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

A	For the	2012 calendar year, or tax year beginning and	ending					
В	Check if applicable	C Name of organization		D Employer ident	ification number			
	Addres	THE MONO LAKE FOUNDATION						
	Name change	Doing Business As		77-	0051124			
	Initial return Termin	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number (760)647-6595				
_	lated □Amend			2 402 457				
	lreturn ∏Applic	City, town, or post office, state, and ZIP code LEE VINING, CA 93541		G Gross receipts \$ H(a) Is this a group				
L	⊥ltion pendir			for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates i				
		mpt status:	or 527	1	a list. (see instructions)			
		e: ► WWW.MONOLAKE.ORG	JI 341	H(c) Group exempt	· · · · · · · · · · · · · · · · · · ·			
		organization: X Corporation	I Voor		M State of legal domicile: CA			
	art I	Summary	L I Gai	or formation. 1303	W State of legal dornicle. 022			
	1	Briefly describe the organization's mission or most significant activities: PRESI	ERVE A	ND PROTECT	MONO LAKE			
Activities & Governance	'	briefly describe the organization's mission of most significant activities.						
nar	2	Check this box   if the organization discontinued its operations or dispos	sed of more	than 25% of its net	assets.			
Ve	1	Number of voting members of the governing body (Part VI, line 1a)		l .	1			
ၓ	1	Number of independent voting members of the governing body (Part VI, line 1b)						
<b>∞</b> ೮	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)						
iţie	1	Total number of volunteers (estimate if necessary)						
ઃફે		Total unrelated business revenue from Part VIII, column (C), line 12			C 1 4 E E			
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34			10 (10			
	<del>  ~</del>	Not difficiated additions taxable modific from our symmetry		Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,336,183				
		Program service revenue (Part VIII, line 2g)	- 1	82,411				
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	I .	74,545				
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		171,089				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,664,228				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,209	. 18,449.			
		Benefits paid to or for members (Part IX, column (A), line 4)	1	0	0.			
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	715,642	. 720,091.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	- 1	64,643	43,756.			
je E	b	Total fundraising expenses (Part IX, column (D), line 25)	41.					
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		943,666				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,765,160				
	19	Revenue less expenses. Subtract line 18 from line 12	1	<100,932	.> <129,233.>			
Net Assets or Fund Balances			Be	ginning of Current Yea				
sets	20	Total assets (Part X, line 16)		3,190,372				
AB	21	Total liabilities (Part X, line 26)		117,212				
<u>8</u>	22	Net assets or fund balances. Subtract line 21 from line 20		3,073,160	. 2,996,259.			
P	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sig	ın	Signature of officer		Date				
He	re							
		Type or print name and title		Sate 1	C DTIN			
		Print/Type preparer's name Preparer's signature		Date / Check if	PTIN			
Pai		DARLA A. COLSON CALL U. WARM,	UNL	self-emp				
	parer	Firm's name GILBERT ASSOCIATES, INC.		Firm's EIN	68-0037990			
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100			016 616 6161			
		SACRAMENTO, CA 95833		Phone no.	916-646-6464			
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

## Form 990 (2012) THE MONO LAKE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	į	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	11b		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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		Х
	Schedule D, Parts XI and XII	12a		11
U	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	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, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) THE MONO LAKE FOUN
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		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	management of the contract of	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ĺ		
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u>X</u>
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	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form	990 (2012) THE MONO LAKE FOUNDATION		77-0051	124	. Р	age \$
	Statements Regarding Other IRS Filings and Tax Compliance					
tomorone	Check if Schedule O contains a response to any question in this Part V					
***************************************					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27		1.03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(	-000000000		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		le gaming	1		
·	(gambling) winnings to prize winners?	еропар	e garming	1c	X	3366633
20		 I I				
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	28	1		
<b>L</b>	filed for the calendar year ending with or within the year covered by this return	2a		2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2D		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	•			X	
				3a	X	<del> </del>
	, , , , , , , , , , , , , , , , , , , ,			3b	Λ.	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	account	)?	4a		_ ^
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					v
_	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 transa			5b	ļ	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organ	ization solicit		,,	
	any contributions that were not tax deductible as charitable contributions?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b	X	**********
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices pro	vided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requi	red			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract1	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the sup	porting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	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.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		•••••••			
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
	in 100, has a nice a remit rest to report these payments: if 140, provide an explanation in defied a					

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.

	Check if Schedule O contains a response to any question in this Part VI					X					
Sec	tion A. Governing Body and Management										
		ı	1	<b>○</b> □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			_							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	L	8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other								
	officer, director, trustee, or key employee?			2	X						
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:								
а	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, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched :	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
				12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You										
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•								
а	The organization's CEO, Executive Director, or top management official			15a	X						
	Other officers or key employees of the organization			15b		X					
	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 arrangen	nent w	ith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b		***********					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s onlv)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	•									
	X Own website X Another's website X Upon request Other (explain	in Sch	nedule O)								
19	, , ,										
-	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd reco	ords of the organization	ation:	<b>&gt;</b>						
-	DONNETTE HUSELTON - (760)647-6595										
	395 & 3RD STREET, LEE VINING, CA 93541										

## 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.

	hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SALLY GAINES	5.00								_	_	
CHAIRPERSON		X		X	L.	<u> </u>	L	0.	0.	0.	
(2) DAVID KANNER	5.00							_	_	_	
TREASURER		X	<u></u>	X			ļ <u>.</u>	0.	0.	0.	
(3) TOM SOTO	5.00								_	_	
SECRETARY		X		X				0.	0.	0.	
(4) MARTHA DAVIS	5.00							_	_		
DIRECTOR		X						0.	0.	0.	
(5) RICHARD LEHAMAN	5.00							_	_		
DIRECTOR		X						0.	0.	0.	
(6) DOUG VIRTUE	5.00									_	
DIRECTOR		X				<u> </u>		0.	0.	0.	
(7) SHERYL TAYLOR	5.00										
DIRECTOR		X		ļ				0.	0.	0.	
(8) VIREO GAINES	5.00								0	0	
DIRECTOR	40.00	X		ļ		ļ		0.	0.	0.	
(9) GEOFFREY MCQUILKIN	40.00			.,				72 212	^	1 060	
EXECUTIVE DIRECTOR				X		ļ		72,212.	0.	1,968.	
		-									
				-	ļ						
				-						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		1									
		$\vdash$		-							
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		-	-								
		1									
	1	1	1	1	1	1		i 1			

Form 990 (2012)

Part VII Section A. Officers, Directors, Tri		ploy	ees/			ighe	st C		es (continued)		
(A)	(B)				C)	_		(D)	(E)		(F)
Name and title	Average	(do	not c		ition more	ገ e than	one	Reportable	Reportable		Estimated
	hours per week					is bot or/trus		compensation	compensation		amount of
	(list any	-	T	T	T	1	1	from	from related		other
	hours for	director				_		the organization	organization (W-2/1099-MI		compensation from the
	related	5	<u>\$</u>			safec		(W-2/1099-MISC)	(44-27 1099-1411)	3O,	organization
	organizations	trust	al tru:		88	mbei		(** = * 1000 ****************************			and related
	below	Individual trustee	Institutional trustee	PE	Key employee	oyee oyee	تق				organizations
	line)	Indij	Insti	Officer	Keye	Highest compensated employee	For				w
		-									
		<del>                                     </del>									***************************************
Amanava		+	ļ	-	-						
		1									`
	*******************************	1									
		1									
		<del> </del>	<del> </del>	-							
		1	-			ļ					
		<u></u>			<u></u>		<u> </u>	72,212.		0.	1,968.
1 b Sub-total  c Total from continuation sheets to Part						-		72,212.		0.	0.
d Total (add lines 1b and 1c)	•							72,212.		0.	1,968.
Total number of individuals (including but							no re	<u> </u>	.000 of reportab		
compensation from the organization	not mintou to ti		· IIOLO			o,		Socreta more man pro-	,000 01 10001140		0
Did the organization list any former office	ur director ortri	ueta	a ka	w Ar	nnlo	WAA	ort	highest compensated e	molovee on		Yes No
line 1a? If "Yes," complete Schedule J for										ľ	3 X
4 For any individual listed on line 1a, is the											
and related organizations greater than \$1	•								aro organization	ľ	4 X
5 Did any person listed on line 1a receive o									dual for services		
rendered to the organization? If "Yes," co	•				-			_		<u>.</u>	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest of										npensa	ation from
the organization. Report compensation for	or the calendar y	ear	endi	ng v	vith	or w	Ithin		/ear.		(C)
<b>(A)</b> Name and busines	ss address	NO	ONI	7				( <b>B)</b> Description of s	ervices	C.	ompensation
			J111				$\top$				
							$\dashv$				
							+				
							-		184.50-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
					.,		$\perp$				
2 Total number of independent contractors \$100,000 of compensation from the orga		iot lir	mite	a to		se lis )	sted	above) who received m	ore tnan		
T. TO,OOO O. CO., PORIOGRAPH HOLLI MIC OLGA											Form <b>QQN</b> (2012)

-		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512, 513, or 514
nts nts	1 a	a Federated campaigns	1a					
ira	1	b Membership dues						
Ě	l	c Fundraising events						
ij,	l	d Related organizations		***************************************				
S,E	1	e Government grants (contribut		19,610.				
Sign	l	f All other contributions, gifts, gran	,		1			
호	·	similar amounts not included abo		300,897.				
草豆				1,045.				
Contributions, Gifts, Grants and Other Similar Amounts	l	9 Noncash contributions included in lines h Total. Add lines 1a-1f			1,320,507.			
<u> </u>		1 Total. Add liftes 12-11		T	165655666666666666666666666666666666666			
4)		WORKSHOPS, SEMI	מממוז	Business Code 900099	56,979.	56,979.		
Š	2 8	NATURALIST CANC		900099	25,856.	25,856.		
ie i	l	***************************************	E TOURS	300033	23,030.	23,830.		
en a	•	C						
Re	(	d						
Program Service Revenue	•	e						
_	1	f All other program service reve		L	00 005			
		g Total. Add lines 2a-2f			82,835.			
	3	Investment income (including			42 055			42 055
		other similar amounts)			43,955.			43,955.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<u>,</u>	66.			66.
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
	ŧ	Less: rental expenses	0.					
	(	Rental income or (loss)	26,929.					
	ď	d Net rental income or (loss)		<b></b>	26,929.			26,929.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	731,947.					
	t	Less: cost or other basis						
		and sales expenses	732,053.					
	(	Gain or (loss)	<106.	>				
	(	d Net gain or (loss)		<u></u>	<106.	>		<106.
a	8 8	a Gross income from fundraising	g events (not					
Ĭ.		including \$	of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a					
돭	Ł	Less: direct expenses	b					
O		Net income or (loss) from fund						
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19						
	Ł	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		276,218.				
	ł	Less: cost of goods sold		148,506.				
		Net income or (loss) from sale			127,712.	66,237.	61,475.	***************************************
		Miscellaneous Revenu		Business Code	200000000000000000000000000000000000000	·		
	11 a	_						
	ıı c							
	_	All other revenue						
	-	Total. Add lines 11a-11d						
	40	Total revenue See instructions		······	1.601.898.	149.072.	61.475.	70.844.

# Form 990 (2012) THE MONO LAKE 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).											
***************************************	Check if Schedule O contains a respon	nse to any question in th			X						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	16,949.	16,949.								
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	1,500.	1,500.								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16	***************************************									
4	Benefits paid to or for members	***************************************									
5	Compensation of current officers, directors,	74 100	70 161		2 716						
_	trustees, and key employees	74,180.	70,464.		3,716.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	505,488.	480,212.		25,276.						
7	Other salaries and wages	JUJ, 400 •	400,212.		23,210.						
8	Pension plan accruals and contributions (include	8,496.	8,072.		424						
9	section 401(k) and 403(b) employer contributions)	85,010.	80,758.		424. 4,252. 2,347.						
_	Other employee benefits	46,917.	44,570.		2.347.						
10 11	Payroll taxes Fees for services (non-employees):	40,311•	44,010.		2/31/0						
ıı a	Management										
a h	Legal	34,175.	30,510.	1,968.	1,697.						
	Accounting	65,501.	58,476.	3,772.	1,697. 3,253.						
4	Lobbying										
e	Professional fundraising services. See Part IV, line 17	43,756.			43,756.						
f	Investment management fees	14,327.	12,791.	825.	711.						
g											
3	column (A) amount, list line 11g expenses on Sch O.)	290,024.	264,403.	11,218.	14,403.						
12	Advertising and promotion	87,782.	82,387.	3,091.	14,403. 2,304.						
13	Office expenses	284,999.	225,408.		59,591.						
14	Information technology										
15	Royalties										
16	Occupancy	29,921.	28,663.		1,258.						
17	Travel	25,273.	24,096.	340.	837.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	E7 170	E 4 117		2 052						
22	Depreciation, depletion, and amortization	57,170.	54,117.	1 055	3,053. 1,052.						
23	Insurance	20,398.	17,491.	1,855.	1,032.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A)										
_	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	39,265.	36,654.	0.	2,611.						
a		39,203.	30,034.	· · ·	2/011.						
b											
c d											
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	1,731,131.	1,537,521.	23,069.	170,541.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here ► X if following SOP 98-2 (ASC 958-720)	271,725.	181,619.	0.	90,106.						
					Form 990 (2012)						

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response to any	/ quest	ion in this Part X	T	<del>,</del>	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing			38,261.	1	15,710
	2	Savings and temporary cash investments			38,088.	2	114,563
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			136,191.	4	140,559
	5	Loans and other receivables from current and fo	ormer o	fficers, directors,			
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
155	8	Inventories for sale or use			107,164.	8	105,443
`	9	Prepaid expenses and deferred charges			12,038.	9	4,814
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,714,570.			
	ь	basis. Complete Part VI of Schedule D	10b	379,425.	1,067,055.	10c	1,335,145
	11	Investments - publicly traded securities	1,791,575.	11	1,388,585		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			3,190,372.	16	3,104,819
	17	Accounts payable and accrued expenses		117,212.	17	108,560	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
ŝ	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former					
ap		key employees, highest compensated employee	es, and	disqualified persons.			
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17·24	). Complete Part X of			
		Schedule D			117 010	25	100 560
	26	Total liabilities. Add lines 17 through 25			117,212.	26	108,560
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ X and			
ŝ		complete lines 27 through 29, and lines 33 ar			1 245 500		1 274 407
מבום	27	Unrestricted net assets	1,345,590.	27	1,274,407		
ă	28	Temporarily restricted net assets	1,233,050.	28	1,209,161 512,691		
2	29	Permanently restricted net assets	494,520.	29	312,091		
7		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
sett	30	Capital stock or trust principal, or current funds				30	
AS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			2 072 160	32	2,996,259
<u>-</u>	33	Total net assets or fund balances			3,073,160. 3,190,372.		3,104,819
	34	Total liabilities and net assets/fund balances .			3,190,372.	34	3,104,019

Pa	TXI 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	1,601					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,731					
3	Revenue less expenses. Subtract line 2 from line 1	3		,233				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,073	,160				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
. 8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0 .				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
· · · · · · · · · · · · · · · · · · ·	column (B))	10	2,996	,259				
Pa	TXII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII			Х				
	· · · · · · · · · · · · · · · · · · ·		100000000000000000000000000000000000000	res No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b			2b	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit						
	or guidte, explain why in Schodule O and describe any stone taken to undergo such guidte		35					

Form **990** (2012)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE MONO LAKE FOUNDATION

Employer identification number

77-0051124 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). 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 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.) 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.) 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 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.) 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 to carry out the purposes of one or 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. c Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated **b** Type II a \_\_\_\_ Type I 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 it 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? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

### 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	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")											
2	Tax revenues levied for the organ-											
	ization'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											
	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.											
	tion B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
	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											
	Gross receipts from related activities,	etc. (see instructi	ons)			12						
	First five years. If the Form 990 is for					n 501(c)(3)						
	organization, check this box and stor	here					<u></u> ▶∟⊥					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage									
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	%					
	Public support percentage from 2011					15	%					
16a	33 1/3% support test - 2012. If the											
	stop here. The organization qualifies											
b	33 1/3% support test - 2011. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes											
	and if the organization meets the "fac						. [					
	meets the "facts-and-circumstances"											
b	10% -facts-and-circumstances tes						)% or					
	more, and if the organization meets the						, F					
	organization meets the "facts-and-circ											
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u></u> ▶∟⊥					

### 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.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1303101.	2232458.	1744836.	1336183.	1320507.	7937085.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	388,143.	362,497.	335,108.	344,709.	359,053.	1789510.
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513		:				
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					1.555.55	0506505
6	Total. Add lines 1 through 5	1691244.	2594955.	2079944.	1680892.	1679560.	9726595.
7 &	Amounts included on lines 1, 2, and 3 received from disqualified persons	13,990.	63,725.	18,140.	15,900.	17,083.	128,838.
t	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.
,	Add lines 7a and 7b	13,990.	63,725.	18,140.	15,900.	17,083.	128,838.
	Public support (Subtract line 7c from line 6.)	•		·	,		9597757.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	1691244.	2594955.	2079944.	1680892.	1679560.	9726595.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,354.	55,015.	73,699.	105,135.	70,950.	373,153.
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	68,354.	55,015.	73,699.	105,135.	70,950.	373,153.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	·					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		2649970.	L			10099748.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
							<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
	Public support percentage for 2012 (					15	95.03 %
	Public support percentage from 2011					16	95 <b>.</b> 15 %
	ction D. Computation of Inve						2 60
17	Investment income percentage for 20	<b>)12</b> (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	3.69 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	3.62 %
19	a 33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	I / Is not ► ▼
	more than 33 1/3%, check this box a						
١	33 1/3% support tests - 2011. If the						
•-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a. or 190. Check th	IIS DOX AND SEE INS		

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MONO LAKE FOUNDATION

Employer identification number 77-0051124

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an history	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ear	sement is located -	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	ne organization's accounting for
100000000000000000000000000000000000000	conservation easements.		
Pai	Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		
_	• •		
2	If the organization received or held works of art, historical treating the first state of the control of the co		gain, provide
	the following amounts required to be reported under SFAS 1		<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		<b>&gt;</b> \$

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	or Oth	er Simil	ar Asse	ts(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following tha	at are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С										
4										
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	gements. Comple						line 9, or		
	Is the organization an agent, trustee, custodi on Form 990, Part X?						С	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			Γ				
								Amoun	<u> </u>	
C	c Beginning balance									
d	d Additions during the year									
е	e Distributions during the year									
f								<del></del>	<del></del>	
	2a Did the organization include an amount on Form 990, Part X, line 21?						_ Yes	<u></u>	No	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII						]			
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" to Fo					·		
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	<u>back</u>
1a							500,	500.		
b	b Contributions									
С							<43,	473.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	512,691.	494,520.	51!	5,973.	4	82,033.		457,	027.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment	•	%							
	Permanent endowment ► 100.00	%								
	Temporarily restricted endowment ▶	<u>~~~</u> %								
_	The percentages in lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse		tion that are held a	nd administe	red for t	he organiz	ation			
	by:					Ŭ			Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations									X
h	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the	·								***************************************
Par	t VI Land, Buildings, and Equipm	<del>,</del>								
Sinkhana.	Description of property	(a) Cost or ot		or other	(c) A	ccumulate	а	(d) Bool	c value	<u></u>
	becomplied of property	basis (investm	1 ''			preciation	-	,_, _,		
1-3	Land			0,370.				460	0,3	70.
	Buildings			4,039.	•	307,10	04.		5,9	
	Leasehold improvements			-,		,_				
			10	0,161.		72,32	21.	2.	7,8	10 -
	Equipment		10	-,		,			, ,	
	Other		Column (P) line 1	0(c))			<b>&gt;</b>	1,33	5.1	15.
ı Ulal	. Add intes ta unough te. (Columni (a) must e	guarronni 220, Fail /	y committee, mile i	<u> ~ (~)./</u>				_,		

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		f valuation: Cost or en	d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value	(c) Method o	f valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			***************************************	
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, line	15.			-
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, li				
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per R	leturn	
1	Total revenue, gains, and other support per audited financial statements			1	1,683,429.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	52,332.		
b	Donated services and use of facilities	2b	29,199.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	81,531.
3	Subtract line 2e from line 1			3	1,601,898.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		*************	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,601,898.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses per	Retu	
1	Total expenses and losses per audited financial statements			1	1,760,330.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	29,199.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	29,199.
3	Subtract line 2e from line 1			3	1,731,131.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,731,131.
Par	t XIII Supplemental Information		<u></u>		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a and	4; Part IV, lines 1	b and 2	b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
PAF	T V, LINE 4: THE ENDOWMENT PRINCIPAL ON TH	HE RELAT	red inves	TME	NT IS
RES	TRICTED FROM WITHDRAWAL. INVESTMENT AND IN	NTEREST	EARNINGS	FRO	M THIS
BAI	ANCE ARE RESTRICTED BY THE DONOR FOR THE U	JSE IN F	RESEARCH	AND	POLICY
DEV	ELOPMENT. THE DONOR ALLOWS ENDOWMENT PRINC	CIPAL TO	BE REDU	CED	BY
UNF	EALIZED INVESTMENT LOSSES.				
			And the second s		
		3D 00333	ANTAIDED .	0001	INITI TAIC
PAF	T X, LINE 2: THE FOUNDATION HAS IMPLEMENTE	ED THE A	AMENDED A	CCOL	MITING

PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS Schedule D (Form 990) 2012

#### **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 Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

THE MONO LAKE FOUNDATION

Employer identification number 77-0051124

O DAME LOCKDATION				11-0031	167
<b>3.</b> Complete if the organization answrt.	ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
sed funds through any of the follow	ing acti	vities.	Check all that apply	•	
e X Solicit	ation of	non-g	overnment grants		
s f X Solicit	ation of	gover	nment grants		
g X Specia	al fundra	aising	events		
or oral agreement with any individua	al (inclu	ding o	fficers, directors, tru	stees or	
Part VII) or entity in connection with	profess	ional t	fundraising services?	Yes X	No
dividuals or entities (fundraisers) pur	suant to	o agre	ements under which	the fundraiser is to	be
e organization.					
	(iii)	Did		(v) Amount paid	(vi) Amount paid
(ii) Activity	I have c	ustodv			to (or retained by)
raiser) and the first state of t		Irom activity	listed in col. (i)	organization	
	Yes	No			
FUNDRAISER		х	1,241,585.	55,978.	1,185,607
	I	L			
		<b>&gt;</b>	1,241,585.	55,978.	1,185,607.
on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
					WWW.
					***************************************
		······································			
				***************************************	
	sed funds through any of the follow  e X Solicit.  s f X Solicit.  g X Special  or oral agreement with any individual  Part VII) or entity in connection with dividuals or entities (fundraisers) pure organization.  (ii) Activity  FUNDRAISER	sed funds through any of the following acti e X Solicitation of g X Special fundra  or oral agreement with any individual (inclue) Part VII) or entity in connection with profess dividuals or entities (fundraisers) pursuant to e organization.  (ii) Activity  Yes  FUNDRAISER	sed funds through any of the following activities.  e X Solicitation of non-g  f X Solicitation of gover g X Special fundraising  or oral agreement with any individual (including of part VII) or entity in connection with professional translations or entities (fundraisers) pursuant to agree organization.  (iii) Activity  (iii) Did fundraisers or control of contributions?  Yes No  FUNDRAISER  X	rt.  sed funds through any of the following activities. Check all that apply  e	sed funds through any of the following activities. Check all that apply.  e X Solicitation of non-government grants f X Solicitation of government grants g X Special fundraising events  or oral agreement with any individual (including officers, directors, trustees or Part VII) or entity in connection with professional fundraising services?  Event VII) or entities (fundraisers) pursuant to agreements under which the fundraiser is to be organization.  (iii) Activity  (iii) Did fundraisers (iv) Gross receipts from activity  (iv) Amount paid to (or retained by) fundraiser is to control of contributions?  Yes No  Yes No  1,241,585.  55,978.

		of fundraising event contributions and g	ross income on Form 99	0-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ø			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9 10	Other direct expenses			<b>&gt;</b>	
	11	Net income summary. Combine line 3, column			a contract of the contract of	
Pε	ntl					· · · · · · · · · · · · · · · · · · ·
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be Be	1	Gross revenue				
ses	2	Cash prizes				
-xpeu	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	( )
	8	Net gaming income summary. Combine line	1, column d, and line 7		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization operate he organization licensed to operate gaming action," explain:	ctivities in each of these	states?		Yes No
						Market Market and American
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
						WANTED TO THE PARTY OF THE PART

Sch	edule G (Form 990 or 990-EZ) 2012 THE MONO LAKE FOUNDATION 77-	<u>0051</u>	.124	Page 3
11	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 formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-1	
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address	***************************************		
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
800088888	organization's own exempt activities during the tax year 🕨 \$			
Pai	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
	intes 3, 30, 100, 100, 100, 10, and 170, as applicable. Also complete this part to provide any additional information	11 1300 1	inotrac	tioney.
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	₹S:		
(I	) NAME OF FUNDRAISER: BLACK MOUNTAIN INC.			
(I	) ADDRESS OF FUNDRAISER: 34522 NO. SCOTTSDALE RD, SCOTTSDALE,	AZ	85	262

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 77-0051124			X Yes No		IV, line 21, for any	(h) Purpose of grant or assistance	CALIFORNIA GULL RESEARCH			<b>A</b>	<b>A</b>	Schedule I (Form 990) (2012)
		the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection			es" to Form 990, Part	(g) Description of non-cash assistance						
		/ for the grants or ass			anization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)						
		grantees' eligibility		d States.	omplete if the orga led.	(e) Amount of non-cash assistance	.0					
		or assistance, the	6	funds in the Unite	• United States. C ional space is need	(d) Amount of cash grant	12,000.			listed in the line 1 table		
DATION				toring the use of grant	d Organizations in the be duplicated if additi	(c) IRC section if applicable	501(C)(3)			ganizations listed in th	1 table	lions for Form 990.
LAKE FOUN	nd Assistance	o substantiate the	stance?	cedures tor mont	Governments and 55.000. Part II can	(p) EIN	94-1594250			nd government or	s listed in the line	, see the Instruct
Name of the organization THE MONO LAKE FOUNDATION	Part i General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	PRBO CONSERVATION SCIENCE 3820 CYPRESS DRIVE #11 PETALUMA, CA 94954				3 Enter total number of other organizations listed in the line 1 table	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

77-0051124

Page 2

THE MONO LAKE FOUNDATION

Schedule I (Form 990) (2012) THE MONO LAKE FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I,	line 2, Part III, colum	(b), and any other additional info	ormation.
SCHEDULE I, PART I, LINE 2: A REPORT	RT IS GIV	TEN TO US	IS GIVEN TO US REGARDING ACCOUNTING,	ACCOUNTING,	
AND THE PURPOSE OF THE GRANT.					

232102 12-18-12

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

THE MONO LAKE FOUNDATION	77-0051124
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
AND MEET REAL WATER NEEDS WITHOUT TRANSFERRING ENVIRONMEN	TAL PROBLEMS
TO OTHER AREAS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
THE FOUNDATION WORKS IN DIVERSE ARENAS INCLUDING PUBLIC P	OLICY,
ECOLOGICAL RESTORATION, PUBLIC EDUCATION, WATER CONSERVAT	ION,
SCIENTIFIC RESEARCH, AND HANDS-ON STEWARDSHIP.	
THE FOUNDATION'S LANDMARK SUCCESS - SAVING MONO LAKE FROM	DESTRUCTION
DUE TO THE EXCESSIVE DIVERSION OF WATER TO LOS ANGELES -	IS
INTERNATIONALLY KNOWN. WE REVITALIZED CALIFORNIA'S PUBLIC	TRUST
DOCTRINE THROUGH A PRECEDENT-SETTING STATE SUPREME COURT	DECISION,
LAUNCHED PROGRAMS TO MEET LOS ANGELES' REAL WATER NEEDS T	HROUGH WATER
CONSERVATION AND RECLAMATION, AND ACHIEVED AN EXTRAORDINA	RY REVISION OF
WATER RIGHTS IN THE MONO BASIN THAT ASSURES MONO LAKE WIL	L THRIVE.
PROTECTION & RESTORATION:	
MONO LAKE PROTECTION AND RESTORATION PROGRAMS REVOLVE ARO	UND 1) THE
CONTINUING NEED TO ASSURE MONO LAKE'S PROTECTION FOR THE	LONG-TERM AND
2) THE NEED TO RESTORE ECOLOGICAL RESOURCES DAMAGED BY HI	STORICALLY
EXCESSIVE WATER DIVERSIONS.	
WORKING CLOSELY WITH STATE, FEDERAL, AND REGIONAL GROUPS,	THE
FOUNDATION SEEKS TO MAINTAIN A BALANCE BETWEEN A HEALTHY	ECOSYSTEM AND

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization **Employer identification number** THE MONO LAKE FOUNDATION 77-0051124 FOCUSES ON USING THE LESSONS LEARNED AT MONO LAKE AS A TOOL TO ADVOCATE FOR CONSERVATION, RECLAMATION, AND WISE WATER USE. MONO BASIN POLICY WORK INVOLVES EXTENSIVE CONTACT WITH LOCAL, STATE, AND FEDERAL MANAGEMENT AGENCIES TO ASSURE THAT ALL ACTIONS AND PLANS INFLUENCING MONO LAKE, ITS TRIBUTARY STREAMS, AND SURROUNDING LANDS REFLECT SOUND RESOURCE MANAGEMENT OBJECTIVES. THE FOUNDATION ALSO MAINTAINS AN ACTIVE PRESENCE IN LOS ANGELES, REFLECTING THE LONG-TERM INTERTWINED RELATIONSHIP BETWEEN THE CITY AND MONO LAKE. FOUNDATION STAFF MAINTAIN A NETWORK OF RELATIONSHIPS WITH LOS ANGELES LEADERS AND ARE IN DAILY CONTACT WITH LOS ANGELES DEPARTMENT OF WATER & POWER STAFF TO ASSURE THAT MANAGEMENT ACTIONS IN THE MONO BASIN ARE CONSISTENT WITH ESTABLISHED ORDERS AND PRODUCE THE BEST RESULTS POSSIBLE. SCIENCE: IN 2012 THE FOUNDATION'S MONO BASIN FIELD STATION HAD ITS SEVENTH SUCCESSFUL SEASON SUPPORTING SCIENTIFIC RESEARCH IN THE MONO BASIN BY PROVIDING HOUSING AND BASIC RESOURCES FOR SCIENTISTS. THE INFORMATION GATHERED AT THE FIELD STATION IS INSTRUMENTAL IN UNDERSTANDING MONO LAKE'S RESOURCES AND IN SHAPING THE FOUNDATION'S POLICIES IN THE FUTURE. EDUCATION: THE FOUNDATION SEEKS TO SHARE MONO LAKE WITH DIVERSE PUBLIC GROUPS. EDUCATION PROGRAMS INCLUDE SEASONAL INTERPRETIVE WALKS AND CANOE TOURS ON MONO LAKE AND ITS TRIBUTARY STREAMS, ENVIRONMENTAL EDUCATION FOR

SCHOOL GROUPS, WEEKEND FIELD SEMINARS, A PUBLIC INFORMATION CENTER WITH

EXHIBITS AND A FILM, SLIDESHOWS AND TALKS GIVEN AROUND CALIFORNIA, AND

THE OUTDOOR EXPERIENCES PROGRAM WHICH BRINGS LOS ANGELES' YOUTH TO THE

SOURCE OF THEIR WATER. THESE PROGRAMS, WHICH REACH THOUSANDS OF PEOPLE

ANNUALLY, EMPHASIZE PERSONAL ENVIRONMENTAL RESPONSIBILITY THROUGH

UNDERSTANDING THE BALANCE BETWEEN MONO LAKE'S UNIQUE ECOSYSTEM AND

HUMANS' NEED FOR WATER.

FOUNDATION COMMUNICATIONS PROVIDE VALUABLE EDUCATIONAL INFORMATION. THE

QUARTERLY MONO LAKE NEWSLETTER CONTAINS DETAILED INFORMATION ABOUT

PUBLIC POLICY, NATURAL HISTORY, AND OTHER ITEMS RELEVANT TO MONO LAKE

AND IS MAILED TO THE FOUNDATION'S 16,000 MEMBERS, MADE AVAILABLE TO

VISITORS, TO THE FOUNDATION-RUN INFORMATION CENTER & BOOKSTORE, AND

MADE AVAILABLE AT OTHER DISTRIBUTION SITES. CONTINUING COMMUNICATIONS

PROJECTS INCLUDE MAINTAINING AND EXPANDING THE MONO LAKE WEBSITE,

MONOLAKE.ORG. THE FOUNDATION ALSO MAINTAINS A SECOND WEBSITE,

MONOBASINRESEARCH.ORG, WHICH SERVES AS A CLEARINGHOUSE FOR SCIENTIFIC

RESEARCH, ENVIRONMENTAL STUDIES, AND HISTORICAL DOCUMENTS.

FORM 990, PART VI, SECTION A, LINE 2: RELATED PARTIES INCLUDE TWO RELATED BOARD MEMBERS. VIREO GAINES IS THE DAUGHTER OF SALLY GAINES.

FORM 990, PART VI, SECTION B, LINE 11: THE MONO LAKE FOUNDATION'S BOARD OF DIRECTORS HAS ESTABLISHED A PROCESS FOR BOARD REVIEW AND APPROVAL OF THE ORGANIZATION'S FORM 990 BEFORE FILING EACH YEAR. THE FORM 990 SHALL BE PROVIDED TO EACH BOARD MEMBER BY THE EXECUTIVE DIRECTOR NOT LESS THAN 14 DAYS BEFORE THE EXPECTED FILING DATE. EACH BOARD MEMBER WILL REVIEW THE

REVIEW. EACH BOARD MEMBER MAY, AT THEIR DISCRETION AND UPON NOTICE PRIOR TO THE FORM 990 FILING DATE, REQUEST A DISCUSSION OF THE FORM 990 WITH THE EXECUTIVE DIRECTOR, WITH THE ORGANIZATION'S CPA, WITHIN THE FINANCE COMMITTEE, OR AMONG THE ENTIRE BOARD. UPON RECEIVING WRITTEN CONFIRMATION OF REVIEW FROM ALL BOARD MEMBERS, THE EXECUTIVE DIRECTOR SHALL AUTHORIZE THE FILING OF THE FORM 990. SHOULD A BOARD MEMBER BE UNABLE TO REVIEW THE FORM 990 OR BE UNABLE TO PROVIDE CONFIRMATION OF THEIR REVIEW, THE EXECUTIVE COMMITTEE OF THE ORGANIZATION MAY AUTHORIZE FILING OF THE FORM 990 ON THEIR BEHALF.

FORM 990, PART VI, SECTION B, LINE 12C: THE MONO LAKE FOUNDATION'S CONFLICT OF INTEREST POLICY COVERS INDIVIDUALS WHO MEET ANY OF THE FOLLOWING CRITERIA: (A) A MEMBER OF THE BOARD OF DIRECTORS OF THE ORGANIZATION (THE "BOARD"); (B) A MEMBER OF ANY COMMITTEE OF THE BOARD; THE ORGANIZATION'S EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, OR (C) ANYONE HOLDING ANY OF THE POWERS OR RESPONSIBILITIES OF THESE OFFICES, REGARDLESS OF TITLE; (D) ANY OTHER INDIVIDUAL WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION, OR WHO HAS BEEN IN SUCH POSITION AT ANY TIME DURING THE TWO-YEAR PERIOD ENDING ON THE DATE OF A TRANSACTION PROPOSED TO BE ENTERED INTO BETWEEN THAT INDIVIDUAL AND THE ORGANIZATION; (E) THE SPOUSE, ANCESTORS, BROTHERS, SISTERS, AND CHILDREN OF ANY INDIVIDUAL DESCRIBED IN SUBPARAGRAPHS (A) THROUGH (D) ABOVE, AND THE SPOUSES OF THE BROTHERS, SISTERS, AND CHILDREN; AND (F) ANY LEGAL ENTITY IN WHICH MORE THAN 35% OF THE COMBINED VOTING POWER (IN THE CASE OF A CORPORATION), PROFITS INTEREST (IN THE CASE OF A PARTNERSHIP), OR BENEFICIAL INTEREST (IN THE CASE OF A TRUST) IS OWNED BY PERSONS DESCRIBED IN SUBPARAGRAPHS (A) THROUGH (E).

INDIVIDUALS SUBJECT TO THE POLICY ARE RESPONSIBLE FOR REPORTING FINANCIAL

INTERESTS THAT REQUIRE REVIEW UNDER THE POLICY. IN ADDITION, THE EXECUTIVE

DIRECTOR AND SENIOR STAFF MONITOR ORGANIZATION TRANSACTIONS FOR POSSIBLE

FINANCIAL INTERESTS AND DETERMINATION OF A CONFLICT, IF ANY, IS MADE BY THE

BOARD OF DIRECTORS. WHEN A CONFLICT IS ESTABLISHED, AN ESTABLISHED

PROCEDURE IS FOLLOWED TO DETERMINE IF THE TRANSACTION WILL BE ALLOWED OR

DISALLOWED. IF THE INDIVIDUAL WITH THE FINANCIAL INTEREST IS A BOARD

MEMBER, THAT INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE

DELIBERATION AND VOTES RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A: THE MONO LAKE FOUNDATION HAS ESTABLISHED A REGULAR PROCESS FOR REVIEWING THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. AN ESTABLISHED EXECUTIVE REVIEW COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ANNUAL PERFORMANCE REVIEW AND COMPENSATION EVALUATION. THE EXECUTIVE REVIEW COMMITTEE GATHERS INFORMATION FOR ITS DUTIES INCLUDING PEER EVALUATIONS FROM STAFF MEMBERS AND COMPARABLE COMPENSATION INFORMATION FROM SIMILAR ORGANIZATIONS IN THE SIERRA NEVADA AND CALIFORNIA. EXECUTIVE REVIEW COMMITTEE MEMBERS DRAFT A PERFORMANCE REVIEW AND COMPENSATION RECOMMENDATION ON AN ANNUAL BASIS AND BRING IT TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION IN CLOSED SESSION. FINAL REVIEW AND COMPENSATION DETERMINATION IS MADE BY THE FULL BOARD AND THEN PROVIDED TO THE EXECUTIVE DIRECTOR, BOTH IN PERSON AND THROUGH WRITTEN DOCUMENTATION. WHILE UNCOMMON, SHOULD A BOARD MEMBER HAVE A CONFLICT OF INTEREST IN REGARD TO EXECUTIVE DIRECTOR COMPENSATION, THAT BOARD MEMBER IS EXCLUDED FROM VOTING ON THE MATTER.

Name of the organization THE MONO LAKE FOUNDATION	Employer identification number 77–0051124
TO TIME MAKES VARIOUS ORGANIZATIONAL DOCUMENTS PUBLICLY A	VAILABLE ONLINE
AND IN PRINTED MATERIALS. FOR EXAMPLE, SUMMARY FINANCIAL	NUMBERS ARE
INCLUDED IN THE ORGANIZATION'S ANNUAL REPORT. VARIOUS FUL	L ORGANIZATIONAL
DOCUMENTS ARE AVAILABLE ON REQUEST. THESE INCLUDE: FINANC	IAL STATEMENTS,
ARTICLES OF INCORPORATION, BYLAWS, AND THE CONFLICT OF IN	TEREST POLICY.
FORM 990, PART IX, LINE 11G	
OTHER FEES FOR SERVICES INCLUDED:	
CONSULTANTS 88,335	
MAILING SERVICES 130,138	
ARTWORK 7,942	
OUTSIDE SERVICES 63,609	
TOTAL 290,024	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE FINANCIAL STATEMENT. THIS PROCESS HAS N	OT CHANGED
FROM THE PRIOR YEAR.	