COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For Individuals:	
1. Name:	
2. Address:	
3. Email Address:	
4. Phone Number:	·
* * * * *	
For Witnesses Representing Organizations:	
1. Name: Merita Whatley	
2. Name of Organization(s) You are Representing at the Hearing: Point Arena Lighthouse Point Arena Merchants Association	
3. Business Address: Po Box II, Point Arena, CA 95468	•
4. Business Email Address: [Information redacted for privacy] or Paligh +	amen. org
5. Business Phone Number: [Information redacted for privacy]	۵
707-802-2809 Main Desk	

Merita Whatley/ Name/Organization Point Arena highthouse Point Arena Merchants Assoc. Title/Date of Hearing Subcommittee on Mational Parks, Forests & Public Lands Tuesday, 9-11-12, 2:00 pm
a. Any training or educational certificates, diplomas or degrees or other educational experiences thatare relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
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.
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.
- a Manager of Point Arena highthouse) - a core member of Point Arena Merchants Association
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.
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.
f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization Merita Whatley Point Arena highthouse Point Arena Merch Title/Date of Hearing Subcommittee and National Parks, Horsets! Association Thursday, 9-11-12, 2:00 pm Public Lands In addition, for witnesses representing organizations:
g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. Point Arena Lighthouse, Manager
h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (and /or other agencies invited) 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).
i. 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).
j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.
k. 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)).

Point Arena Lighthouse Keepers, Inc. P.O. Box 11 Point Arena, CA 95468

> Department of Treasury Internal Revenue Service Ogden, UT 84201-0027

Form **990**

For the 2011 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

nization Exempt From Income Tax
, 527, or 4947(a)(1) of the Internal Revenue Code

, 2011, and ending

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

Open to Public Inspection

D Employer Identification Number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

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

	Addre	ess change	Point Arena Lig	c.		2841636	
	Name	e change	P.O. Box 11	E Telepho	ne number		
	Initia	ıl return	Point Arena, CA	707-	-882-2777		
	Term	ninated					
	Amer	nded return				G Gross re	eceipts \$ 574,365.
	Appli	ication pending	F Name and address of prince	ipal officer:		H(a) Is this a group return	103 11 110
			Same As C Above	<u> </u>		H(b) Are all affiliates included in the list. If 'No,' attach a list.	165 110
<u>I</u>	Tax-exe	empt status	X 501(c)(3) 501(c)	() ◄ (insert no.) 4947	7(a)(1) or 527	ii ito, attaon a noti	(666 1164 464 616)
<u>J</u>	Webs	site: ► N/				H(c) Group exemption nu	
K			X Corporation Trust	Association Other ►	L Year of Format	ion: 1982 M s	tate of legal domicile: CA
Pa	rt I	Summar					
				ssion or most significant activiti			
Se				<u>ght Station - inclu</u>			
nan				_ Lighthouse Tower,			
Activities & Governance				ion_and_enjoyment_o:			
g				tion discontinued its operations verning body (Part VI, line 1a).			a ssets.
જ				ers of the governing body (Part			4 7
iţie				in calendar year 2011 (Part V,			5 24
ţ	6 To	otal number	of volunteers (estimate	if necessary)			6 50
ď				n Part VIII, column (C), line 12			7a 0.
	b N	et unrelated	business taxable incom	e from Form 990-T, line 34			7b 0.
	• •					Prior Year	Current Year
<u>•</u>				ne 1h)		275,2	
enn		-	·	ne 2g)			
Revenue			•	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11			
_				11 (must equal Part VIII, colum			
				t IX, column (A), lines 1-3)		<u> </u>	
				IX, column (A), line 4)			1,000.
				vee benefits (Part IX, column (A			74. 203,734.
ses				, column (A), line 11e)			20071011
Expenses			- '	column (D), line 25) ►			
찟							F2 12F F44
				lines 11a-11d, 11f-24e)		· · · · · · · · · · · · · · · · · · ·	
				st equal Part IX, column (A), lin			
_ e	19 R	evenue less	expenses. Subtract line	18 from line 12		Beginning of Current	
Assets or I Balances	20 To	ntal assets i	Part X line 16)				
Asse			•				
Pund				line 21 from line 20		2,350,6	
	rt II	Signatur		Time 21 Hom line 20		2,330,0	2,330,130.
		•		return including accompanying schedules	and statements, and to	the hest of my knowledge	and belief it is true correct and
com	plete. Dec	laration of prepare	arer (other than officer) is based	return, including accompanying schedules on all information of which preparer has a	any knowledge.		
							
Siç			re of officer			Date	
He	re	Nor	n Fast			Treasurer	
		31	print name and title.	T	T- :	I 5.	- I DTIN
		Print/Type p	reparer's name	Preparer's signature	Date	Check X	I if PTIN
				11100 11100+**	1	self-employe	ed P00026835
Pa		Don Pl		Don Plenty		Sen employe	10002000
Pre	eparer	Firm's name	► Don Plenty	Financial Services			
Pre		Firm's name	Don Plenty 38550 Hwy 0	Financial Services ne - PO Box 328		Firm's EIN	► 68-0240433
Pro Us	eparer e Only	Firm's name Firm's addre	Don Plenty 38550 Hwy O Gualala, CA	Financial Services ne - PO Box 328 95445	l		► 68-0240433 707-884-1100
Pro Us May	eparer e Only	Firm's name Firm's addre	Don Plenty 38550 Hwy C Gualala, CA is return with the prepar	Financial Services ne - PO Box 328	ons)	Firm's EIN	► 68-0240433

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	Х	
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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.	11 b		Х
	c 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	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Χ
	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		Χ
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	b 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.	14a		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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		Х
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)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
	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		Х
20	a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20		Χ
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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. 23 Did the organization assers 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 I. Schedule II. If Yes, complete Schedule II. Schedule III. Schedule				Yes	No
IX. column (A), line 2* If Yes, complete Schedule I, Parts I and III. 22 Did the organization answer Yes* to Part VIII. 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 I, Part IV. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year and that was isseed after December 31, 2002; If Yes, answer lines 240 through 24d and complete Schedule K. If YiO, go to line 25. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any invest one of the organization engage in an excess benefit transaction with a disqualified person during the year? 25d Old the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I. 25a Dis the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I. 25b Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, brighly compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E27 If Yes II. 27d Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, brighly compensated employee, or any of these persons. If Yes, complete Schedule L, Part IV. 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28d Did the organization aparty to a business transaction with one of the following parties	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		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V, If No, go to line 25. 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, and that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No, go to line 25. 25a Section 501(cX) and 501(cX) organizations are supported as an one behalf of issuer for bonds outstanding at any time during the year? to defease any tax-exempt bonds? 25a Section 501(cX) and 501(cX) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the part of the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 26b 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 prior Forms 990 or 190-E27 If "Yes," complete Schedule L, Part II. 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 IIV. 28c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28d b A tarnily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d b A tending member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d b A the organization receive more than \$25,000 in non-cas	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		Х
the last day of the year, and that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If No, go to line 25 s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. c Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 510(x3) and 511(c)(A) organizations. Did the organization apage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II. 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 organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II. 25b 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 fax year? If "Yes," complete Schedule L, Part III. 26 Exposition of the organization of the organization of the organization of schedule L, Part III. 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. P	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a 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 b Is the organization apare 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-E2? If 'Yes,' complete Schedule L, Part II. 25b 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 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. 27 Did 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b C An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I. 30 Did the	24 a	the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		Х
any tax-exempt bonds? d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d d 25a 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 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-E27 If 'Yes,' complete Schedule L, Part I. 25b 27 Did the organization provide a grant or other assistance to an 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. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 29 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director indirect owner? If 'Yes,' complete Schedule L, Part IV. 28b 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization inquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization on sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule R. Part V, Ina I. 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Y	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
25a 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 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-E2? If 'Yes,' complete Schedule L, Part II. 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 fax year? If 'Yes,' complete Schedule L, Part III. 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 B Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 Was the organization applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28 b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule M. 29 bid the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 city of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I. 30 Did the organization injudidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I. 32 Did the organization nave a controlled ent	c	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		
b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? 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. 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. 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part II. 31 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 V. Ine 2. 35 Did the organization have a controlled entity within the meani	d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part II. 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 fax year? If 'Yes,' complete Schedule L, Part II. 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. 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b c 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. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule R, Part II. 32 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. 35 Did the organization own 100% of an entity disregarded as separate from the org	25 a	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		Х
disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	t	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		Х
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. 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If 'Yes,' complete Schedule R, Part I. 33 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 34 Was 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. 35 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 partnersh	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		Х
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		Х
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. c 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I. 32 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 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization organization or federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11 and 19?	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):			
c 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 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 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of 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 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. 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? If 'Yes,' complete Schedule R, Part VI. lines 11 and 19?	а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 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, Parts II, III, IV, and V, line I. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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. 36 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 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? If 'Yes,' complete Schedule R, Part VI. lines 11 and 19?	t		28b		Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 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 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Iine I. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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, Iine 2. 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, Iine 2. 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? If 'Yes,' complete Schedule R, Part VI. Iines 11 and 19?	c	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			Х
30 31 32 31 32 31 32 31 32 31 32 32 31 32 32 31 32 32 32 32 33 34 4 35 a Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 35 a 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 35 36 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? If 'Yes,' complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and 19?	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
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. 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 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 b 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. 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 Jid 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, Part VI. lines 11 and 19?	30	contributions? If 'Yes,' complete Schedule M			Х
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? If 'Yes,' complete Schedule R, Part I. 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. 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 35 a 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. 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 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, Part VI. lines 11 and 19?	31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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. 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?. 35 a 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. 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 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, Part VI. lines 11 and 19?	32		32		Х
line 1	33		33		Х
b 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 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 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, Part VI. 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11 and 19?	34		34		Х
of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
organization? If 'Yes,' complete Schedule \(\bar{R}\), Part V, line 2	t	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		Х
treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	36		36		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	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		Х
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form 990 (2011)

Form 990 (2011) Point Arena Lighthouse Keepers, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V	<u>.</u>		. 📖
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			i
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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 24			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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.	_		37
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
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		X
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		Х
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		Χ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
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.			
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:			
a 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:			i
a 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.			
a 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.			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2011) Point Arena Lighthouse Keepers, Inc. 94-2841636 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Χ Check if Schedule O contains a response to any question in this Part VI.... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... 1a 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 . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ officer, director, trustee or key employee?..... 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 Χ 6 Χ Did the organization have members or stockholders?.....See.Schedule.0..... 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? See Schedule 0..... Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8_b Χ Is there any officer, director or 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. 9 Χ **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10 a** Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Χ b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.. Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 12c Χ 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O....... Χ 15a Χ **b** Other officers of key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

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

Don Plenty Financial Services PO Box 328 Gualala CA 95445 707-884-1100

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 any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer Estimated amount of other compensation from the organization (B) Reportable compensation from related organizations (W-2/1099-MISC) Average hours Reportable compensation from Name and title and a director/trustee) per week (describe hours for related Individual or director Highest compensated Former Institutional trustee Key employee employee and related organizations organiza-tions in Schedule O) trustee (1) Michele Chaboudy Χ 5 0 0 Director 0. (2) Judith Leeper Secretary 5 Χ Χ 0. 0. 0. (3) Norm Fast Χ 0. Treasurer 10 Χ 0. 0 (4) Nicolas Epanchin President 15 Χ Χ 0. 0 0. (5) Pauline Zamboni Χ Vice President 23 Χ 0. 0 0. (6) Glenn Funk Director 5 Χ 0. 0. 0. <u>(7)</u> <u>Jo</u>hn Forenti 5 Χ 0. 0. Director 0. (8) Rae Radtkey 40 Executive Direc Χ 0. 0 0. (10) (11) (12) (13) (14)

(A) Name and title	(C) Position (do not check more than one bours officer and a direct/trustee)			Position (do not check more than one box, unless person is both an		(do not check more than one					(E) Reportable compensation from		(F) stimated unt of other	
	per week (describ e hours for related organi- zations	or director		Officer	1	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org an	pensation om the anization d related anizations			
(15)	Sch O)		ď			ated								
(15)														
(16)														
(17)														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
(21)														
(22)												—		
(23)														
(24)												—		
(25)														
1 b Sub-total	<u> </u> 						•	0.	0.			0.		
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).							•	0.	0.			<u>0.</u>		
2 Total number of individuals (including but not limiter from the organization ► 0							o red			able cor				
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or trus	tee, al	key	em	ploy	ee, (or hi	ghest compensate	ed employee	. 3	Yes I	No X		
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual.	han \$1!	50,0	00?	If 'Y	∕es'	com	plet	e Schedule J for		. 4		X		
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of the organization of the organizati	ompen comple	satio te S	n fro chea	om : lule	any <i>J fo</i>	unre r suc	late ch p	d organization or erson	individual	. 5		Χ		
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Penest compensation from the organization.	ed inde	epen	dent	100	ntrac	ctors	tha	t received more the	nan \$100,000 of	s tay yo	ar.			
compensation from the organization. Report compensation for the calendar year en (A) Name and business address						(B) Description of)	((C) nsation					
												_		
												<u> </u>		
												<u> </u>		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lim	ited	to t	hose	e list	ed a	above) who receiv	ed more than					

Pa	rt 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b 12,055. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 20,715. g Noncash contributions included in Ins 1a-1f: \$				
요물	h Total. Add lines 1a-1f	32,770.			
E	Business Code	- ,			
SERVICE REVENU	2a Guided Tour Admissions b	133,923.	133,923.		
Σ	e				
GR.	f All other program service revenue				
န္	g Total. Add lines 2a-2f	133,923.			
	3 Investment income (including dividends, interest and other similar amounts)▶ 4 Income from investment of tax-exempt bond proceeds▶ 5 Royalties▶				
	(i) Real (ii) Personal 6a Gross rents				
	d Net rental income or (loss)	63,703.			63,703.
	b Less: cost or other basis and sales expenses				
NUE	8a Gross income from fundraising events (not including. \$				
OTHER REVENU	of contributions reported on line 1c). See Part IV, line 18				
5	c Net income or (loss) from fundraising events ▶	23,133.			23,133.
	9a Gross income from gaming activities. See Part IV, line 19a	2071001			20,100.
	b Less: direct expenses				
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory	82,203.			82,203.
	Miscellaneous Revenue Business Code	02,203.			02,203.
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	335,732.	133,923.	0.	169,039.

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).

	Check if Schedule O contains a re		mplete columns (B), (C) in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, 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.		. ,	g p	. ,
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,000.	1,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	184,081.	114,013.	62,671.	7,397.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	4,159.	2,037.	1,898.	224.
10	Payroll taxes	15,494.	7,590.	7,069.	835.
	Fees for services (non-employees): a Management				
	b Legal				
	c Accounting	4,364.	2,123.	1,981.	260.
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	g Other	10.764	F 007	4 005	640
12		10,764.	5,237.	4,885.	642.
13 14	Office expenses				
15	Royalties				
16	Occupancy				
17	Travel	420.	204.	191.	25.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,399.	2,627.	2,450.	322.
21	Payments to affiliates	26,662	17 020	1.6.620	2 105
22 23	Depreciation, depletion, and amortization Insurance	36,663. 14,691.	17,839. 7,148.	16,639. 6,667.	2,185. 876.
24	 	14,091.	7,140.	0,007.	870.
	a Utilities	13,606.	6,620.	6,175.	811.
	b Repairs	11,551.	5,620.	5,242.	688.
	c Supplies	9,644.	4,693.	4,376.	575.
	d Bank Fees & Charges	6,779.	3,299.	3,076.	404.
	e All other expenses	11,663.	5,675.	5,293.	696.
	Total functional expenses. Add lines 1 through 24e	330,278.	185,725.	128,613.	15,940.
26	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)				

		Dalance officer			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			19,760.	1	76,324.
	2	Savings and temporary cash investments	•	2	83,780.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			235,241.	4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustee	es, key employees, edule L		5	
	6	Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntations organizations (see instructions)		6			
A S	7	Notes and loans receivable, net				7	
A S S E T S	8	Inventories for sale or use		F	39,948.	8	30,489.
T S	9	Prepaid expenses and deferred charges		-	8,536.	9	11,982.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		2,600,487.	.,		,
		Less: accumulated depreciation.		302,094.	2,356,161.	10 c	2,298,393.
	11	Investments – publicly traded securities			2,000,101.	11	2/230/0301
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.		l l		13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11			16,964.	15	16,003.
	16	Total assets. Add lines 1 through 15 (must equal line		-	2,676,610.	16	2,516,971.
	17	Accounts payable and accrued expenses			14,209.	17	11,806.
	18	Grants payable			•	18	,
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
Å	21	Escrow or custodial account liability. Complete Part I				21	
A B I L I T	22	Payables to current and former officers, directors, truinighest compensated employees, and disqualified per of Schedule L	stees, ke rsons. Co	y employees, mplete Part II		22	
- 1	23	Secured mortgages and notes payable to unrelated th	nird partie	es	290,731.	23	125,000.
E S	24	Unsecured notes and loans payable to unrelated third	parties.		•	24	·
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela	ted third parties, 't X of Schedule D.	20,986.	25	24,027.
	26	Total liabilities. Add lines 17 through 25			325,926.	26	160,833.
N E T		Organizations that follow SFAS 117, check here ▶	and	complete lines			
		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets				27	
ASSETS	28	Temporarily restricted net assets		-		28	
	29	Permanently restricted net assets		29			
Q R		Organizations that do not follow SFAS 117, check he	ere ► X	and complete			
F U N D		lines 30 through 34.					
D	30	Capital stock or trust principal, or current funds				30	
В А	31	Paid-in or capital surplus, or land, building, or equipment				31	
A	32	Retained earnings, endowment, accumulated income,		-	2,350,684.	32	2,356,138.
BALANCES	33	Total net assets or fund balances		F	2,350,684.	33	2,356,138.
S DA	34	Total liabilities and net assets/fund balances			2,676,610.	34	2,516,971.

BAA Form **990** (2011)

Form 990 (2011) Point Arena Lighthouse Keepers, Inc. 94-	2841	636	Pa	age 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		335,7	732.
2 Total expenses (must equal Part IX, column (A), line 25)	2		330,2	278.
3 Revenue less expenses. Subtract line 2 from line 1	3		5,4	454.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	350,6	684.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	•		0.
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	2.	356,1	138.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				П
			Yes	
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			103	110
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х
b Were the organization's financial statements audited by an independent accountant?		2	b	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	he aud	lit,	С	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on	а		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3	a	Х

BAA Form 990 (2011)

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Poi	nt	Arena Lightho	ouse Keepers,	Inc.					94-28	341636	5		
Par	ŧΙ	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ii	nstructi	ions.		
The c	rgar	nization is not a priva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, convention	of churches or assoc	ciation of churches des	cribed ir	section	170(b)	(1)(A)(i).					
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule I	E.)								
3		A hospital or a coope	erative hospital servic	e organization describe	ed in se d	ction 17)(b)(1)(A	(iii).					
4		A medical research of	organization operated	in conjunction with a h	nospital (describe	d in sec	tion 170	O(b)(1)(A	A)(iii) . Er	nter the hos	spital's	;
		name, city, and state	:		· _								
5		170(b)(1)(A)(iv). (Co	mplete Part II.)	f a college or university					nmental	I unit des	scribed in s	section	1
6				overnmental unit descri									
7	=	in section 170(b)(1)(A	A)(vi). (Complete Par	•			vernme	ntal uni	t or from	n the ger	neral public	c desci	ribed
8	_	•		70(b)(1)(A)(vi). (Comple		•							
9		from activities related investment income a	d to its exempt function) more than 33-1/3% or ons – subject to certain s taxable income (less mplete Part III.)	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from	gross
10		An organization orga	nized and operated e	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11		more publicly suppor	ted organizations des	exclusively for the bene- scribed in section 509(a tion and complete lines	a)(1) or s	ection 5	09(a)(2	ctions c). See s	of, or car section 5	rry out th 5 09(a)(3)	ne purpose . Check th	s of or ne box	ne or that
		a Type I	b Type II	c Type II	I — Fund	ctionally	integrat	ed		d	Type III -	- Othe	r
е		By checking this box other than foundation section 509(a)(2).	, I certify that the orgon managers and other	anization is not control than one or more pub	led dired licly sup	ctly or in ported o	directly organiza	by one tions de	or more scribed	disquali in section	fied person on 509(a)(1	ns I) or	
f		If the organization re	ceived a written dete	rmination from the IRS	that is a	a Type I	Type II	or Type	e III sup	porting o	organizatio	n, 	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	llowing	persons	?		
												Yes	No
		(i) A person who co	directly or indirectly co	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	escribed	in (ii) a	and (iii)	11 g (i)		i i
				bed in (i) above?							11g (ii)		
		• •	•	described in (i) or (ii) a							11 g (iii)		
h				e supported organization							119 (111)		
<u>"</u>		(i) Name of supported	(ii) EIN	(iii) Type of organization	T `	Is the	(v) Did v	ou notify	(vi)	s the	(vii) Amour	at of cup	nort
		organization	(II) LIIV	(described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	zation in i) listed in overning ment?	the organ columi your su	ou notify ization in n (i) of ipport?	organiz	ation in nn (i) ed in the S.?	(VII) Amoun	it or sup	port
					Yes	No	Yes	No	Yes	No			
(A)													
'D\													
(B)													
(C)													
(D)													
(E)													
Total													
ואוטו													

Schedule A (Form 990 or 990-EZ) 2011 Point Arena Lighthouse Keepers, Inc. 94-2841636 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	1		1				
	ndar year (or fiscal year nning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12		
13	First five years. If the Form 990 organization, check this box and							
Sec	tion C. Computation of Pu							
14	Public support percentage for 20							
15	Public support percentage from	2010 Schedule A,	Part II, line 14				%	
16 a	33-1/3% support test — 2011. If and stop here. The organization	the organization of qualifies as a pul	lid not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	check this box	
Ł	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
17 a	17 a 10%-facts-and-circumstances test − 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization □							
	b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a				
BAA					Sc	nedule A (Form 9	90 or 990-EZ) 2011	

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
	ndar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include	201 424	720 625	400 600	075 057	22 224	1 ((0 17)
2	any 'unusual grants.')	201,434.	738,635.	420,623.	275,257.	32,224.	1,668,173.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	276,820.	165,630.	211,237.	221,658.	314,793.	1,190,138.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	478,254.	904,265.	631,860.	496,915.	347,017.	2,858,311.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	b Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13	0.	0.	0.	0.	0.	0
	for the year.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
ō	Public support (Subtract line 7c from line 6.)						2,858,311.
Sec	tion B. Total Support		_				
Calen	ndar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	478,254.	904,265.	631,860.	496,915.	347,017.	2,858,311.
10 a	a Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from	160 067	1.60 071	40 040	01 050	64 040	F07 20F
ŀ	similar sources	160,967.	160,071.	40,240.	81,858.	64,249.	507,385.
•	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
,	•						Λ
	r Add lines 10a and 10h	160 967	160 071	40 240	81 858	64 249	<u>0.</u> 507 385
- 11	c Add lines 10a and 10b Net income from unrelated business	160,967.	160,071.	40,240.	81,858.	64,249.	0. 507,385.
11	Net income from unrelated business activities not included in line 10b,	160,967.	160,071.	40,240.	81,858.	64,249.	
11	Net income from unrelated business	160,967.	160,071.	40,240.	81,858.	64,249.	507,385.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	160,967.	160,071.	40,240.	81,858.	64,249.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of	160,967.	160,071.	40,240.	81,858.	64,249.	507,385.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		,	·			507,385. 0.
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	639,221.	1,064,336.	672,100.	578,773.	411,266.	0. 0. 3,365,696.
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	639,221.	1,064,336.	672,100.	578,773.	411,266.	0. 0. 3,365,696.
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	639,221. is for the organiza stop here	1,064,336. tion's first, second	672,100.	578,773.	411,266.	0. 0. 3,365,696.
12 13 14 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ction C. Computation of Pul	639,221. is for the organiza stop here	1,064,336. tion's first, second	672,100.	578,773.	411,266. a section 501(c)(3	0. 0. 3,365,696. 3)▶□
12 13 14 Sec 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20	639,221. is for the organiza stop here Dlic Support Po	1,064,336. tion's first, second	672,100. d, third, fourth, or	578,773.	411,266. a section 501(c)(3	0. 0. 3,365,696. 3)▶ □
12 13 14 Sec 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage from 20 Public support percentage from 2	639,221. is for the organiza stop here olic Support Pour 11 (line 8, column 2010 Schedule A,	1,064,336. tion's first, second ercentage (f) divided by line Part III, line 15	672,100. d, third, fourth, or	578,773.	411,266. a section 501(c)(3	0. 0. 3,365,696. 3)▶ □
12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	639, 221. is for the organiza stop here olic Support Pour 11 (line 8, column 2010 Schedule A, estment Incon	1,064,336. tion's first, second ercentage (f) divided by line Part III, line 15	672,100. d, third, fourth, or	578,773.	411, 266. a section 501(c)(3	0. 0. 3,365,696. 3) 84.92 % 82.21 %
12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from 2 ction D. Computation of Inv	639, 221. is for the organiza stop here blic Support Pour Suppor	1,064,336. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	672,100. d, third, fourth, or e 13, column (f)).	578,773. If fifth tax year as	411, 266. a section 501(c)(3	0. 0. 3,365,696. 3) 84.92 % 82.21 %
12 13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	639, 221. is for the organiza stop here colic Support Pour 11 (line 8, column 2010 Schedule A, estment Incomor 2011 (line 10c, rom 2010 Schedul the organization of the organizatio	1,064,336. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1	672,100. d, third, fourth, or e 13, column (f)). by line 13, colur	578,773. If fifth tax year as mn (f))	411, 266. a section 501(c)(3 15 16 17 18 a than 33-1/3%, a	0. 0. 3,365,696. 84.92 % 82.21 % 15.08 % 17.79 % and line 17
12 13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and ction C. Computation of Pul Public support percentage for 20 Public support percentage from 2 Ction D. Computation of Inv Investment income percentage from 12 Investment income percentage from 13 a 33-1/3% support tests — 2011. If is not more than 33-1/3%, check	639, 221. is for the organiza stop here colic Support Pour 11 (line 8, column 2010 Schedule A, estment Incom 2011 (line 10c, rom 2010 Schedul the organization of this box and stop	1,064,336. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the leter. The organize	672,100. d, third, fourth, or e 13, column (f)). by line 13, column 7	578,773. r fifth tax year as mn (f))	411, 266. a section 501(c)(3	0. 0. 3,365,696. 84.92 % 82.21 % 15.08 % 17.79 % and line 17 X
12 13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	639, 221. is for the organiza stop here colic Support Pour 11 (line 8, column 2010 Schedule A, estment Incom 2011 (line 10c, rom 2010 Schedul the organization of this box and stop	1,064,336. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 did not check the leter. The organize	672,100. d, third, fourth, or e 13, column (f)). by line 13, column 7	578,773. r fifth tax year as mn (f))	411, 266. a section 501(c)(3	0. 0. 3,365,696. 84.92 % 82.21 % 15.08 % 17.79 % and line 17 X

Schedule A	(Form 99	0 or 99	90-EZ) :	2011	Poi	nt.	Aren	na 1	Ligh	itho	use	Kee	per	s,	Inc.		94	4-28	4163	36		Page 4
Part IV	Supple Part II, (See in	menta line 1	al Info 7a or	rmati 17b:	ion. C and F	Com Part	plete III, li	this ine	s pai 12. /	rt to Also	prov com	ride t plete	he e	xpla s pa	nation rt for	ons re any	equire addit	ed by ional	Part infor	t II, lii matio	ne 10 on.);
	·																					
																	. – – –					
	. — — — —																	. — — -				
																	. – – –					
																	. – – –	. — — -				
																		. — — -	- 			
																	· _	· _				
	. – – –				_ — — –													. — — -				
	. – – –																	· — — -				
	. – – –																. – – –	. — — -				
																		. — — -				
	. — — — —																					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number

Poi	int Arena Lighthouse Keepers,	Inc.		94-2841636
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other	Similar Funds or Acco	ounts. Complete if
	the organization answered 'Yes' to	Form 990, Part IV, line 6	•	*
		(a) Donor advised fun	ds (b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the as to the organization's exclusive le	sets held in donor advised gal control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	s, and donor advisors in writing he benefit of the donor or donor fit?	that grant funds can be advisor, or for any other	
Pa	rt II Conservation Easements. Comple			
•	Purpose(s) of conservation easements held by	<u> </u>		50, 1 41117, 1110 7.
•	Preservation of land for public use (e.g., re		Preservation of an historical	ally important land area
	Protection of natural habitat	·	Preservation of a certified	
	Preservation of open space	Ш	. recorration of a continua	
2	<u>'</u>	on held a qualified conservation	contribution in the form of a	a conservation easement on the
			H	leld at the End of the Tax Year
i	a Total number of conservation easements		2a	
ı	b Total acreage restricted by conservation easen	nents	2b	
(c Number of conservation easements on a certifi	ied historic structure included in	(a) 2c	
•	d Number of conservation easements included in structure listed in the National Register			
3	Number of conservation easements modified, t tax year ►	ransferred, released, extinguish	ed, or terminated by the or	ganization during the
4	Number of states where property subject to con	nservation easement is located	-	
5	Does the organization have a written policy regand enforcement of the conservation easemen	garding the periodic monitoring, ts it holds?	nspection, handling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing con	servation easements during	g the year
7	Amount of expenses incurred in monitoring, in: ▶ \$	specting, and enforcing conserva	ation easements during the	year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	irements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revo the organization's financial sta	enue and expense statement tements that describes the	and balance sheet, and organization's accounting for
Pa	Organizations Maintaining Collectory Complete if the organization answ	ctions of Art, Historical Tr vered 'Yes' to Form 990, F	easures, or Other Sin Part IV, line 8.	nilar Assets.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	SFAS 116 (ASC 958), not to repete held for public exhibition, education is statements that describes the	port in its revenue statemen ation, or research in further lese itemsSee Part X	nt and balance sheet works of ance of public service, provide, LV
ı	b If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items:	d for public exhibition, education	, or research in furtherance	e of public service, provide the
	(i) Revenues included in Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			►\$
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 (ASC 958) relating to these i	tems:	
	a Revenues included in Form 990, Part VIII, line			
- 1	b Assets included in Form 990, Part X			▶\$

Part III Organizations Maintaining Co	ollections of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (co	ntinu	ed)
3 Using the organization's acquisition, accesitems (check all that apply):			g that are a significant (use of its	collect	tion
a X Public exhibitionb Scholarly research	d Loan e Other	or exchange programs				
c X Preservation for future generations	e Other	-				
4 Provide a description of the organization's	collections and explain ho	w they further the organ	nization's exempt purpo	se in		
Part XIV. 5 During the year, did the organization solic	it or receive donations of a	rt historical treasures o	or other similar			
assets to be sold to raise funds rather that	n to be maintained as part	of the organization's co	Ilection?			No
Escrow and Custodial Arrang line 9, or reported an amount	gements. Complete if on Form 990, Part X,	the organization an line 21.	swered 'Yes' to Fo	rm 990, 	, Part	: IV,
1 a Is the organization an agent, trustee, cust included on Form 990, Part X?		·	ner assets not	Yes		No
b If 'Yes,' explain the arrangement in Part X	IV and complete the follow	ring table:				
5				Amount		
c Beginning balance						
d Additions during the year						
e Distributions during the year f Ending balance				-		
2a Did the organization include an amount or				Yes		No
b If 'Yes,' explain the arrangement in Part X		1			L	_140
Part V Endowment Funds. Complete		swered 'Yes' to For	m 990 Part IV line	e 10		
<u> </u>	rrent year (b) Prior yea				our vears	s back
1 a Reginning of year belongs	, , ,	,,,,	,,,			
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the c	urrent year end balance (li	ne 1g, column (a)) held	as:			
a Board designated or quasi-endowment ►	%					
b Permanent endowment ▶	%					
c Temporarily restricted endowment ►	%					
The percentages in lines 2a, 2b, and 2c sh	nould equal 100%.					
3a Are there endowment funds not in the pos organization by:	· ·				Yes	No
(i) unrelated organizations				3a(i)		
(ii) related organizations						ļ
b If 'Yes' to 3a(ii), are the related organizati	·			3b		
4 Describe in Part XIV the intended uses of						
Part VI Land, Buildings, and Equipm		· ·				
Description of property	(a) Cost or other basis (investment)	basis (other)	(c) Accumulated depreciation	(a) B	ook va	
1 a Land		300,000.				,000.
b Buildings		200,000.	6,134.			<u>, 866.</u>
c Leasehold improvements		1,957,722.	172,455.	1,		,267.
d Equipment		56,333.	45,654.			<u>, 679.</u>
e Other		86,432.	77,851.			,581.
Total. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Part X ,	column (B), line 10(c).)	······································	2,	<u> 298,</u>	, 393.

Part VII Investments - Other Securities. See F	Form 990, Part X,	line 12. N/A	Ğ
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation: rket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D)			
(E)			
<u>(F)</u>			
(G) (H)			
(l)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation:
		Cost or end-of-year ma	rket value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, I	ine 15. N/A		
(a) Des	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3). line 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part >			·
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Advance Deposits	24,02	27.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 24,02	27	
INTAL (L.OUIMIN LD) MILISI POUNT FORM 990 PARLX POUNTO LES UNE 25 1			

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

BAA TEEA3304L 05/25/11 Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011 Point Arena Lighthouse Reepers, inc.	94-2841636	Page 5
Part XIV Supplemental Information (continued)		
Part V, Line 4 - Intended Uses Of Endowment Fund		
Earnings from Endowment funds are available to fulfill the miss	sion of the	
organization; principal is to be preserved in perpetuity		

Schedule D (Form 990) 2011 Point Arena Lighthouse Keepers, Inc.	94-2841636	Page 5
Part XIV Supplemental Information (continued)		
		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 94-2841636 Point Arena Lighthouse Keepers, Inc. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants f h Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events g Ч In-person solicitations X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (vi) Amount paid to (or retained by) (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to or entity (fundraiser) (or retained by) fundraiser listed in have custody or control from activity of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ΩA	-2	0 /	1	62	c
94	· – /. :	ი 4		ก.ว	n

Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) Save the Light Weddings and M through column (c) REVENUE (event type) (event type) (total number) 16,860. 6,273. 23,133. 1 Gross receipts..... 2 Less: Charitable contributions..... 16,860. 6,273. 23,133. **3** Gross income (line 1 minus line 2)..... **4** Cash prizes..... D I R E C T 6 Rent/facility costs..... EXPENSES 8 Entertainment **9** Other direct expenses..... 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 11 Net income summary. Combine line 3, column (d), and line 10..... Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (a) Bingo (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c) 1 Gross revenue..... **2** Cash prizes..... D I RECT 3 Non-cash prizes 4 Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No 8 Net gaming income summary. Combine lines 1, column (d) and line 7..... **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If 'No,' explain: **b** If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2011 Point Arena Lighthouse Keepers, Inc.	4-28416	536	Page 3
	Does the organization operate gaming activities with nonmembers?			No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?	ormed to	Yes	No
13	Indicate the percentage of gaming activity operated in:			
ä	a The organization's facility	. 13a		%
ı	b An outside facility	. 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books are	records:		
	Name ►			
	Address •			
ı	a Does the organization have a contact with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:			No
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	tain the	Yes	No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year ► \$	spent in tl	ne	
Pai	rt IV Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appli this part to provide any additional information (see instructions).	d by Part cable. Als	I, line 2 so comp	2b, olete
	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Point Arena Lighthouse Keepers, Inc.	94-2841636
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder _	
Members pay dues and recieve certain benefits such as free, or	reduced, admission to
the_lightstation_and_voting_privileges_at_the_annual_meeting	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bod	<u> Y </u>
Members of the organization vote to approve a slate of officers	and directors for 2-
year terms. They also vote on any changes to bylaws presented	at the annual
meeting.	
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders
Each dues paying member is allowed one vote. There is only one	class of
member/voter.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Board of Directors is sent a copy of the Form 990 soon after	r it is prepared. At
the next board meeting the financial information on the return	is summarized and
reconciled with the financial statements they had reviewed earl	ier in the year. The
board reviews any policy issues described on Part VI, Section B	. The board then
recommends and agrees on any policy initiatives for the coming	year.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts
In January, 2011, the Board of Directors adopted the conflict of	f interest policy.
All key employees and board members signed the conflict of inte	rest Certification &
Disclosure statements acknowledging this poicy and disclosing a	ny financial
interests. A committee of the board reviewed these statements	and determined that
there were no conflicts of interest. Key employees and board me	embers will continue
to review and sign conflict of interest statements annually for	review by the
committee of the board.	

Name of the organization Point Arena Lighthouse Keepers, Inc.	Employer identification number 94-2841636
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	xec. Dir., or Top Mgtment
The bylaws of the organization state that no officer shall rece	eive any compensation
from the corporation. The Board of Dirctors is responsible for	setting the salary
of the executive director. Based on a review of comparable pos	sitions and
performance, the executive director's compensation was last adj	usted in October
2010, and the new salary was effective January 1, 2011. Writte	en copies of this
review were provided to the Executive Director and approved by	the Board.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Copies of the 990 are available to the public online through the	ue California Registry
of Charitable Trusts, or upon request. All policies are printe	ed in the employee
handbook and are available upon request. The committee assigned	ed to write a policy
on data retention and destruction is still developing its draft	for the board.

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

nternal Revenue	Service - File a	separate appi	ication for each return.					
• If you are	e filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Months Board II and Secret II and Secre	onth Extensio	n, complete only Part II (on page 2 of thi	s forr	n).	▶\\		
Electronic file corporation request an e Associated V	Dete Part II unless you have already been graling (e-file). You can electronically file Form 8 equired to file Form 990-T), or an additional (extension of time to file any of the forms listed with Certain Personal Benefit Contracts, which no of this form, visit www.irs.gov/efile and cliven	868 if you nee (not automatic I in Part I or P n must be sen	ed a 3-month automatic extension of time) 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instructions)	to fil ctroni forma	e (6 months fically file Forn	n 8868 to or Transfers		
	utomatic 3-Month Extension of Time		<u> </u>					
<u> </u>	required to file Form 990-T and requesting a	-		compl	ete Part I onl	v ► 🗆		
'	porations (including 1120-C filers), partnershi			t an e	xtension of til	me to file		
	Name of exempt organization or other filer, see instructions	S.	2.1.6.1 3		oyer identification			
Type or								
print	Point Arena Lighthouse Keepe	ers Inc		Χ	94-284163	36		
ile by the	Number, street, and room or suite number. If a P.O. box, se				Social security nur			
due date for iling your	P.O. Box 11							
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign	address, see instru	actions.	-4				
	Point Arena, CA 95468							
Enter the Re	turn code for the return that this application is	s for (file a se	parate application for each return)			[01]		
Application s For		Return Code	Application Is For					
orm 990		01	Form 990-T (corporation)	tion)				
orm 990-BL		02	Form 1041-A					
orm 990-EZ	7 -	01	Form 4720					
Form 990-PF			Form 5227					
orm 990-T	(section 401(a) or 408(a) trust)	05	Form 6069					
orm 990-T	(trust other than above)	06	Form 8870					
Telephone If the org If this is check this the exter I I reque until _ The ex	s are in the care of . ► <u>Don Plenty Final</u> e No. ► <u>707-884-1100</u> canization does not have an office or place of for a Group Return, enter the organization's for s box ► . If it is for part of the group asion is for. Is an automatic 3-month (6 months for a corp 8/15, 20 _ 12, to file the exempt tension is for the organization's return for: calendar year 20 _ 11 or tax year beginning, 20	FAX Notes that the properties of the properties	e United States, check this box	this i	s for the whol	e group,		
	ax year entered in line 1 is for less than 12 mange in accounting period	onths, check r	eason: Initial return Fin	al ret	urn			
nonrefu	application is for Form 990-BL, 990-PF, 990-Tundable credits. See instructions	· · · · · · · · · · · · · · · · · · ·	<u>.i</u>		\$	0.		
payme	application is for Form 990-PF, 990-T, 4720, on the made. Include any prior year overpayments	t allowed as a	credit	3 t	\$	0.		
EFTPS	e due. Subtract line 3b from line 3a. Include y (Electronic Federal Tax Payment System). S	ee instructions	5	•	\$	0.		
Caution. If y payment inst	ou are going to make an electronic fund withour cructions.	drawal with this	s Form 8868, see Form 8453-EO and For	m 88	/9-EO for			

Form 886	8 (Rev 1-2012)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Extensio	n, complete only Part II and	d check this box	▶ 🛚 🗓
Note. Onl	y complete Part II if you have already been	granted an automa	itic 3-month extension on a	previously filed Form 8868.	<u>—</u>
If you	are filing for an Automatic 3-Month Extens	sion, complete only	Part I (on page 1).		
	Additional (Not Automatic) 3-Mon			iginal (no copies neede	ed).
	,		•	er filer's identifying number,	
	Name of exempt organization or other filer, see instruc	tions.		Employer identification no	
_					
Type or print	Point Arena Lighthouse Kee	epers. Inc.		X 94-2841636	6
F ·····	Number, street, and room or suite number. If a P.O. be			Social security number (S	
File by the	Don Plenty Financial Serv	iaoa			
extended due date for filing the	38550 Hwy One - PO Box 32				
return. See instructions.	City, town or post office, state, and ZIP code. For a for		ons.	<u> </u>	
IIISII UCIIOIIS.	Gualala, CA 95445				
	Guarara, CA 93443				
F	Data was and a facilities with our Heat Hair and line	:- . / /			01
Enter the	Return code for the return that this applica	tion is for (file a sep	parate application for each	return)	01
			I		
Application Is For	on	Return Code	Application Is For		Return Code
			15 1 01		Joue
Form 990		01	E 1011 A		
Form 990		02	Form 1041-A		08
Form 990		01	Form 4720		09
Form 990		04	Form 5227		10
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990	-T (trust other than above)	06	Form 8870		12
If theIf thiswhole gro	hone No. ► 707-884-1100 organization does not have an office or pla is for a Group Return, enter the organization, check this box ► If it is for part	ce of business in th on's four digit Group	Exemption Number (GEN)	box	f this is for the
members	the extension is for.				
5 For6 If th7 Stat	quest an additional 3-month extension of ting calendar year 2011 , or other tax year e tax year entered in line 5 is for less than Change in accounting period e in detail why you need the extension. There information necessary	beginning 12 months, check r Taxpayer re	, 20, and eeason:	ts_additional_time	
non	is application is for Form 990-BL, 990-PF, 9 refundable credits. See instructions			8a Ş	
payı	is application is for Form 990-PF, 990-T, 47 ments made. Include any prior year overpa Form 8868.	yment allowed as a	credit and any amount paid	d previously	
c Bala EFT	ance due. Subtract line 8b from line 8a. Inc PS (Electronic Federal Tax Payment Syste	lude your payment m). See instructions	with this form, if required, t	by using 8c\$	
	Signature and	Verification mu	st be completed for P	art II only.	
Under penalt correct, and	ies of perjury, I declare that I have examined this form, in complete, and that I am authorized to prepare this form.	cluding accompanying sch	edules and statements, and to the be	est of my knowledge and belief, it is to	rue,
Signature •	<u> </u>	Title Treasu	rer	Date ►	
BAA		FIFZ0502L	07/29/11	Form 88	368 (Rev 1-2012)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2010 calend	dar year, or tax ye	ear beginning	g		, 201	0, and endi	ng		,	ı			
В	Check i	if applicable:								D Employer Identification Number					
	Ac	ldress change	Point Arena	. Lightho	ouse Ke	eepers,	Inc.			94-2841636					
		ame change	P.O. Box 11							E Telepho	ne numbe	er			
		itial return	Point Arena CA 95468								-882-	-2777			
		rminated								, , ,	002	2			
		nended return								G Gross re	acainte \$	786	,104.		
		oplication pending	F Name and address	of principal office	rer:				H(a) Is this	a group retur					
		phication pending	Same As C A							affiliates incl		Yes			
_	Tay	exempt status		501(c) () 	ort no)	4947(a)(1)	or 527	If 'No,'	attach a list.	(see instr				
<u>'</u>		bsite: N/		301(c) () - (1113	ert no.)	4347 (a)(1)	UI JZ/	11/-> 0						
K				Trust Ass		1		■ Year of Forma		exemption nu		gal domicile: CA			
_	rt I			Trust Ass	sociation	Other ►	Į.	Year of Forma	ation: 190	Z IVIS	state of le	gal domicile: CF	<u>, </u>		
Γā		Summar Briefly describ		nla mission	or most si	anificant o	otivition. I	Ta							
			be the organizatio												
Activities & Governance			<u>Point Aren</u>												
nar			ses, its 11												
Ver	2	Check this bo	iration, ed ox ► if the org	uca LIOII _	<u>and en</u>	n its opera	tions or dis	T Genera	d L LOIIS ore than 2	<u>_LO _COII</u> 5% of its	net acc				
ၓ			ting members of t								3	sets.	9		
ళ			dependent voting								4		<u>9</u>		
ij.			of individuals em		-		•	•			5		24		
÷	6	Total number	of volunteers (es	timate if nec	essary)			· · · · · · · · · · · · · ·			6		24 50		
ď			ed business reven								7 a		0.		
	b	Net unrelated	business taxable	income fron	n Form 99	0-T, line 3	4		<u>.</u>		7 b		0.		
										rior Year		Current Y			
Φ			and grants (Part							420,6			<u>,257.</u>		
Revenue			rice revenue (Part							124,5			,517.		
eve			icome (Part VIII, c			-					14.		<u>,481.</u>		
Œ			e (Part VIII, colum							124,9			<u>,518.</u>		
			e – add lines 8 thr							672,1			<u>,773.</u>		
			milar amounts pa							5	500.	3	,000.		
		Benefits paid to or for members (Part IX, column (A), line 4)							1010		100 674				
Ø	15	Salaries, other	er compensation, of	employee be	enefits (Pa	ırt IX, coluı	mn (A), line	es 5-10)		164,0	122.	198	<u>,674.</u>		
Expenses	16a	Professional	fundraising fees (F	Part IX, colui	mn (A), lii	ne 11e)									
ç	b	Total fundrais	sing expenses (Pa	ırt IX, columr	n (D), line	25) ►		30,526.							
û	17	Other expens	es (Part IX, colum	nn (A), lines	11a-11d,	11f-24f)				144,1	89.	121	,253.		
			tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							308,7	111.	322,927.			
	19									363,389.			255,846.		
P S			·							ng of Curren		End of Yo	ear		
ats	20 Total assets (Part X, line 16)									2,335,3		2,676			
Net Assets or Fund Balances	21	Total liabilitie	s (Part X, line 26))						240,5	09.		,926.		
FE	22	Net assets or	fund balances. S	ubtract line 2	21 from lir	ne 20			. 2	2,094,8	38.	2,350	.684.		
Pa	rt II	Signatur								, , .			,		
				ined this return i	including acc	omnanving scl	nedules and st	atements and to	the hest of r	nv knowledae	and heli	ef it is true correc	rt and		
com	iplete. D	eclaration of prepa	eclare that I have exami arer (other than officer)	is based on all'in	nformation of	which prepare	er has any kno	wledge.	o the best of t	ny momeage	and bein	or, it is true, correc	ot, and		
Sig	ın	Signatu	re of officer						Da	ate					
He	re	Grad	ce Carter						Treas	surer					
		Type or	print name and title.												
		Print/Type p	reparer's name	Pre	eparer's signa	iture		Date		Check	ζ if F	PTIN			
Pa	id	Don Pl	enty	Do	on Pler	nty				self-employe		N/A			
	epare						es			, ,,	1 -				
	e On					PO Box 328			Firm's EIN ► N/A						
		- Timis addite	Gualala	_		020				Phone no.		884-1100			
Mar	the I	RS discuss th	is return with the	•		? (see ins	tructions).			ı		X Yes	No		

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

4e Total program service expenses ► 504, 024.

BAA TEEA0102L 10/06/10 Form 990 (2010)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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 where 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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	Х	
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ı	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
•	c 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.	11 c		Х
	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? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	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	11 f		Χ
	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		Х
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	 a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV. 	14a 14b		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
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).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
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		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
l	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

			Yes	No
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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a 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, and 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25 a	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		Х
ŀ	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		Х
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		Х
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? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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 l</i>	33		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
ā	a 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 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	990 ((2010)

Form **990** (2010)

Form 990 (2010) Point Arena Lighthouse Keepers, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V	<u></u>		
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			i
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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 24			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b		
	- 55		
 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country: ► 	4a		X
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			i
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		Λ
	30		
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		Х
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).			İ
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	Χ	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.			
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:			
a Initiation fees and capital contributions included on Part VIII, line 12			ĺ
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:			
a Gross income from members or shareholders			ĺ
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 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue gualified 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			
c Enter the amount of reserves on hand	14-		v
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2010) Point Arena Lighthouse Keepers, Inc. 94-2841636 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. 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. 1 a 9 **b** Enter the number of voting members included in line 1a, above, who are independent 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? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ of officers, directors or trustees, or key employees to a management company or other person?..... Χ Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?.... Did the organization become aware during the year of a significant diversion of the organization's assets?..... Χ 6 Does the organization have members or stockholders?...See..Schedule.Q..... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....See.Schedule.O..... Χ b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See. Sch. O 7_b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a **b** Each committee with authority to act on behalf of the governing body?..... 8_b Is there any officer, director or 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. . 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a **10 a** Does the organization have local chapters, branches, or affiliates?..... b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization?..... Χ 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule 0 12c 13 Does the organization have a written whistleblower policy?..... Χ 13 Χ 14 Does the organization have a written document retention and destruction policy? . . . 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? Χ a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0..... 15a 15b Χ **b** Other officers of key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure

taxable entity during the year?...

17	List the states with which a	copy of this Form 990 is required to be filed ►	CA
17	LIST THE STATES WITH WHICH A	copy of this form 330 is required to be filed 5	

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

16a

16b

Χ

Own website X Another's website X Upon request

organization's exempt status with respect to such arrangements?.

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

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

► Don Plenty Financial Services PO Box 328, Gualala, CA 95445 707-884-1100

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

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

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.

X Check this box if neither the organization	n nor any	relate	ed or	gan	izat	ion co	mpe	nsated any current of	ficer, director, or trus	tee.
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndividual trustee or director	Institutional trustee	check Officer	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 organizations
(1) Jim Platt Director	6	Х						0.	0.	0.
(2) Judith Leeper Vice President	10	Х		Х				0.	0.	0.
(3) Norm Fast Secretary	5	Х		Х				0.	0.	0.
(4) Grace Carter Treasurer	12	Х		Х				0.	0.	0.
(5) Nicolas Epanchin Director	15	Х						0.	0.	0.
_(6) Pauline Zamboni President	23	X		Χ				0.	0.	0.
_(7)_Glenn_Funk Director	5	Х						0.	0.	0.
	5	Х						0.	0.	0.
	5	Х						0.	0.	0.
(10) Rae Radtkey Executive Direc	40					Х		43,200.	0.	0.
<u>(11)</u>	_									
<u>(12)</u>	1									
(13)										
(14)										
<u>(15)</u>										
<u>(16)</u>										
(17)										

(A)	(B)			(c)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			(check Officer		Mighest compensated		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 organizations
<u>(20)</u>										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(28)										
b Sub-total. c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	A		 				> >	43,200. 0. 43,200.	0. 0. 0.	0. 0. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	l abo	ove)) who	o re	ceived more than	\$100,000 in report	able compensation
 3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i> 4 For any individual listed on line 1a, is the sum of re 	<i>ndividua</i> portable	/ e cor	npe	nsa	tion	and	 I oth	er compensation		Yes No
the organization and related organizations greater the such individual									individual	. 4 X
for services rendered to the organization? If 'Yes,' or Section B. Independent Contractors	complete	Sc	hed	ule .	J fo	r suc	ch p	erson		. 5 X
Complete this table for your five highest compensate compensation from the organization.	ed inde	oend	dent	cor	itrac	ctors	tha	t received more to	nan \$100,000 of	
(A) Name and business addres	S							Description of		(C) Compensation
Ron Stark Construction, Inc. PO Box 890 Albi	on, CA	954	410					General Contr	actor	329,235.
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	e list	ed a	hbove) who receiv	ed more than	

Pa	rt 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in Ins 1a-1f: \$ h Total. Add lines 1a-1f Business Code Business Code	275,257. 121,517.	121,517.		
PROGRAM SERVICE RI	b	121,517.			
	3 Investment income (including dividends, interest and other similar amounts)	2,481.	2,481.		
OTHER REVENUE	c Rental income or (loss)	79,377.			79,377.
	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18	29,706.			29,706.
	b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a 138,999. b Less: cost of goods sold b 68,564. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	70,435.			70,435.
	to a large to the first term of the first term o	578,773.	123,998.	0.	179,518.

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).

	All other organizations must comp	, ,	(B)	(C)	(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	3,000.	3,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	179,294.	104,583.	59,372.	15,339.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	5,279.	2,503.	2,206.	570.
10	Payroll taxes	14,101.	6,685.	5,893.	1,523.
11	Fees for services (non-employees):				
a	Management				
	Legal				
C	Accounting	1,027.	487.	429.	111.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	g Other				
	Advertising and promotion	11,854.	5,620.	4,954.	1,280.
13	Office expenses		1 - 60		
14	Information technology	3,290.	1,560.	1,375.	355.
15	Royalties				
16	Occupancy	251	176	155	40
17	Travel	371.	176.	155.	40.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	7,250.	3,437.	3,030.	783.
21	Payments to affiliates	00-	1.0.00=		
22	Depreciation, depletion, and amortization	34,582.	16,395.	14,452.	3,735.
23 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.).	21,637.	10,258.	9,042.	2,337.
2	Utilities	13,712.	6,501.	5,730.	1,481.
	Supplies	10,944.	5,189.	4,574.	1,182.
	Bank Fees & Charges	6,374.	3,022.	2,664.	688.
	Repairs	3,656.	1,733.	1,528.	395.
	Telephone	2,905.	1,377.	1,214.	314.
	All other expenses	3,651.	1,731.	1,526.	393.
	Total functional expenses. Add lines 1 through 24f	322,927.	174,257.	118,144.	30,526.
26	Joint costs. 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.	,			Form 990 (2010)

1 6	IIIA	Dalatice Stieet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			36,952.	1	19,760.
	2	Savings and temporary cash investments			167,171.	2	
	3	Pledges and grants receivable, net				3	_
	4	Accounts receivable, net				4	235,241.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustee	es, key employees, edule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contril sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions).	section 4958(f)(1)), mployers and yees' beneficiary		6		
A	7	Notes and loans receivable, net			7		
Š	8	Inventories for sale or use			28,490.	8	39,948.
A S E T S	9	Prepaid expenses and deferred charges		-	14,526.	9	8,536.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					3,3331
		Complete Part VI of Schedule D	10a	2,597,667. 241,506.	2 070 266	10 -	2 256 161
		Less: accumulated depreciation			2,079,266.	10 c	2,356,161.
		Investments — publicly traded securities		-		11 12	
		Investments – other securities. See Part IV, line 11		T		13	
	13	Investments – program-related. See Part IV, line 11		-		14	
	14	Intangible assets.			8,942.	15	16,964.
	15	Other assets. See Part IV, line 11			2,335,347.	16	2,676,610.
	16 17	Total assets. Add lines 1 through 15 (must equal line 3			18,431.	17	14,209.
	18	Accounts payable and accrued expenses			10,431.	18	14,209.
	19	Deferred revenue		19			
L	-			-		20	
I A	20 21	Tax-exempt bond liabilities		T		21	
A B I	21	Escrow or custodial account liability. Complete Part IV	Ī		21		
L T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers of Schedule L.	tees, ke sons. Co	y employees, implete Part II		22	
Ė	23	Secured mortgages and notes payable to unrelated thi		-	200,697.	23	290,731.
3	24	Unsecured notes and loans payable to unrelated third			200,031.	24	230,131.
	25	Other liabilities. Complete Part X of Schedule D	•	F	21,381.	25	20,986.
	26	Total liabilities. Add lines 17 through 25		-	240,509.	26	325,926.
N		Organizations that follow SFAS 117, check here ►			210,000.		223,320.
N E T		27 through 29 and lines 33 and 34.		oomprote mies			
	27	Unrestricted net assets				27	
SSETS	28	Temporarily restricted net assets.		-		28	
Ī	29	Permanently restricted net assets.		-		29	
O R		Organizations that do not follow SFAS 117, check her	_				
		lines 30 through 34.	٠ .				
F U N D	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipme				31	
Ě	32	Retained earnings, endowment, accumulated income,			2,094,838.	32	2,350,684.
BALANCES	33	Total net assets or fund balances			2,094,838.	33	2,350,684.
Ĕ	34	Total liabilities and net assets/fund balances			2,335,347.	34	2,676,610.
_	<u> </u>	Total habilitios and not assets/fully balances			2,000,041.		2,070,010.

BAA Form **990** (2010)

Form 990 (2010) Point Arena Lighthouse Keepers, Inc. 94-	2841	636	Pa	age 12
Part XI Reconciliation of Net Assets				
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		578,7	773.
2 Total expenses (must equal Part IX, column (A), line 25)	2		322,9	927.
3 Revenue less expenses. Subtract line 2 from line 1	3		255,8	846.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	094,8	838.
5 Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	2.	350,6	684.
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•		
1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	4	Х
b Were the organization's financial statements audited by an independent accountant?)	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	he aud	lit.		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issues separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ied on	a 		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3	à	Х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits..... 3b Form **990** (2010) BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Total

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Point Arena Lighthouse Keepers, Inc. 94-2841636 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I d Type II С Type III - Functionally integrated Type III — Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... <u>11 g</u> (i) A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of (vi) Is the organization in column (i) (i) Name of supported organization (ii) EIN (vii) Amount of support (see instructions)) your governing document? organized in the U.S.? your support? Yes Yes No No Yes (A) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2010 Point Arena Lighthouse Keepers, Inc. 94-2841636 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				_		
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.').						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	1	1	1			
	ndar year (or fiscal year nning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	tructions)				
13	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	ercentage				*
14	Public support percentage for 20	010 (line 6, colum	n (f) divided by lir	ne 11, column (f)))	14	%
15	Public support percentage from	2009 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test – 2010. If and stop here. The organization	the organization o qualifies as a pul	did not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	theck this box
ŀ	33-1/3% support test – 2009. If and stop here. The organization	the organization of qualifies as a pul	did not check a boolicly supported o	ox on line 13 or 16 rganization	Sa, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	re. Explain in Part ted organization.	IV how the▶
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			
BAA					Sc	neaule A (Form 9:	90 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u>.</u>					
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')	01 016	201 424	720 625	400 600	075 057	1 717 765
2	Gross receipts from admis-	81,816.	201,434.	738,635.	420,623.	275,257.	1,717,765.
2	sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	213,055.	276,820.	165,630.	211,237.	221,658.	1,088,400.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	294,871.	478,254.	904,265.	631,860.	496,915.	2,806,165.
/ 8	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
(Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)						2,806,165.
	tion B. Total Support						
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	294,871.	478,254.	904,265.	631,860.	496,915.	2,806,165.
10 6	dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources	164,053.	160,967.	160,071.	40,240.	81,858.	607,189.
ŀ	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	164,053.	160,967.	160,071.	40,240.	81,858.	607,189.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						0
12	regularly carried on						0.
14	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	458,924.	639,221.	1,064,336.	672,100.	578,773.	3,413,354.
14	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pul			12 salvena (6)		15	82.2 %
	Public support percentage for 20 Public support percentage from 2	• •	``				82.2 %
	tion D. Computation of Inv					10	01.2 8
	Investment income percentage for				mn (f))	17	17.8 %
	Investment income percentage fr	•	• •	-			18.8 %
	33-1/3% support tests – 2010. If						nd line 17
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	1 ► <u>X</u>
ŀ	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization of the check this box a	did not check a bo	ox on line 14 or li	ne 19a, and line 1 alifies as a publict	16 is more than 33 v supported organi	3-1/3%, and nization ► □
	Private foundation. If the organiz						

Schedule A	(Form 990	or 990-E	Z) 2010	Point	Arena	Ligh	thous	se Ke	epers,	Inc.	94-2841	.636	Page 4
Part IV	Supplen Part II, Ii (See ins	nental II ine 17a truction	nformation or 17b; s).	tion. Cor ; and Pa	mplete t rt III, lin	his par e 12. <i>F</i>	t to pr Also co	ovide omplet	the exp e this p	lanations art for ar	required by P y additional in	art II, line formation	10;
	<u> </u>		,										
					. _							·	
					. — — — -							· 	
												· — — — — -	
					. — — — -							. – – – – -	
					. – – – -								
											- – – – – – –		
					· — — — -								
					. – – – -							· — — — — -	
					· — — — -								
					. — — — -						- – – – – – –	. – – – – -	
											- – – – – – –		
											- – – – – – –		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization		Employer identification number		
Point Arena Lighthouse Keeper	s, Inc.	94-2841636		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a 527 political organization	private foundation		
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private treated as a	ate foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the Ge Note. Only a section 501(c)(7), (8), or (10) orga	eneral Rule or a Special Rule. anization can check boxes for both the General Rule and a	Special Rule. See instructions.		
General Rule				
X For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one		
Special Rules				
For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
religious, charitable, etc, contributions of \$5	5,000 or more during the year			
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	ee the Instructions for Form 990, Schedul	e B (Form 990, 990-EZ, or 990-PF) (2010)		

_	-
Page	- 1
ı ayc	_

of Part I

Point Arena Lighthouse Keepers, Inc.

of 1 Employer identification number

94-2841636

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Calif Cultural & Hist'l Endowm PO Box 942837 Sacramento, CA 94237	- \$235,241.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$ -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1

of 1 of Part II

Point Arena Lighthouse Keepers, Inc.

Employer identification number

94-2841636

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

Point Arena Lighthouse Keepers, Inc.

94-2841636

Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.Co	ns to secti mplete cols (on 501(c)(7), (8), or (10) a) through (e) and the following line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, cl (Enter this information once. S	naritable, etc, See instruction	ns.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e)		
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	rurpose of glit	use of grit		Description of now girt is neid
		(e)		
	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a)	(6)	(0)		\.\
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e)		
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions. OMB No. 1545-0047

QUIU
Open to Public

► Attach to Form 990. ► See separate instructions. Inspection

Employer identification number

94-2841636 Point Arena Lighthouse Keepers, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate contributions to (during year).... Aggregate grants from (during year)..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these itemsSee Part XIV b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: **►**\$ (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X. ▶\$

Part III Organizations Maintai	ining Collections	s of Art, Histo	rıcal	Treasures, or	Other Similar Ass	ets (co	<u>ontinu</u>	ea)
3 Using the organization's acquisiti items (check all that apply):	on, accession, and c	other records, che	eck ar	ny of the following	that are a significant u	se of its	collec	tion
a X Public exhibition	<u> </u>							
b Scholarly research		e Other		0 , 0				
c X Preservation for future gener	ations	<u>—</u>						
4 Provide a description of the orga Part XIV.		and explain how	they	further the organiz	zation's exempt purpos	se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mai	e donations of art	, histo	orical treasures, or organization's coll	other similar ection?	Yes	Σ	No
Part IV Escrow and Custodia	Arrangements.	Complete if c	rgan			90, Pa	art IV,	line
9, or reported an amo	unt on Form 990	, Parť X, line :	21.					
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or ot	her intermediary	for co	ontributions or othe	er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the following	ng tab	ole:	!		<u> </u>	_
						Amount		
c Beginning balance					1с			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an a	mount on Form 990,	Part X, line 21?				Yes		No
b If 'Yes,' explain the arrangement	in Part XIV.				•			_
Part V Endowment Funds. Co	mplete if the org	janization ans	were	d 'Yes' to Forn	n 990, Part IV, line	10.		
	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back	(e) F	our years	s back
1 a Beginning of year balance	13,948.		0.	0				
b Contributions	620.							
c Net investment earnings, gains, and losses	1,094.							
d Grants or scholarships	·							
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance	15,662.	13,9	48.	0				
2 Provide the estimated percentage	e of the year end bal	ance held as:						
a Board designated or quasi-endov	vment ►	%						
b Permanent endowment ▶	%							
c Term endowment ►	%							
3a Are there endowment funds not i	n the nossession of	the organization	that a	re held and admin	istered for the	_		
organization by:	11 the possession of	the organization	triat a	ic ricia aria admiri	istored for the		Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations						3a(ii)		X
b If 'Yes' to 3a(ii), are the related of	organizations listed a	s required on Sc	hedul	e R?		3b		
4 Describe in Part XIV the intended	d uses of the organiz	ation's endowme	nt fur	nds. See Part	XIV			
Part VI Land, Buildings, and I	Equipment. See	Form 990, Pa	rt X,	line 10.				
Description of investment		st or other basis nvestment)	(b)	Cost or other asis (other)	(c) Accumulated depreciation	(d) E	Book va	ılue
1 a Land				300,000.				,000.
b Buildings				200,000.	6,134.			,866.
c Leasehold improvements				1,957,722.	118,591.	1		,131.
d Equipment				55,487.	42,394.			,093.
e Other				84,458.	74,387.			,071.
Total. Add lines 1a through 1e (Columb	n (d) must equal For	m 990, Part X, c	olumn	(B), line 10(c).)				,161.
BΔΔ					Sched	ule D (F	orm 99	0) 2010

Schedule **D** (Form 990) 2010

Part VII	Investments-Other Securities. See F	orm 990, Part X, li	ne 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation: rket value
(1) Financ	cial derivatives			
	y-held equity interests			
(3) Other				
<u>(B)</u>				
(C)				
(G) (H)				
(l)				
	umn (b) must equal Form 990 Part X, column (B) line 12.).			
	Investments—Program Related. (See	Form 990, Part X.	line 13) N/A	
1 41 () 11	(a) Description of investment type	(b) Book value	(c) Method of valua	ation:
	(-)	(-)	Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) .			
Part IX	Other Assets. (See Form 990, Part X,	line 15) N/A		
		scription		(b) Book value
(1)	• •	•		, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column(B		·············	•
Part X	Other Liabilities. (See Form 990, Part			
(1) Fode	(a) Description of liability eral income taxes	(b) Amount		
	vance Deposits	20,98	36	
(3)	vance beposits	20,50	50.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, column (B) line 25)	≥ 20,98	36.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

BAA TEEA3304L 02/11/11 Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 Point Arena Lighthouse Keepers, Inc.	94-2841636	Page 5
Part XIV Supplemental Information (continued)		
Part V, Line 4 - Intended Uses Of Endowment Fund		
Earnings from Endowment funds are available to fulfill the miss	sion of the	
organization; principal is to be preserved in perpetuity.		

Schedule D (Form 990) 2010 Point Arena Lighthouse Reepers, inc.	94-2841636	Page 5
Part XIV Supplemental Information (continued)		-
	_	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 94-2841636 Point Arena Lighthouse Keepers, Inc. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants f h Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events g Ч In-person solicitations X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts (i) Name and address of individual (ii) Activity (vi) Amount paid to (or retained by) (iii) Did fundraiser (v) Amount paid to or entity (fundraiser) (or retained by) fundraiser listed in have custody or control from activity of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. **(b)** Event #2 (a) Event #1 (c) Other events (d) Total events (add column (a) Weddings and M Save the Light through column (c) REVENUE (event type) (event type) (total number) 23,875. 5,831. 29,706. 1 Gross receipts..... 2 Less: Charitable contributions..... 23,875. 29,706. 5,831. **3** Gross income (line 1 minus line 2)..... **4** Cash prizes..... D I R E C T 6 Rent/facility costs..... EXPENSES **9** Other direct expenses..... 10 Direct expense summary. Add lines 4- through 9 in column (d)..... 11 Net income summary. Combine line 3, column (d), and line 10..... 29,706. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (a) Bingo (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c) 1 Gross revenue..... **2** Cash prizes..... D I RECT 4 Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No 8 Net gaming income summary. Combine lines 1, column (d) and line 7..... ▶ **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If 'No,' explain: **b** If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2010 Point Arena Lighthouse Keepers, Inc.	94-284	1636	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity f administer charitable gaming?	ormed to	Yes	No
	Indicate the percentage of gaming activity operated in:	122		9.
	n The organization's facility			<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books at	nd record	s:	
	Name ►Address ►			
b	Does the organization have a contact with a third party from whom the organization receives gaming revenuely life 'Yes,' enter the amount of gaming revenue received by the organization \(\bar{\sigma} \) and of gaming revenue retained by the third party \(\bar{\sigma} \) . If 'Yes,' enter name and address of the third party:	the amou	int	No
	Name ►			. – – – –
16	Gaming manager information:			
	Name •			. – – – –
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations organization's own exempt activities during the tax year ► \$	r spent ir	n the	
Par		ed by P licable.	art I, line Also con	2b, iplete

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Point Arena Lighthouse Keepers, Inc.	94-2841636
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Sharehold	l <u>er</u>
Members pay dues and recieve certain benefits such as free,	or reduced, admission to
the_lightstation_and_voting_privileges_at_the_annual_meeting	g
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing	Body
Members of the organization vote to approve a slate of office	cers and directors for 2-
year terms. They also vote on any changes to bylaws present	ted at the annual
meeting.	
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Member	rs or Shareholders
Each dues paying member is allowed one vote. There is only	one class of
member/voter.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Board of Directors is sent a copy of the Form 990 soon	after it is prepared. At
the next board meeting the financial information on the retu	urn is summarized and
reconciled with the financial statements they had reviewed	earlier in the year. The
board reviews any policy issues described on Part VI, Section	on B. The board then
recommends and agrees on any policy initiatives for the com-	ing year.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	Conflicts
In January, 2011, the Board of Directors adopted the conflic	ct of interest policy.
All key employees and board members will annually sign state	ements acknowledging this
poicy and disclosing any financial interests. A committee	of the board will review
these statements and determine if any conflicts exist and w	hat to do about it.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CE	EO, Exec. Dir., or Top Mgtment
The bylaws of the organization state that no officer shall :	receive any compensation
from the corporation. The Board of Dirctors is responsible	for setting the salary
of the executive director. Compensation was last adjusted	in June, 2008, based on a
review of comparable positions, and performance. Written co	opies of this review were

Employer identification number

Point Arena Lighthouse Keepers, Inc.	94-2841636
Form 990, Part VI, Line 15a - Compensation Review & Approval Proces	s for CEO, Exec. Dir., or Top Mgtment (continue
provided to the Executive Director and approved by the	e_Board
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
Copies of the 990 are available to the public online t	hrough the California Registry
of Charitable Trusts, or upon request. All policies a	are printed in the employee
handbook and are available upon request. The committee	ee assigned to write a policy
on data retention and destruction is still developing	its draft for the board.

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

	For th	ne 2009 calenda	ar year, o	or tax year beginning	, 2	009, and ending]	,	
В	Check if	f applicable:		С			D Employ	er Identifica	tion Number
	Add	Idress change	Please use IRS label	Point Arena Lig	hthouse Keepers	, Inc.	94-	284163	6
		ime change	or print or type.	P.O. Box 11		,	E Telepho		-
		-	See	Point Arena, CA	95468			-882-2	777
		tial return	specific Instruc-				707	002 2	111
	7.7	rmination	tions.						0.65 0.55
	X Am	nended return	_				G Gross r		865,257.
	Ap	plication pending	F Name a	nd address of principal officer:			H(a) Is this a group retur		es? Yes X No
		5	Same A	As C Above			H(b) Are all affiliates inc If 'No,' attach a list.		Yes No
I	Tax-	-exempt status	X 501	(c) (3) ◄ (insert r	io.) 4947(a)(1) o	r 527	ii ivo, attacii a iist.	(SCC IIISTI UC	110113)
J	Web	osite: N/A					H(c) Group exemption no	umber ►	
K		_	X Corpora	ation Trust Associati	on Other ►	L Year of Formation			domicile: CA
	ırt I	Summar							
				janization's mission or m	ost significant activities:	To mainta	in in nerne	t111 t v	the
				<u> Arena Light Sta</u>					<u> </u>
Governance				ts 115 ft. Light					ding - for
Па									
Ϋ́				n, education and if the organization discon					
ဗိ				bers of the governing bo				3	8
Activities &				t voting members of the				4	8
ţi.				yees (Part V, line 2a)				5	27
₫				eers (estimate if necessa				6	35
Ac				ousiness revenue from Pa				7a	0.
		•		taxable income from For				7 b	0.
			346111000	tanable internet inclinities	333 1,			1 2	Current Year
e		Cambribudiana	صميت امص	to (Dout VIII line 1h)			Prior Year 738, 6	25	420,623.
				ts (Part VIII, line 1h)			124,586.		
Revenue		-		ue (Part VIII, line 2g)		40,980. 12 4,675.			
æ			-	art VIII, column (A), lines	•	1,914.			
_				II, column (A), lines 5, 60	•		124,977.		
				nes 8 through 11 (must e					672,100.
				ounts paid (Part IX, colun				000.	500.
				members (Part IX, colum					164,022.
တ္	15	Salaries, other	comper	nsation, employee benefit	ines 5-10)	127,4	127,439. 10		
nse	16 a	Professional fu	ındraisin	g fees (Part IX, column (
Expenses	b	Total fundraisir	na exper	nses (Part IX, column (D)	. line 25) ►				
ш				X, column (A), lines 11a-		_	1,162,6	551	144,189.
		•		nes 13-17 (must equal Pa	•				308,711.
		•		·	• •	-			363,389.
	13	Revenue less e	expenses	s. Subtract line 18 from li	ne 12		· ·		
Es o							Beginning of Y		End of Year
ssel Bala		•		ne 16)			1,959,3		2,335,346.
Net Assets or Fund Balances	21	Total liabilities	(Part X,	line 26)			434,7	10.	240,508.
				ances. Subtract line 21 fro	om line 20		1,524,6	529.	2,094,838.
Pa	ırt II	Signatur	re Bloc	:k					
		Under penalties	of perjury,	I declare that I have examined thi Declaration of preparer (other th	s return, including accompanying	g schedules and state	ements, and to the best of	of my knowle	dge and belief, it is
		true, correct, and	a complete.	. Declaration of preparer (other th	an officer) is based on all inform	lation of which prepar	er nas any knowledge.		
Siç	gn	>							
He	re	Signature of	officer				Date		
		► Grace	Carte	er			Treasurer		
		Type or print							
						Date	Check if	Prepai	rer's identifying number
Pa	id						oolf	X	istructions)
Pre		Preparer's signature	Don	Plenty			Chipioyed	N/A	
pa	rer's				1 Corrigos			IN/A	
Ùs	е	Firm's name (or yours if self-		Plenty Financia				7 / 7\	
On	ıly	employed), address, and		50 Hwy One - PO	BOX 378			/A	004 1100
		ZIP + 4		lala, CA 95445			Phone no.	(707)	884-1100
May	v the IF	RS discuss this	return v	with the preparer shown a	above? (see instructions)			X Yes No

Par	付Ⅲ Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	To maintain in perpetuity the historic Point Arena Light Station - including the 2	23
	coastal acres it encompasses, its 115 ft. Lighthouse Tower, and its 1896 Fog Signa	
	Building - for the inspiration, education and enjoyment of all generations to come	
	Duriding 101 cm 1mprideron, oddoderon dna onjojmene of dri goneracione co com	- -
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
2		7 N.
		X No
	If 'Yes,' describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If 'Yes,' describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501	(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the	total
	expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 329,767. including grants of \$) (Revenue \$ 235)	,241.)
	In 2010, we completed a major renvation and repair project. During this project,	
		<u>we.</u>
	1) repaired the lighthouse tower concrete, balcony, lens room, and roof; 2)	
	renovated the Fog Signal building, which is now our museum; 3) brought the 100 year	
	old first order Fresnel lens down from the top of the towere and reassembled it is	<u>1 </u>
	the Fog Signal building; and 4) developed new museum exhibits. We also built new	
	restrooms to increase accessibility. Our next projects will renovate the Keepers	
	cottages and the perimeter fence and road.	
1 h	(Code:) (Expenses \$ 175,875. including grants of \$) (Revenue \$ 332)	,610.)
40		
	Operate and maintain the registered historic light station and provide guided tour	
	of the light tower and museum. The museum includes the history of lighthouses and	<u>1</u>
	especially the role of the Point Arena Lighthouse in our local history and the	
	development of northern California. Exhibits include our Fresnel Lens, local	
	artifacts and photographs. We provide special tours to groups of school children	•
4 c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 d	d Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
10	P Total program service expenses > 505,642.	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Χ
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	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? If 'Yes,' complete Schedule D, Part I	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	Χ	
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		Х
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	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable.	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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.			
	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.			
	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			
	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? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		Χ
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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, Part II.	15		Х
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, Part III.	16		Х
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.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Χ

			Yes	No			
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		Х			
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		Χ			
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х			
24 a	a 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, and 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		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
C	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	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?						
25 a	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		Х			
Ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part l</i>	25b		Х			
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		Х			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		X			
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X			
Ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х			
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ			
30	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		Χ			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ			
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		Х			
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		Х			
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		Х			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х			
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		Х			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х				

BAA Form **990** (2009)

Form 990 (2009) Point Arena Lighthouse Keepers, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No					
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable								
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 reportable gaming (gambling) winnings to prize winners?	1c		X					
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								
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х					
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b If 'Yes,' enter the name of the foreign country: ►								
See the instructions for exceptions and 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		X					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с							
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		Χ					
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 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	Х						
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	Χ						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х					
d If 'Yes,' indicate the number of Forms 8282 filed during the year								
benefit contract?	7e		X					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ					
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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.								
a Did the organization make any taxable distributions under section 4966?	9a							
b Did the organization make any 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								
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11 Section 501(c)(12) organizations. Enter:								
a Gross income from other 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 12b								

BAA Form **990** (2009) Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1 a Enter the number of voting members of the governing body. 1 a B 5 b Enter the number of voting members that are independent. 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? 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Desemble organization have members or stockholders? See. Schedulle 0. 6 X 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the operating body? See. Schedulle 0. 7 a X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or 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 0. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Does the organization have local chapters, branches, or affiliates? 10 b 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? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 12 a Does the organization have a written conflict of interest policy? If No, go to line 13. 1 b Are office
b Enter the number of voting members that are independent. 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? 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? See Schedule 0 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0 7 Describedule 0 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Lister any officer, director or 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 10 a 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? 11 Has the organization have written policies and procedures governing body before filing the form? 11 X 11 Abescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No, 'go to line 13. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict
2 Did any officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? See Schedule 0 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch. 0 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Bid the any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? It 'Yes, provide the names and addresses in Schedule 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a Does the organization have local chapters, branches, or affiliates? b 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? 11 A Bescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose
officer, director, trustee or key employee? 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? See Schedule O. 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O. 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O. 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Is there any officer, director or 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. 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 7 Evenue Code.) 7 Yes, 10 a Does the organization have local chapters, branches, or affiliates? 10 b 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? 11 As the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 All Has the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 C Does the organization requilarly and consistently moni
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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0. 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0. 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch 0. 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or 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 10a Does the organization have local chapters, branches, or affiliates? 10a Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Has the organization have a written conflict of interest policy? If "No," go to line 13. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? . See . Schedule . 0. 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . See . Schedule . 0. 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . See . Schedule 0. 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . 8a X b Each committee with authority to act on behalf of the governing body? . 8b X 9 Is there any officer, director or 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 0. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a Does the organization have local chapters, branches, or affiliates? . 10a b 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? 11 X 11 A Describe in Schedule 0 the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 . 11 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b c Does the organization requiarly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? See Schedule 0 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch 0 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or 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 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 a 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule or the organization to require with the policy? If 'Yes,' describe in Schedule or the organization to require with the policy? If 'Yes,' describe in Schedule or the organization to require with the policy? If
5 Did the organization become aware during the year of a material diversion of the organization's assets?
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See . Sch . 0 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See . Sch . 0 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?
a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or 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 10 a Does the organization have local chapters, branches, or affiliates? b 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X 11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
9 Is there any officer, director or 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 10a Does the organization have local chapters, branches, or affiliates? b 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Does the organization have local chapters, branches, or affiliates? b 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Does the organization have local chapters, branches, or affiliates? b 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
Revenue Code.) 10 a Does the organization have local chapters, branches, or affiliates?
10 a Does the organization have local chapters, branches, or affiliates? b 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? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
b 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?
and branches to ensure their operations are consistent with those of the organization?
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
to conflicts?
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule . 0
13 Does the organization have a written whistleblower policy?
14 Does the organization have a written document retention and destruction policy?
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?
a The organization's CEO, Executive Director, or top management official. See . Schedule O
b Other officers of key employees of the organization
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
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 organization's exempt status with respect to such arrangements? 16b
Section C. Disclosures
17 List the states with which a copy of this Form 990 is required to be filed ► None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for principle. Indicate how you make these available. Check all that apply.
1 1
Own website X Another's website X Upon request
Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and final statements available to the public. See Schedule O

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours				k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Jim Platt										
President	12	X		Χ				0.	0.	0.
Judith Leeper										
Vice President	10	X		Χ				0.	0.	0.
Norm Fast										
Secretary	5	X		Χ				0.	0.	0.
Grace Carter										
Treasurer	12	X		Χ				0.	0.	0.
Nicolas Epanchin										
Director	15	X						0.	0.	0.
Pauline Zamboni										
Director	23	X						0.	0.	0.
Glenn Funk										
Director	5	Χ						0.	0.	0.
Carol Beach										
Director	5	X						0.	0.	0.
Rae Radtkey									_	_
Executive Direc	40					X		55,000.	0.	0.
	-									
	-									
	1									

Part VII Section A. Officers, Directors, Trus	(B)	ley	En		oye c)	es,	an	(D)	<u>ipensated Emp</u> (E)		(CONT.) (F)	
• •	Name and Title Average Position (check all that apply) Reportable Reportable											
	hours per week			Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou comp fro orga and	timated nt of other sensation om the inization of related nizations	
									0.			
											0.	
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se II	stec	d abo	ove)	wh	o re	ceived more than	\$100,000 in report	able com	pensation	
											Yes No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust <i>ndividua</i>	ee, 1	key 	emp	oloy	ee, (or h	ighest compensat	ed employee ······	. 3	Х	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portable han \$15	cor 60,00	npe)0?	nsat If 'Y	tion <i>'es'</i>	and com	l oth	ner compensation fe Schedule J for s	from such			
individual									services	. 4	X	
rendered to the organization? <i>If 'Yes,' complete Sci</i> Section B. Independent Contractors	hedule J	l for	SUC	th pe	erso	n				. 5	Х	
Complete this table for your five highest compensat compensation from the organization.	ed inde	pend	dent	cor	ntrac	ctors	s tha	at received more the	nan \$100,000 of			
(A) Name and business addres	s							(B) Description of) of Services	(C Comper	s) esation	
Merita Whatley PO Box 43 Point Arena, CA 954								Marketing Con			20,000.	
Stark & Thornton Construction, Inc. PO Box 8	90 Alb	ion	, C	A 9!	541	0		General Contr	actor	40	01,413.	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	1056	e list	ted a	above) who receiv	ed more than			

Pa	rt 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
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contribns included in Ins 1a-1f: \$ h Total. Add lines 1a-1f	420,623.			
/ENUE	2a Guided Tour Admissions Business Code	124,586.	124,586.		
RAM SERVICE REV	b c d e				
PROG	f All other program service revenue	124,586.			
	3 Investment income (including dividends, interest and other similar amounts)	1,914.	1,914.		
OTHER REVENUE	Comparison of the pass of assets other than inventory. Comparison of contributions reported on line 1c). See Part IV, line 18. Comparison of the pass of contributions reported on line 1c). See Part IV, line 18. Comparison of the pass of contributions reported on line 1c). Comparison of the pass of contributions reported on line 1c). Comparison of the pass of contributions reported on line 1c). Comparison of the pass of contributions reported on line 1c). Comparison of the pass of contributions reported on line 1c). Comparison of the pass of contributions reported on line 1c). Comparison of contributions reported on line 1c). Comparison of the pass of contributions reported on line 1c). Comparison of the pass of t	38,326.			38,326.
OTH	c Net income or (loss) from fundraising events	24,266.			24,266.
	See Part IV, line 19				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory	62,385.			62,385.
	Miscellaneous Revenue Business Code				
	11a b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	680 100	100 -00		104 0==
	12 Total revenue. See instructions ▶	672,100.	126,500.	0.	124,977.

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).

Do	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	lotal expenses	expenses	general expenses	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	500.	500.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	144,578.	103,352.	32,684.	8,542.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	5,593.		5,593.	
10	Payroll taxes	13,851.	7,156.	5,308.	1,387.
11	Fees for services (non-employees)				
á	a Management	20,120.	13,500.	5,248.	1,372.
ŀ	b Legal				
•	C Accounting	1,409.	728.	540.	141.
	d Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	g Other				
12	Advertising and promotion	7,561.	3,906.	2,898.	757.
13	Office expenses				
14	Information technology	3,650.	1,886.	1,399.	365.
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	1,116.	576.	428.	112.
19	Conferences, conventions, and meetings				
20	Interest	15,765.	8,144.	6,041.	1,580.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,756.	17,439.	12,936.	3,381.
	Insurance	19,784.	10,221.	7,582.	1,981.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
á	Supplies	12,381.	6,396.	4,745.	1,240.
	Utilities	12,210.	6,308.	4,679.	1,223.
(Bank Fees & Charges	5,934.	3,066.	2,274.	594.
(Telephone	3,358.	1,735.	1,287.	336.
•	Repairs	2,665.	1,377.	1,021.	267.
f	f All other expenses	4,480.	1,863.	2,255.	362.
25	Total functional expenses. Add lines 1 through 24f	308,711.	188,153.	96,918.	23,640.
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 900 (2000)

BAA Form **990** (2009)

F 6	iπ λ	Balance Sneet					
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			3,107.	1	36,951.
	2	Savings and temporary cash investments		T	194,804.	2	167,171.
	3	Pledges and grants receivable, net		F	·	3	·
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	es, key employees, nedule L		5		
	6	Receivables from other disqualified persons (as defin	ed under	section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Com		6			
A S E T S	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use			19,221.	8	28,490.
Š	9	Prepaid expenses and deferred charges			14,053.	9	14,526.
	10 a	Land, buildings, and equipment: cost or other basis.	10 a	2,263,509.			
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10 b	184,243.	1,720,347.	10 c	2,079,266.
	11	Investments – publicly-traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		7,807.	15	8,942.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,959,339.	16	2,335,346.
	17	Accounts payable and accrued expenses			19,289.	17	18,431.
	18	Grants payable				18	
	19	Deferred revenue		19			
L	20	Tax-exempt bond liabilities		20			
A B	21	Escrow or custodial account liability. Complete Part	nedule D		21		
I L I T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	ey employees, omplete Part II				
- 1		of Schedule L				22	
S S	23	Secured mortgages and notes payable to unrelated the	•	F	398,153.	23	200,697.
		Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities. Complete Part X of Schedule D		F	17,268.	25	21,380.
	26	Total liabilities. Add lines 17 through 25			434,710.	26	240,508.
N E T		Organizations that follow SFAS 117, check here ►	and	complete lines			
		27 through 29 and lines 33 and 34.					
S S		Unrestricted net assets				27	
E T S		Temporarily restricted net assets				28	
O R	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check he					
F U N D		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
B A	31	Paid-in or capital surplus, or land, building, and equip		F	1 504 600	31	0.004.000
Ā	32	Retained earnings, endowment, accumulated income	F	1,524,629.	32	2,094,838.	
BALANCES	33	Total net assets or fund balances		F	1,524,629.	33	2,094,838.
<u>S</u>	34	Total liabilities and net assets/fund balances			1,959,339.	34	2,335,346.

Form **990** (2009) BAA

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: \overline{X} C	ash Accrual Other		
If the organization changed its method of accounting from in Schedule O.	a prior year or checked 'Other,' explain		
2a Were the organization's financial statements compiled or i	reviewed by an independent accountant? 2a		Χ
b Were the organization's financial statements audited by ar	n independent accountant?		Χ
c If 'Yes' to line 2a or 2b, does the organization have a com review, or compilation of its financial statements and sele-	mittee that assumes responsibility for oversight of the audit, ction of an independent accountant?2c		
If the organization changed either its oversight process or in Schedule O.	selection process during the tax year, explain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whe consolidated basis, separate basis, or both:			
Separate basis Consolidated basis	Both consolidated and separate basis		
3a As a result of a federal award, was the organization required Audit Act and OMB Circular A-133?			Х
b If 'Yes,' did the organization undergo the required audit or or audits, explain why in Schedule O and describe any ste	audits? If the organization did not undergo the required audit eps taken to undergo such audits		

BAA Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization Point Arena Lighthouse Keepers, Inc. 94-2841636 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III - Functionally integrated d С Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... <u>11 g</u> (i) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col. (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the rganization in col.
(i) listed in your (i) Name of Supported Organization (ii) EIN (vi) Is the inization in col (vii) Amount of Support (i) organized in the U.S.? your support? (see instructions)) governing document? Yes Yes No Yes No No Total

Pai	<u>t II</u> Support Schedule for (Complete only if you check	-			(b)(1)(A)(iv) an	ıd 170(b)(1)(A)(ı	vi)
Sec	tion A. Public Support	ed the box on line	2 3, 7, 01 8 01 1 a	11.1.)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	T	1	1	,	, ,	
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	
	First five years. If the Form 990 organization, check this box and	I stop here		ond, third, fourth,	or fifth tax year a	s a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from	•	•	• • •			% %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the b	ox on line 13, an	d the line 14 is 33	-1/3 % or more, ch	eck this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	d not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	re. Explain in Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	re. Explain in Part	IV how the
18							
BAA				. ,,,		hedule A (Form 99	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').	21,894.	81,816.	201,434.	738,635.	414,114.	1,457,893.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	225,825.	213,055.	276,820.	165,630.	449,230.	1,330,560.
3	purpose	223,623.	213,033.	270,020.	103,030.	449,230.	1,330,300.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	247,719.	294,871.	478,254.	904,265.	863,344.	2,788,453.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line	0.	0.	0.	0.	0.	0.
0	7c from line 6.)						2,788,453.
Sec	tion B. Total Support						2,700,433.
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	247,719.	294,871.	478,254.	904,265.	863,344.	2,788,453.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	160,281.	164,053.	160,967.	160,071.	1,914.	647,286.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·		·	·	,	0.
	Add lines 10a and 10b	160,281.	164,053.	160,967.	160,071.	1,914.	647,286.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. (add Ins 9, 10c, 11, and 12.)						3,435,739.
	First five years. If the Form 990 organization, check this box and			d, third, fourth, o	or fifth tax year as	a section 501(c)	(3) ▶ □
	tion C. Computation of Pul					<u> </u>	04 0
	Public support percentage for 20						81.2%
	Public support percentage from 2					16	73.7%
	tion D. Computation of Inv					1 1	10.0
	Investment income percentage for	•	• •	-			18.8%
	Investment income percentage f					· · · · · · · · · · · · · · · · · · ·	26.3%
	a 33-1/3 support tests – 2009. If the common than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pu	iblicly supported o	organization	► X
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization	· · · · · · · · · · · · · · · · · · ·
	Private foundation. If the organizer	∠ation did not che	ck a box on line I	4, 19a, or 19b, c	neck this box and	see instructions.	

Schedule A Part IV	(Form	990 or	990-E	Z) 200	9 P	oint Cor	Are	ena e th	Ligi	htho	ouse	e Ke	epe	rs, evnl	Inc	ons i	equiv	94-28	8416 v Pa	36 rt II	line 10	Page 4
I altiv	Supp Part I	I, line	17a	or 17	b; ar	nd Par	t III,	line	12.	Prov	vide	any	othe	r ad	dition	al in	forma	ation.	. See	inst	ruction	ns.
																. — —						
																· — — ·						
																. — —						
																. — —						
																. — —						
																. — — .						
																· — — ·						
																. — — .						
																· — — ·						
																. — — .						
																· — — ·						
																· — — ·						
																· — — ·						
																· — —						
						. _																
																· — — ·						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

Point Arena Lighthouse Keepers.

Employer Identification number

101	ine mena lighenouse Respeis, inc.	94-2841636
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Simil	ar Funds or Accounts Complete if
	the organization answered 'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
_		
5	funds are the organization's property, subject to the organization's exclusive legal co	ntrol?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grused only for charitable purposes and not for the benefit of the donor or donor advisor purpose conferring impermissible private benefit??.	or or for any other Yes No
Pai	rt II Conservation Easements Complete if the organization answered	'Yes' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	rvation of an historically important land area
	Protection of natural habitat	rvation of certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib last day of the tax year.	oution in the form of a conservation easement on the
		Held at the End of the Year
a	a Total number of conservation easements	2a
ŀ	b Total acreage restricted by conservation easements	2b
(${f c}$ Number of conservation easements on a certified historic structure included in (a) \dots	2c
(d Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec and enforcement of the conservation easement it holds?	tion, handling of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservat during the year >	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation e	easements
	during the year ►	\$
8	Does each conservation easement reported on line 2(d) above satisfy the requiremen 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	nts of section Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue at	
•	include, if applicable, the text of the footnote to the organization's financial statemen conservation easements.	ts that describes the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered 'Yes' to Form 990, Part IV	res, or Other Similar Assets / line 8
1.		
1 6	a If the organization elected, as permitted under SFAS 116, not to report in its revenue treasures, or other similar assets held for public exhibition, education, or research in the text of the footnote to its financial statements that describes these items.	furtherance of public service, provide, in Part XIV, e Part XIV
ŀ	b If the organization elected, as permitted under SFAS 116, to report in its revenue sta treasures, or other similar assets held for public exhibition, education, or research in amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar amounts required to be reported under SFAS 116 relating to these items:	
a	a Revenues included in Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	· ————————————————————————————————————

Part III Organizations Maintai	ning Collection	is of Art, Histo	orica	Treasures, or	Other Similar As	sets (cc	<u>ntinu</u>	ea)
3 Using the organization's acquisition items (check all that apply):	on accession and o	other records, che	ck any	of the following	that are a significant ι	se of its o	collection	on
a X Public exhibition		d Loan	or exc	hange programs				
b Scholarly research		e Other		mange programs				
c X Preservation for future genera	ations							
4 Provide a description of the organ		ns and explain ho	w they	further the organ	ization's exempt purp	ose in		
Part XIV.	iam aaliait ay yaaai	is also sticks of su	لمنطاب	- winal #wa-awaa	u aklasu sinsilau			
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be ma	aintained as part	of the	organization's col	lection?			No
Part IV Escrow and Custodial 9, or reported an amou				ization answer	red 'Yes' to Form 9	990, Par	t IV, I	line
1a Is the organization an agent, trus	tee, custodian, or	other intermediary	for c	ontributions or oth	ner assets not			
included on Form 990, Part X?						Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the follow	ing tal	ole:				
						Amount		
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance						,		_
2a Did the organization include an ar	mount on Form 99	0, Part X, line 21?	?			Yes		No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds Cor	nplete if organi	zation answer	ed 'Y	es' to Form 99	<u>00, Part IV, line 10</u>			
	(a) Current year	(b) Prior yea	r	(c) Two years back	(d) Three years back	(e) F	our years	s back
1 a Beginning of year balance	13,031		0.					
b Contributions								
c Net Investment earnings, gains, and losses	916							
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
q End of year balance	13,947		0.					
2 Provide the estimated percentage	*							
a Board designated or quasi-endow	-	%						
b Permanent endowment ►	-							
c Term endowment ►	v							
		f the everenimetics	م المحالا	un bald and admi	wintered for the			
3a Are there endowment funds not in organization by:	i the possession o	i the organization	lilal	are neiù anu aumi	instered for the		Yes	No
(i) unrelated organizations						. 3a(i)		X
(ii) related organizations								Х
b If 'Yes' to 3a(ii), are the related o						. 3b		
4 Describe in Part XIV the intended	-	•				Part X	TV	
Part VI Investments-Land, Bu						rure n		
Description of investment	(a) Co	ost or other basis (investment)	(b)	Cost or other pasis (other)	(c) Accumulated Depreciation	(d) B	ook Va	alue
1 a Land		(300,000.	2001001011011		300.	,000.
b Buildings				200,000.	6,134.			,866.
c Leasehold improvements				1,624,180.	68,912.	1		,268.
d Equipment				54,871.	38,824.	<u> </u>		, 200. , 047.
' '				84,458.	70,373.			,047. ,085.
e Other		000 D==4 V	2011			2		
Total. Add lines 1a through 1e (Column	i (u) must equal Fo	лии 990, Part X, С	coiumi	ı (戌), IIII€ IU(C).).				,266.
BAA					Sche	dule D (Fo	orm 99	u) 2009

Part VII Investments—Other Securities See			2041030 Fage 3
			al. aki a a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aiuation market value
Financial derivatives			
Closely-held equity interests			
	-		
	-		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See	e Form 990, Part X, Iin	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of v	aluation
() p		Cost or end-of-year	market value
-			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part)			
•	Description		(b) Book value
(a)	Description		(b) Dook value
Total. (Column (b) must equal Form 990, Part X, col.(B)), line 15)		•
Part X Other Liabilities (See Form 990, Pa	rt X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Advance Deposits	21,380		
	,		
-			
-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	21,380		

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

BAA TEEA3304L 02/02/10 Schedule **D** (Form 990) 2009

and various historical items from ships.

Schedule D (Form 990) 2009 Point Arena Lighthouse Reepers, inc.	94-2841636	Page 5
Part XIV Supplemental Information (continued)		
Part V, Line 4 - Intended Uses Of Endowment Fund		
Earnings from Endowment funds are available to fulfill the mission	on of the	
organization; principal is to be preserved in perpetuity.		

Schedule D (Form 990) 2009 Point Arena Lighthouse Keepers, Inc.	94-2841636	Page 5
Schedule D (Form 990) 2009 Point Arena Lighthouse Keepers, Inc. Part XIV Supplemental Information (continued)		
	. 	
	-	_

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number									
Point Arena Lighthouse Keepers, Inc.					94-284163	6			
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.									
1 Indicate whether the organization	raised funds thi	rough any	of the foll	owing activities. Check	all that	apply.			
Mail solicitations									
Internet and email solicitations Solicitation					-	-			
Phone solicitations	,			Special fundraising		granto			
In-person solicitations					CVCIIIS				
2a Did the organization have written or	or oral agreeme	ent with ar	v individu	al (including officers d	irectors	trustees or key	,		
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	\$?	····· Yes	X No	
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent ne organization.	tities (fund	draisers) p	ursuant to agreements	under w	hich the fundra	iser is to be		
415 A.J	415 4 11 11	(:::> D:4	fundusiasu	***	(v) Ar	nount paid to	6 :	ملاء	
(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity		retained by) aiser listed in	(vi) Amount pa (or retained	hv)	
or critity (landraiser)			ibutions?	nom activity		col.(i)	organizatio	'n	
		Yes	No						
Total			>					0.	
3 List all states in which the organiz	ation is register	red or lice	nsed to so	licit funds or has been	notified	it is exempt fro	m registration		
or licensing.	3					•	3		

	•	reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts grea	ater tha	n \$5,00	00.
			(a) Event #1 Save the Light	(b) Event #2	(c) Other Events	(Add co	otal Ever	nts ough
R E			(event type)	(event type)	(total number)	C	ol. (c))	
REVENUE	1	Gross receipts	34,948.				34,9	948.
Ł	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)	34,948.				34,9	948.
	4	Cash prizes						
n	5	Noncash prizes						
D I R E C T	6	Rent/facility costs						
	7	Food and beverages						
EXPENSES	8	Entertainment						
N S E	9	Other direct expenses	10,682.				10,6	682.
S		Direct expense summary. Add lines 4- th				10,682. 24,266.		
Par		Net income summary. Combine lines 3, of Gaming. Complete if the organization				oorted r		
		\$15,000 on Form 990-EZ, line 6a						
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add co	otal gami ol. (a) thre ol. (c))	ing ough
Ñ								
	1	Gross revenue						
D X	2	Cash prizes						
D P E N C T S	3	Non-cash prizes						
S	4	Rent/facility costs						
	5	Other direct expenses						
		·	Yes%	Yes%	Yes%			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)					
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7				
							YES	NO
		er the state(s) in which the organization or					9a	
a Is the organization licensed to operate gaming activities in each of these states?b If 'No,' explain:							/a	
10 a	 Wer	e any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax vear?) a	
		es,' explain:	os reveneu, suspenueu	or terrimated daring the	o tax your		,,,	
11	Doe	s the organization operate gaming activities	es with nonmembers?			<u>1</u> 1	ı	
12	Is th	ne organization a grantor, beneficiary or tru	ustee of a trust or a me	ember of a partnership of	or other entity formed to	0		
	aurr	ninister charitable gaming?				12	<u>-</u>	Ì

Schedule G (Form 990 or 990-EZ) 2009 Point Arena Lighthouse Keepers, Inc. 94-284	1636	P	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	용		
b An outside facility	8		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
Name: •			
Address			
Address: -			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party:			
Name: ►			
Address: -			
16 Gaming manager information			
Namo: ►			
Name: ►			
Gaming manager compensation ► \$			
Description of services provided: ►			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	17.		
state gaming license?			
organization's own exempt activities during the tax year: • \$	1 1110		
BAA TEEA3703L 02/05/10 Schedule G (Form	m 990 or 9	90-EZ	2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number							
Point Arena Lighthouse Keepers, Inc.	94-2841636							
Explanation of Amended Return								
Two Westamerica bank accounts were inadvertantly omitted from total. Total non-interest bearing cash on line 1 should read \$ balance (line 32) should be \$2,094,839.	Two Westamerica bank accounts were inadvertantly omitted from the balance sheet total. Total non-interest bearing cash on line 1 should read \$36,952. Total fund balance (line 32) should be \$2,094,839.							
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder								
Members pay dues and recieve certain benefits such as free, or	reduced, admission to							
the lightstation and voting privileges at the annual meeting.								
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo	ly							
Members of the organization vote to approve a slate of officers	and directors for 2-							
year terms. They also vote on any changes to bylaws presented	at the annual							
meeting.								
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders							
Each dues paying member is allowed one vote. There is only one	class of							
member/voter.								
Form 990, Part VI, Line 11 - Form 990 Review Process								
The Board of Directors was sent a copy of the 2009 Form 990 pri	or to monthly meeting							
on July 19, 2010. At the meeting the financial information was	s summarized and							
reconciled with the financial statements they had reviewed earl	ier in the year. The							
board reviewed policy issues described on Part VI, Section B.	•							
develop, during the coming year, explicit policies for conflict	s of interest,							
whisleblowers, and document retention.								
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts							
Regarding conflict-of interest, whistle-blower, and document re	etention policies,							
subcommittees have been formed to draft these policies for reco	emmendation to the							
board of directors.								
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	xec. Dir., or Top Mgtment							
The bylaws of the organization state that no officer shall rece	eive any compensation							

Name of the organization Point Arena Lighthouse Keepers, Inc.	Employer identification number 94-2841636
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	
from the corporation. The Board of Dirctors is responsible for	setting the salary
of the executive director. Compensation was last adjusted in 3	une, 2008, based on a
review of comparable positions, and performance. Written copie	es of this review were
provided to the Executive Director and approved by the Board.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Copies of the 990 are available to the public online through the	e California Registry
of Charitable Trusts, or upon request.	

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Point Arena Lighthouse Keepers, Inc.	94-2841636
_	· = = = = = = = =

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

► File a separate application for each return.

ille	erriai neveriue	Sel vice		The a separate application for each return.							
•	If you are	filing for an Automatic 3-Month	ı E	xtension, complete only Part I and check this box					► X		
				natic) 3-Month Extension, complete only Part II (on							
	-	- ,		y been granted an automatic 3-month extension on a		-					
P	art I	Automatic 3-Month Extens	sic	on of Time. Only submit original (no copies	: ne	eeded).					
				, , , , , , , , , , , , , , , , , , ,		,					
				equesting an automatic 6-month extension — check t							
	l other corp come tax re		5),	partnerships, REMICS, and trusts must use Form 70	04	to request	an ex	tension of tir	ne to file		
ret the Fo	turns noted e additional rm 990-T.	below (6 months for a corporation (not automatic) 3-month extension	ior sio Iy	ctronically file Form 8868 if you want a 3-month autorequired to file Form 990-T). However, you cannot for (2) you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form 8868. File for Charities & Nonprofits.	file ret	Form 8868 turns, or a	3 elect comp	ronically if (1 osite or cons) you want solidated		
		Name of Exempt Organization					Employ	er identification	number		
Ту	pe or										
pr	int	Point Arena Lighthou	ıs	e Keepers, Inc.			94-2841636				
	by the date for	Number, street, and room or suite number					ı				
filir	ng your urn. See	P.O. Box 11									
	tructions.	City, town or post office, state, and ZIP co	de.	For a foreign address, see instructions.							
		Point Arena, CA 9546	58								
Cŀ		f return to be filed (file a separa		application for each return):							
_	Form 990			Form 990-T (corporation)		Form 472	.0				
	Form 990	-BL	Form 990-T (section 401(a) or 408(a) trust)				:7				
	Form 990	-EZ				Form 606	69				
Form 990-PF				Form 1041-A				870			
•	Telephone If the orga If this is f	No. ► 707-884-1100 anization does not have an office or a Group Return, enter the org	e o	FAX No. FAX No	 box		this is	for the whole	e group,		
		sion will cover.									
	until _ The ext	·	e tl ret								
	2 If this ta	ax year is for less than 12 month	ıs,	check reason: Initial return Final return	rn	С	hange	in accountin	g period		
				PF, 990-T, 4720, or 6069, enter the tentative tax, les			3a	\$	0.		
				00-T, enter any refundable credits and estimated tax allowed as a credit			3b	\$	0.		
	deposit	with FTD coupon or, if required,	b _i	a. Include your payment with this form, or, if required value of the second section of the second sec	iten		3c	\$	0.		
	nution. If yo yment insti		nic	fund withdrawal with this Form 8868, see Form 8453	3-E	O and For	m 887	9-EO for			
BA	AA For Priv	acy Act and Paperwork Reduct	tio	n Act Notice, see instructions.				Form 8868 (F	Rev. 4-2009)		