from tax under sections 512, 513, or 514 (B) Related cr exempt function (C) Unrelated (A) Total revenue business Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a Membership dues . . . . 1b b c Fundraising events . . . . 27,715 10 1d d Related organizations . . . e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 62,775 Noncash contributions included in lines 1a-11: \$ Total. Add lines 1a-1f . . 90,490 Business Code Program Service Revenue 2a All other program service revenue. Total. Add lines 2a-2f . . Investment income (including dividends, interest, and other similar amounts) . . . . . . Income from investment of tax-exempt bond proceeds ▶ 5 Royalties . . . . . (i) Real (ii) Personal 6a Gross rents . . b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other () Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ 27,715 of contributions reported on line 1c). See Part IV, line 18 . . . . . a b Less: direct expenses . . . b 21,063 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . a b Less: direct expenses . . . b c Net income or (loss) from gaming activities . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . a Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . . . Miscellaneous Revenue Business Code 11a b C d All other revenue . . . . . Total. Add lines 11a-11d . . . . . . . 90,509 Total revenue. See instructions. Form 990 (2012) Part IX Statement of Functional Expenses

Form 990 (2012)

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete cal	lumn (A).
	Check if Schedule O contains a respons	se to any guestion	in this Part IX		П
Do no 86, 91	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			general expenses	скрепасэ
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
5	Benefits paid to or for members	21,500	21,500		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	24,000	20,000	4,000	
Ь	Legal				
С	Accounting [				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)		1	1	
12	Advertising and promotion				
13	Office expenses	885	905		
14	Information technology	1,662	885	4.650	
15	Royalties	1,002		1,662	
16	Occupancy				
17	Occupancy				
18	Travel	414	414		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,141	3,141		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1			
23	Insurance	<u> </u>			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			ĺ	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Websile	672		672	
b	Bank charges	448		448	
c	Documentary film	4,000	4,000		
d	Fundraising event	21,063			21,063
e	All other expenses	- ,	-		21,000
25	Total functional expenses. Add lines 1 through 24e	77,785	49,940	6,782	21.002
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	71,703	45,540	0,782	21,063

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Page 11

Pa	990 (20 art X				Page 11
-		Check if Schedule O contains a response to any question in this Part >			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	10,929	1	23,653
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
ł	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
- 1	12	Investments – other securities. See Part IV, line 11		12	
- 1	13	Investments—program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	10.929	_	23,653
$\neg$	17	Accounts payable and accrued expenses	10,323	17	20,000
ı	18	Grants payable		18	
- 1	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
75550	22	Loans and other payables to current and former officers, directors,		-1	
Llabilities	~~	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
i i	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		24	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-0-	26	-0-
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			·
anc	27	Unrestricted net assets	1	27	
3al	28	Temporarily restricted net assets	~~~	28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	33	Total net assets or fund balances	10,929	33	23,653
۳					

Form 990 (2012)

Form 99	0 (2012)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9	0,509
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	7,785
3	Revenue less expenses. Subtract line 2 from line 1	3		1	2,724
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	0,929
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)j	10		2	3,653
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other	<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	plain in	ļ		
	Schedule O.				
2a	management of the control of the con		2a		V
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or	i		
	reviewed on a separate basis, consolidated basis, or both:		1		Ì
	Separate basis Consolidated basis Both consolidated and separate basis		0.		.,
b			2b	-	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	o on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	omiaht			
C	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		20	-	-
	Schedule O.	piani in			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
od	the Single Audit Act and OMB Circular A-133?		3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	-		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			For	n <b>99</b> 0	(2012)