

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

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

THE MONO LAKE FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 29

Room/suite

City or town, state or country, and ZIP + 4

LEE VINING, CA 93541

F Name and address of principal officer: GEOFFREY MCQUILKIN
SAME AS C ABOVE**D** Employer identification number

77-0051124

E Telephone number

(760) 647-6595

G Gross receipts \$

2,838,502.

H(a) Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.MONOLAKE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1985**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	PRESERVE AND PROTECT MONO LAKE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	26
	6	Total number of volunteers (estimate if necessary)	6	32
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	45,171.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,294.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,744,836.	1,336,183.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,247.	82,411.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,871.	74,545.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	167,437.	171,089.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,015,391.	1,664,228.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	18,986.	41,209.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	698,337.	715,642.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	50,375.	64,643.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	263,107.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	941,158.	943,666.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	1,708,856.	1,765,160.
	20	Total assets (Part X, line 16)	306,535.	<100,932.>
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	3,384,938.	3,190,372.
			129,678.	117,212.
			3,255,260.	3,073,160.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DARLA A. COLSON	<i>Darla A. Colson, CPA</i>	10/16/12		P00027123
	Firm's name ▶	GILBERT ASSOCIATES, INC.	Firm's EIN ▶	68-0037990	
	Firm's address ▶	2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833	Phone no.	916-646-6464	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MONO LAKE FOUNDATION IS A NOT FOR PROFIT CITIZENS' GROUP DEDICATED TO PROTECTING AND RESTORING THE MONO BASIN ECOSYSTEM, EDUCATING THE PUBLIC ABOUT MONO LAKE AND THE IMPACTS ON THE ENVIRONMENT OF EXCESSIVE WATER USE, AND PROMOTING COOPERATIVE SOLUTIONS THAT PROTECT MONO LAKE

2 Did the organization undertake any significant program services during the year which were not listed onthe prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 (Code:) (Expenses \$ 1,479,500. including grants of \$ 41,209.) (Revenue \$ 161,308.)
 IN 2011, THE MONO LAKE FOUNDATION (ALSO KNOWN AS THE MONO LAKE COMMITTEE) CONTINUED TO SUCCESSFULLY PURSUE ITS MISSION OF PROTECTING AND RESTORING THE MONO BASIN ECOSYSTEM, EDUCATING THE PUBLIC ABOUT MONO LAKE AND THE IMPACTS ON THE ENVIRONMENT OF EXCESSIVE WATER USE, AND PROMOTING COOPERATIVE SOLUTIONS THAT PROTECT MONO LAKE AND MEET REAL WATER NEEDS WITHOUT TRANSFERRING ENVIRONMENTAL PROBLEMS TO OTHER AREAS.

SINCE 1978 THE FOUNDATION HAS BEEN INSPIRED BY OUR LOVE FOR THIS BEAUTIFUL PLACE. OUR VISION OVER 32 YEARS AND SHARED AMONG OUR 16,000 MEMBERS IS OF A HEALTHY, PROTECTED, AND WILD MONO BASIN AND OF AN ORGANIZATION THAT SEEKS POSITIVE, PRINCIPLED, PROACTIVE SOLUTIONS TO PROBLEMS. TODAY, TO MAKE SURE THE RIGHT THING HAPPENS FOR MONO LAKE,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **1,479,500.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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	X
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 X	
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.		
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>	11a X	
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>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
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	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	X
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	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		1a	1b	2a	7d	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	30																
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0															
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																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			26														
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)																X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O																X	
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)?																	X
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.																	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																	
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?																X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																X	
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?																X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?																X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																	X
d	If "Yes," indicate the number of Forms 8282 filed during the year				7d													
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																	
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?																	
9	Sponsoring organizations maintaining donor advised funds.																	
a	Did the organization make any taxable distributions under section 4966?																	
b	Did the organization make a distribution to a donor, donor advisor, or related person?																	
10	Section 501(c)(7) organizations. Enter:																	
a	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:																	
a	Gross income from members or shareholders					11a												
b	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 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 qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.									13a								
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					13b												
c	Enter the amount of reserves on hand					13c												
14a	Did the organization receive any payments for indoor tanning services during the tax year?																	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																	

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 ☒**Section A. Governing Body and Management**

	1a	1b	8	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.			8		
b Enter the number of voting members included in line 1a, above, who are independent			8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
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 appoint 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, stockholders, 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 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, 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization		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 arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								70,913.	0.	1,968.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								70,913.	0.	1,968.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,929.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,326,254.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,336,183.			
	2 a WORKSHOPS, SEMINARS	Business Code	900099	58,021.	58,021.		
b NATURALIST CANOE TOURS		900099	24,390.	24,390.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			82,411.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			58,114.			58,114.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			4,113.			4,113.
	6 a Gross rents	(i) Real	42,908.				
	b Less: rental expenses	(ii) Personal	0.				
	c Rental income or (loss)		42,908.				
	d Net rental income or (loss)			42,908.			42,908.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1052475.				
	b Less: cost or other basis and sales expenses	(ii) Other	1036044.				
	c Gain or (loss)		16,431.				
	d Net gain or (loss)			16,431.			16,431.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	262,298.					
b Less: cost of goods sold	b	138,230.					
c Net income or (loss) from sales of inventory			124,068.	78,897.	45,171.		
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			1,664,228.	161,308.	45,171.	121,566.	

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 response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 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	39,209.	39,209.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,000.	2,000.		
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, trustees, and key employees	72,881.	69,302.		3,579.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	489,193.	465,449.		23,744.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,563.	7,183.		380.
9 Other employee benefits	100,502.	95,552.		4,950.
10 Payroll taxes	45,503.	43,268.		2,235.
11 Fees for services (non-employees):				
a Management				
b Legal	14,064.	13,016.		1,048.
c Accounting	71,322.	66,009.		5,313.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	64,643.			64,643.
f Investment management fees	13,930.	11,860.	1,032.	1,038.
g Other	296,617.	243,718.	14,109.	38,790.
12 Advertising and promotion	80,414.	66,978.	2,346.	11,090.
13 Office expenses	304,130.	211,151.		92,979.
14 Information technology				
15 Royalties				
16 Occupancy	31,180.	29,816.		1,364.
17 Travel	33,095.	31,394.		1,701.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,832.	43,444.		2,388.
23 Insurance	19,692.	16,740.	1,833.	1,119.
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 O.)				
a MISCELLANEOUS	33,390.	23,411.	3,233.	6,746.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,765,160.	1,479,500.	22,553.	263,107.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	267,318.	158,839.	0.	108,479.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	86,444.	1	38,261.
	2 Savings and temporary cash investments	71,322.	2	38,088.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	277,673.	4	136,191.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	92,472.	8	107,164.
	9 Prepaid expenses and deferred charges	7,507.	9	12,038.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,389,310.		
	b Less: accumulated depreciation	10b 322,255.		
		1,074,317.	10c	1,067,055.
	11 Investments - publicly traded securities	1,775,203.	11	1,791,575.
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,384,938.	16	3,190,372.	
Liabilities	17 Accounts payable and accrued expenses	128,878.	17	117,212.
	18 Grants payable		18	
	19 Deferred revenue	800.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	129,678.	26	117,212.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,503,857.	27	1,345,590.
28 Temporarily restricted net assets		1,235,430.	28	1,233,050.
29 Permanently restricted net assets		515,973.	29	494,520.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		3,255,260.	33	3,073,160.
34 Total liabilities and net assets/fund balances		3,384,938.	34	3,190,372.

Part XI Reconciliation of Net AssetsCheck 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	1,664,228.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,765,160.
3	Revenue less expenses. Subtract line 2 from line 1	3	<100,932.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,255,260.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<81,168.>
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	3,073,160.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?	X	
2b Were the organization's financial statements audited by an independent accountant?		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b 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.		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

2011

**Open to Public
Inspection**

Name of the organization

THE MONO LAKE FOUNDATION

Employer identification number

77-0051124

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.)

- 1 ☐ 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).**

4 ☐ 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: _____

5 ☐ 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).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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).

f ☐ 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 _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	

h ☐ Provide the following information about the supported organization(s). _____

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year 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 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.						

Section B. Total Support

Calendar year (or fiscal year beginning 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 activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>
17a 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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year 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 any "unusual grants.")	1361161.	1303101.	2232458.	1744836.	1336183.	7977739.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	408,660.	388,143.	362,497.	335,108.	344,709.	1839117.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1769821.	1691244.	2594955.	2079944.	1680892.	9816856.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	13,294.	13,990.	63,725.	18,140.	15,900.	125,049.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	13,294.	13,990.	63,725.	18,140.	15,900.	125,049.
8 Public support. (Subtract line 7c from line 6.)						9691807.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1769821.	1691244.	2594955.	2079944.	1680892.	9816856.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,266.	68,354.	55,015.	73,699.	105,135.	368,469.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	66,266.	68,354.	55,015.	73,699.	105,135.	368,469.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1836087.	1759598.	2649970.	2153643.	1786027.	10185325.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	95.15 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	95.17 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	3.62 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	3.60 %

- 19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

2011

Open to Public
Inspection

Name of the organization

THE MONO LAKE FOUNDATION

Employer identification number

77-0051124

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
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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
b Total acreage restricted by conservation easements	2b
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

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, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 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 ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 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 conservation easements.

Part III 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 items.

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

2 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 Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	515,973.	482,033.	457,027.	500,500.	
b Contributions					
c Net investment earnings, gains, and losses	<21,453.>	33,940.	25,006.	<43,473.>	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	494,520.	515,973.	482,033.	457,027.	

2 Provide the estimated percentage of the current year end balance (line 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 should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		460,370.		460,370.
b Buildings		828,779.	265,026.	563,753.
c Leasehold improvements				
d Equipment		100,161.	57,229.	42,932.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,067,055.

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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,664,228.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,765,160.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<100,932.>
4	Net unrealized gains (losses) on investments	4	<81,168.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<81,168.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<182,100.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,590,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<81,168.>
b	Donated services and use of facilities	2b	7,657.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	<73,511.>
3	Subtract line 2e from line 1	3	1,664,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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	1,664,228.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,772,817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,657.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	7,657.
3	Subtract line 2e from line 1	3	1,765,160.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	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	1,765,160.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT PRINCIPAL ON THE RELATED INVESTMENT IS

RESTRICTED FROM WITHDRAWAL. INVESTMENT AND INTEREST EARNINGS FROM THIS
 BALANCE ARE RESTRICTED BY THE DONOR FOR THE USE IN RESEARCH AND POLICY
 DEVELOPMENT. THE DONOR ALLOWS ENDOWMENT PRINCIPAL TO BE REDUCED BY
 UNREALIZED INVESTMENT LOSSES.

**PART X, LINE 2: THE FOUNDATION HAS IMPLEMENTED THE AMENDED ACCOUNTING
 PRINCIPLES RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS**

Part XIV Supplemental Information *(continued)*

DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE FINANCIAL.

Department of the Treasury
Internal Revenue Service

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.

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**Open To Public
Inspection**

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THE MONO LAKE FOUNDATION

Employer identification number
77-0051124

Part I

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BLACK MOUNTAIN INC. - 34522 NO. SCOTTSDALE RD,	FUNDRAISER		X	1,151,069.	64,643.	1,086,426.
Total				1,151,069.	64,643.	1,086,426.

- 3 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.

 \overline{CA}

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 col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 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:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 ► \$ _____.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BLACK MOUNTAIN INC.

(I) ADDRESS OF FUNDRAISER: 34522 NO. SCOTTSDALE RD, SCOTTSDALE, AZ 85262

SCHEDULE G, PART I, LINE 2B, COLUMN (V): ANY MAILING, POSTAGE, DELIVERY AND OTHER DIRECT EXPENSES INCURRED BY BMCI WILL BE REFUNDED BY MLC IN ADDITION TO THE FEES PAID FOR THE SERVICES RENDERED BY BMCI.

132101 01-27-12

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, and any other additional information.

SCHEDULE I, PART I, LINE 2: A REPORT IS GIVEN TO US REGARDING ACCOUNTING, AND THE PURPOSE OF THE GRANT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND MEET REAL WATER NEEDS WITHOUT TRANSFERRING ENVIRONMENTAL PROBLEMS
TO OTHER AREAS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOUNDATION WORKS IN DIVERSE ARENAS INCLUDING PUBLIC POLICY,
ECOLOGICAL RESTORATION, PUBLIC EDUCATION, WATER CONSERVATION,
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 THROUGH WATER CONSERVATION AND
RECLAMATION, AND ACHIEVED AN EXTRAORDINARY REVISION OF WATER RIGHTS IN
THE MONO BASIN THAT ASSURES MONO LAKE WILL THRIVE.

PROTECTION & RESTORATION:

MONO LAKE PROTECTION AND RESTORATION PROGRAMS REVOLVE AROUND 1) THE
CONTINUING NEED TO ASSURE MONO LAKE'S PROTECTION FOR THE LONG-TERM AND
2) THE NEED TO RESTORE ECOLOGICAL RESOURCES DAMAGED BY HISTORICALLY
EXCESSIVE WATER DIVERSIONS.

WORKING CLOSELY WITH STATE, FEDERAL, AND REGIONAL GROUPS, THE
FOUNDATION SEEKS TO MAINTAIN A BALANCE BETWEEN A HEALTHY ECOSYSTEM AND

Name of the organization	THE MONO LAKE FOUNDATION	Employer identification number	77-0051124
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A SUSTAINABLE ECONOMY. THE FOUNDATION'S STATEWIDE WATER POLICY WORK 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 2011 THE FOUNDATION'S MONO BASIN FIELD STATION HAD ITS SIXTH 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:

Name of the organization	THE MONO LAKE FOUNDATION	Employer identification number	77-0051124
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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, 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 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 FORM 990 AND PROVIDE WRITTEN CONFIRMATION TO THE EXECUTIVE DIRECTOR OF SUCH

Name of the organization	THE MONO LAKE FOUNDATION	Employer identification number	77-0051124
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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; (C) THE ORGANIZATION'S EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, OR 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).

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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.

FORM 990, PART VI, SECTION C, LINE 19: THE MONO LAKE FOUNDATION FROM TIME

Name of the organization

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TO TIME MAKES VARIOUS ORGANIZATIONAL DOCUMENTS PUBLICLY AVAILABLE ONLINE AND IN PRINTED MATERIALS. FOR EXAMPLE, SUMMARY FINANCIAL NUMBERS ARE INCLUDED IN THE ORGANIZATION'S ANNUAL REPORT. VARIOUS FULL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE ON REQUEST. THESE INCLUDE: FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, BYLAWS, AND THE CONFLICT OF INTEREST POLICY.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -81,168.

FORM 990, PART XI, LINE 2C

THERE HAS BEEN NO CHANGE IN THE PROCESS SINCE THE PRIOR YEAR.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2011 or other tax year beginning

, and ending

2011Open to Public Inspection for
501(c)(3) Organizations Only**A** ☐ Check box if
address changed**B** Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

THE MONO LAKE FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

P.O. BOX 29

City or town, state, and ZIP code

LEE VINING, CA 93541

D Employer identification number
(Employees' trust, see
instructions.)

77-0051124

E Unrelated business activity codes
(See instructions.)

453220 531190

C Book value of all assets
at end of year
3,190,372.**F** Group exemption number (See instructions.)**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity. **SALE OF MERCHANDISE UNRELATED TO OUR MISSION****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of **DONNETTE HUSELTON**Telephone number **(760) 647-6595****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 107,460.			
b Less returns and allowances c Balance	1c 107,460.		
2 Cost of goods sold (Schedule A, line 7)	2 62,289.		
3 Gross profit. Subtract line 2 from line 1c	3 45,171.		45,171.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 45,171.		45,171.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	18,113.
16 Repairs and maintenance	16	1,198.
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	2,081.
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	1,394.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	<1,116.>
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 1	28	16,455.
29 Total deductions. Add lines 14 through 28	29	38,125.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	7,046.
31 Net operating loss deduction (limited to the amount on line 30)	31	4,752.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	2,294.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	1,294.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 194.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 194.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a**b** Other credits (see instructions) 40b**c** General business credit. Attach Form 3800 40c**d** Credit for prior year minimum tax (attach Form 8801 or 8827) 40d**e Total credits.** Add lines 40a through 40d 40e**41** Subtract line 40e from line 39 41 194.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 194.**44a** Payments: A 2010 overpayment credited to 2011 44a**b** 2011 estimated tax payments 44b**c** Tax deposited with Form 8868 44c**d** Foreign organizations: Tax paid or withheld at source (see instructions) 44d**e** Backup withholding (see instructions) 44e**f** Credit for small employer health insurance premiums (Attach Form 8941) 44f 3,066.**g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44g**45 Total payments.** Add lines 44a through 44g 45 3,066.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed 47**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 2,872.**49** Enter the amount of line 48 you want: Credited to 2012 estimated tax 49 2,872.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ☒ COST

1 Inventory at beginning of year	1	34,083.	6 Inventory at end of year	6	29,684.
2 Purchases	2	57,890.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	62,289.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	91,973.			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DARLA A. COLSON	<i>Darla A. Colson, CPA</i>	10/16/12		P00027123
Firm's name	Firm's EIN			
GILBERT ASSOCIATES, INC.	68-0037990			
Firm's address	Phone no.			
2880 GATEWAY OAKS DR, STE 100	916-646-6464			
SACRAMENTO, CA 95833				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1.** Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶	0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 ▶				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations		
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)					6. Deductions directly connected with income in column 5
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).	Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5)		0.	0.	0.		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT

1

DESCRIPTIONAMOUNT

OTHER EXPENSES

11,520.

ACCOUNTING FEES

4,935.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

16,455.

Credit for Small Employer Health Insurance Premiums► Information about Form 8941 and its instructions is available at www.irs.gov/forms8941.

► Attach to your tax return.

Name(s) shown on return

Identifying number

THE MONO LAKE FOUNDATION**77-0051124**

1 Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1	26
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	11
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	43,000.
4 Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	4	89,618.
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	57,480.
6 Enter the smaller of line 4 or line 5	6	57,480.
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7	14,370.
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	13,412.
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	3,066.
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10	
11 Subtract line 10 from line 4. If zero or less, enter -0-	11	89,618.
12 Enter the smaller of line 9 or line 11	12	3,066.
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	12
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	10
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16	3,066.
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18	
19 Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit (see instructions)	19	36,000.
20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	20	3,066.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2011)

THE MONO LAKE FOUNDATION
FORM 990-T, PART II, LINE 31
77-0051124
NET OPERATING LOSS DEDUCTION

<u>LOSS YEAR ENDING</u>	<u>ORIGINAL LOSS</u>	<u>CARRYOVER FROM PRIOR YEAR</u>	<u>AMOUNT USED IN CURRENT YEAR</u>	<u>CARRYOVER TO NEXT YEAR</u>
12/31/09	7,751	4,752	4,752	-

2011

California Exempt Organization Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____	
Corporation/Organization name THE MONO LAKE FOUNDATION	California corporation number 1270437
Address (suite, room, or PMB no.) P.O. BOX 29	FEIN 77-0051124
City LEE VINING	State CA ZIP Code 93541

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) • <input checked="" type="checkbox"/> 990T (2) • <input type="checkbox"/> 990(PF) (3) • <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? ... • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>M Is the organization a Limited Liability Company? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,502,319.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,336,183.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	2,838,502.00
	5 Cost of goods sold STMT 2	5	138,230.00
	6 Cost or other basis, and sales expenses of assets sold	6	1,036,044.00
	7 Total costs. Add line 5 and line 6	7	1,174,274.00
	8 Total gross income. Subtract line 7 from line 4	8	1,664,228.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,765,160.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<100,932.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12 Total payments	12	00
	13 Penalties and interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Title	Date
Paid Preparer's Use Only	Preparer's signature	Date 10/16/12	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address GILBERT ASSOCIATES, INC. 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833		• PTIN P00027123
			• FEIN 68-0037990
			• Telephone 916-646-6464
May the FTB discuss this return with the preparer shown above? See instructions • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

128951 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	262,298.00
	2	Interest	•	2	58,114.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	42,908.00
	5	Gross royalties	•	5	4,113.00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	•	6	1,052,475.00
	7	Other income SEE STATEMENT 4	•	7	82,411.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,502,319.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 5	•	9	41,209.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	•	11	72,881.00
	12	Other salaries and wages	•	12	489,193.00
	13	Interest	•	13	00
	14	Taxes	•	14	45,503.00
	15	Rents	•	15	31,180.00
	16	Depreciation and depletion (See instructions)	•	16	45,832.00
	17	Other Expenses and Disbursements SEE STATEMENT 7	•	17	1,039,362.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,765,160.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		157,766.		• 76,349.
2 Net accounts receivable		277,673.		• 136,191.
3 Net notes receivable				•
4 Inventories		92,472.		• 107,164.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock STMT 8		1,775,203.		• 1,791,575.
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	918,122.		928,940.	
b Less accumulated depreciation	(304,175.)	613,947.	(322,255.)	606,685.
11 Land		460,370.		• 460,370.
12 Other assets STMT 9		7,507.		• 12,038.
13 Total assets		3,384,938.		3,190,372.
Liabilities and net worth				
14 Accounts payable		128,878.		• 117,212.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 10		800.		•
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		3,255,260.		• 3,073,160.
22 Total liabilities and net worth		3,384,938.		3,190,372.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	• <182,100.>	7 Income recorded on books this year not included in this return STMT 11	• <81,168.>
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	<81,168.>
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	<100,932.>
6 Total.			
Add line 1 through line 5	<182,100.>		

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT	1
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
RICHARD GRAND FOUNDATION	405 DAVIS CT STE 2504 SAN FRANCISCO, CA, 94111		10,000.
NATIONAL FOREST FOUNDATION	BUILDING 27 SUITE 3 FORT MISOULA, MT, 59804		20,000.
USDA	101B SUN AVENUE NE ALBUQUERQUE, NM, 87109		9,929.
TOTAL INCLUDED ON LINE 3			<hr/> 39,929. <hr/>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		94,472
2. MERCHANDISE PURCHASED.	150,922	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		245,394
7. INVENTORY AT END OF YEAR		107,164
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		138,230

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,036,044.	0.	0.	1,052,475.
TOTAL TO FORM 199, PAGE 2, LN 6	1,036,044.	0.	0.	1,052,475.

FORM 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
NATURALIST CANOE TOURS	24,390.
WORKSHOPS, SEMINARS	58,021.
TOTAL TO FORM 199, PART II, LINE 7	82,411.

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 5

ACTIVITY CLASSIFICATION: GRANTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CASA ESPERANZA	14705 BLYTHE ST, PANORAMA CITY, CA 91402	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GIRL SCOUTS	AVAILABLE UPON REQUEST	NONE	1,092.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PRBO CONSERVATION SCIENCE	3820 CYPRESS DRIVE #11, PETALUMA, CA 94954	NONE	12,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF THE INYO	699 WEST LINE, SUITE A, BISHOP, CA 93514	NONE	24,622.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISCELLANEOUS	VARIOUS	NONE	495.

TOTAL FOR THIS ACTIVITY 39,209.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANGELA JEANNE ANNETT	PO BOX 221, BRIDGEPORT, CA 93517	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
QUINCY PARKER	PO BOX 157, LEE VINING, CA 93541	NONE	1,000.

TOTAL FOR THIS ACTIVITY	2,000.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	41,209.
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FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
SALLY GAINES P.O. BOX 29 LEE VINING, CA 93541	CHAIRPERSON 5.00	0.
DAVID KANNER P.O. BOX 29 LEE VINING, CA 93541	TREASURER 5.00	0.
TOM SOTO P.O. BOX 29 LEE VINING, CA 93541	SECRETARY 5.00	0.
MARTHA DAVIS P.O. BOX 29 LEE VINING, CA 93541	DIRECTOR 5.00	0.
RICHARD LEHAMAN P.O. BOX 29 LEE VINING, CA 93541	DIRECTOR 5.00	0.
DOUG VIRTUE P.O. BOX 29 LEE VINING, CA 93541	DIRECTOR 5.00	0.
SHERYL TAYLOR P.O. BOX 29 LEE VINING, CA 93541	DIRECTOR 5.00	0.

VIREO GAINS
P.O. BOX 29
LEE VINING, CA 93541

DIRECTOR
5.00

0.

GEOFF MCQUILKIN
P.O. BOX 29
LEE VINING, CA 93541

EXECUTIVE DIRECTOR
40.00

72,881.

TOTAL TO FORM 199, PART II, LINE 11

72,881.

FORM 199

OTHER EXPENSES

STATEMENT 7

DESCRIPTION

AMOUNT

MISCELLANEOUS	33,390.
PENSION PLAN CONTRIBUTIONS	7,563.
OTHER EMPLOYEE BENEFITS	100,502.
LEGAL FEES	14,064.
ACCOUNTING FEES	71,322.
PROFESSIONAL FUNDRAISING FEES	64,643.
INVESTMENT MANAGEMENT FEES	13,930.
OTHER PROFESSIONAL FEES	296,617.
ADVERTISING AND PROMOTION	80,414.
OFFICE EXPENSES	304,130.
TRAVEL	33,095.
INSURANCE	19,692.

TOTAL TO FORM 199, PART II, LINE 17

1,039,362.

FORM 199

INVESTMENTS IN STOCK

STATEMENT 8

DESCRIPTION

BEG. OF YEAR

END OF YEAR

PUBLICLY TRADED SECURITIES	1,775,203.	1,791,575.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	1,775,203.	1,791,575.

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	7,507.	12,038.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	7,507.	12,038.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	800.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	800.	0.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	11
DESCRIPTION		AMOUNT	
UNREALIZED LOSS		<81,168.>	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		<81,168.>	

2011

California Exempt Organization Business Income Tax Return

Calendar Year 2011 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____	
A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B Is this an education IRA within the meaning of R&TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CORP # 1270437	

Corporation/Organization Name THE MONO LAKE FOUNDATION	FEIN 77-0051124
--	---------------------------

Address P.O. BOX 29	
City LEE VINING	State CA
ZIP Code 93541	

C Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Final Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____		I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Accounting Method Used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other		K Unrelated Business Activity (UBA) Code 453220	
G Nature of trade or business SEE STATEMENT 12			

Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30	1	2,980.00
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 6 or Part B, line 2. See instructions	2	00
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	3	2,980.00
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30	4	00
Tax Computation	5 Unrelated business taxable income from line 3 or line 4	5	2,980.00
	6 Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	6	00
	7 Net Operating Loss deduction. See General Information N	7	8,487.00
	8 Add line 6 and line 7	8	8,487.00
	9 Net unrelated business taxable income. Subtract line 8 from line 5	9	<5,507.00
	10 Tax 8.84 % x line 9. See General Information J	10	00
	11 a New jobs credit, amount generated. • a) _____ 11 b) Amount claimed _____	11b	00
	c Tax credits from Schedule B. See instructions	11c	00
	d Total Credits. Add line 11b and 11c	11d	00
Total Tax	12 Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	12	00
	13 Alternative minimum tax. See General Information O	13	00
	14 Total tax. Add line 12 and line 13	14	00
Payments	15 Overpayment from a prior year allowed as a credit	15	00
	16 2011 estimated tax payments. See instructions	16	00
	17 2011 withholding (Form 592-B and/or 593.) See instructions	17	00
	18 Amount paid with extension (form FTB 3539)	18	00
	19 Total payments and credits. Add line 15 through line 18	19	00
Refund (Direct Deposit of Refund) or Amount Due	20 Tax due. Subtract line 19 from line 14. Pay entire amount with return	20	00
	21 Overpayment. Subtract line 14 from line 19	21	00
	22 Enter amount of line 21 to be applied to 2012 estimated tax	22	00
	23 Use tax. See instructions	23	00
	24 Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21	24	00
	a Fill in the account information to have the refund directly deposited. Routing number	24a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	24c	
	25 Penalties and interest. See General Information M	25	00
26 • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
	27 Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result	27	00

THE MONO LAKE FOUNDATION
Unrelated Business Taxable Income

77-0051124

128971 07-17-12

Part I Unrelated Trade or Business Income

1	a	Gross receipts or gross sales	107,460.	b	Less returns and allowances	Balance	1c	107,460.00
2		Cost of goods sold and/or operations (Schedule A, line 7)					2	62,289.00
3		Gross profit. Subtract line 2 from line 1c					3	45,171.00
4	a	Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)					4a	00
	b	Net gain (loss) from Part II, Schedule D-1					4b	00
	c	Capital loss deduction for trusts					4c	00
5		Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule					5	00
6		Rental income (Schedule C)					6	00
7		Unrelated debt-financed income (Schedule D)					7	00
8		Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					8	00
9		Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					9	00
10		Exploited exempt activity income (Schedule G)					10	00
11		Advertising income (Schedule H, Part III, Column A)					11	00
12		Other income. Attach schedule					12	00
13		Total unrelated trade or business income. Add line 3 through line 12					13	45,171.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14		Compensation of officers, directors, and trustees from Schedule I				14	00
15		Salaries and wages				15	18,113.00
16		Repairs				16	1,198.00
17		Bad debts				17	00
18		Interest				18	00
19		Taxes	SEE STATEMENT 13			19	2,081.00
20		Contributions				20	00
21	a	Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	1,394.00			
	b	Less: depreciation claimed on Schedule A	21b	00		21	1,394.00
22		Depletion				22	00
23	a	Contributions to deferred compensation plans				23a	00
	b	Employee benefit programs				23b	1,950.00
24		Other deductions	SEE STATEMENT 14			24	16,455.00
25		Total deductions. Add line 14 through line 24				25	41,191.00
26		Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13				26	3,980.00
27		Excess advertising costs (Schedule H, Part III, Column B)				27	00
28		Unrelated business taxable income before specific deduction. Subtract line 27 from line 26				28	3,980.00
29		Specific deduction				29	1,000.00
30		Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28				30	2,980.00

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title	Date	Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name (or yours, if self-employed)			FEIN
	and address			Telephone
	May the FTB discuss this return with the preparer shown above? See instructions			Yes No

Schedule A Cost of Goods Sold and/or Operations. Method of inventory valuation (specify) **COST**

1	Inventory at beginning of year	1	34,083.00
2	Purchases	2	57,890.00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	91,973.00
6	Inventory at end of year	6	29,684.00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	62,289.00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits. Do not claim the New Jobs Credit on Schedule B.

1	Enter credit name	code no.	1	00	
2	Enter credit name	code no.	2	00	
3	Enter credit name	code no.	3	00	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Jobs Credit, on line 4. Enter here and on Side 1, line 11c			4	00

Schedule K Add-On Taxes or Recapture of Tax.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula WorksheetIs this organization electing the Alternate Method - Single-Sales Factor Formula? ☐ Yes ☒ No

If "Yes," skip Part A and complete Part B. If "No," complete Part A and skip Part B.

Part A. Standard Method - Three Factor Formula. Complete this part only if the corporation uses the three-factor formula. (The three-factor formula includes the double-weighted sales factor.)

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property factor:	•	•	•
2 Payroll factor: Wages and other compensation of employees	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances	•	•	•
4 Multiply the factor on line 3, column (c) by 2			
5 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Part B. Alternate Method - Single-Sales Factor Formula. Complete this part only if the corporation elects the single-sales factor formula. This is an irrevocable annual election.

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Total Sales	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and enter the result here and on Form 109, Side 1, line 2			•

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property	(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

THE MONO LAKE FOUNDATION
Schedule D Unrelated Debt-Financed Income

77-0051124

128991 07-17-12

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation	(b) Other deductions
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

Schedule H Advertising Income and Excess Advertising Costs**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A - Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7

Enter total here and on Side 2, Part I, line 11

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

FORM 109	NATURE OF TRADE OR BUSINESS	STATEMENT	12
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SALE OF MERCHANDISE UNRELATED TO OUR MISSION

TO FORM 109, PAGE 1

FORM 109	TAXES PAID	STATEMENT	13
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DESCRIPTION	AMOUNT
PAYROLL TAXES	1,011.
PROPERTY TAXES	411.
LICENSES/PERMITS	659.
TOTAL TO FORM 109, PAGE 2, LINE 19	2,081.

FORM 109	OTHER DEDUCTIONS	STATEMENT	14
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DESCRIPTION	AMOUNT
OTHER EXPENSES	11,520.
ACCOUNTING FEES	4,935.
TOTAL TO FORM 109, PAGE 2, LINE 24	16,455.

2011

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

THE MONO LAKE FOUNDATION

California corporation number

1 2 7 0 4 3 7

During the taxable year the corporation incurred the NOL, the corporation was a(n): ☐ C corporation☐ S corporation ☒ Exempt organization ☐ Limited Liability Company (electing to be taxed as a corporation)

FEIN

7 7 0 0 5 1 1 2 4

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2.

Enter as a positive number. 1 00

2 2011 disaster loss included in line 1. Enter as a positive number 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 00

4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00

c Add line 4a and line 4b 4c 00

5 General NOL. Subtract line 4c from line 3 5 00

6 2011 NOL carryover. Add line 2, line 4c, and line 5. See instructions 6 00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income (loss) – Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. If the corporation net income after state adjustments (pre-apportioned income) is \$300,000 or more, see instructions

(g)
Available balance

0

Prior Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL* – See below	(d) Initial loss	(e) Carryover from 2010	(f) Amount used in 2011	(g) Available balance	(h) Carryover to 2012 col. (e) - col. (f)
2 2009		ESB	7,074	0	4,930		2,144
2010		ESB	1,413	0	0		1,413

Current Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL* – See below	(d) Initial loss	(e) Carryover from 2010	(f) Amount used in 2011	(g) Available balance	(h) Carryover to 2012 col. (e) - col. (f)
3 2011		DIS					col. (d) - col. (f)
4 2011							
2011							
2011							
2011							

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2011 NOL deduction

1 Total the amounts in Part II, line 2, column (f) 1 4,930 00

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0- 2 00

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7. 3 8,487 00

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 59006

THE MONO LAKE FOUNDATION

Name of Organization

P.O. BOX 29

Address (Number and Street)

LEE VINING, CA 93541

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 1270437

Federal Employer I.D. No. 77-0051124

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2011 ending 12/31/2011) list:
Gross annual revenue \$ 1,664,228. Total assets \$ 3,190,372.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 15	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 16	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (760) 647-6595

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 15

BLACK MOUNTAIN COMMUNICATIONS, INC.
34522 NO. SCOTTSDALE ROAD
SCOTTSDALE, AZ 85262
(480) 595-9292

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 16

USDA
101B SUN AVENUE NE
ALBUQUERQUE, NM 87109
JN KAZMIERSKI (760)914-0296