

2010 Exempt Org. Forms

**2010 Exempt Org. Return**  
prepared for:

**NEW DUNGENESS LIGHT STATION ASSOCIATION**

**Baker, Overby & Moore Inc, P.S.**  
1102 E 1St St  
Port Angeles, WA 98362

**Short Form  
Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**  
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.



**A For the 2010 calendar year, or tax year beginning , 2010, and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b></p> <p><b>NEW DUNGENESS LIGHT STATION ASSOCIATION</b>  <b>PO BOX 1283</b>  <b>SEQUIM, WA 98382</b></p>	<p><b>D</b> Employer identification number <b>91-1634553</b></p> <p><b>E</b> Telephone number <b>360-683-9166</b></p> <p><b>F</b> Group Exemption Number .....</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ NEWDUNGENESSLIGHTHOUSE.COM

**J** Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ **149,971.**

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Check if the organization used Schedule O to respond to any question in this Part I. ....

<b>REVENUE</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	31,716.
	<b>2</b>	Program service revenue including government fees and contracts .....	<b>2</b>	81,079.
	<b>3</b>	Membership dues and assessments .....	<b>3</b>	31,194.
	<b>4</b>	Investment income .....	<b>4</b>	219.
	<b>5a</b>	Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5c</b>	-263.
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) ....	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	<b>6b</b>		
<b>6c</b>	Less: direct expenses from gaming and fundraising events .....	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances .....	<b>7a</b>	4,297.	
<b>7b</b>	Less: cost of goods sold .....	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>	4,297.	
<b>8</b>	Other revenue (describe in Schedule O) .....	<b>8</b>	SEE. SCHEDULE. O 1,729.	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. .... ▶	<b>9</b>	149,971.	
<b>EXPENSES</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) .....	<b>10</b>	
	<b>11</b>	Benefits paid to or for members .....	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits .....	<b>12</b>	40,453.
	<b>13</b>	Professional fees and other payments to independent contractors .....	<b>13</b>	5,334.
	<b>14</b>	Occupancy, rent, utilities, and maintenance .....	<b>14</b>	6,190.
	<b>15</b>	Printing, publications, postage, and shipping .....	<b>15</b>	2,524.
	<b>16</b>	Other expenses (describe in Schedule O) .....	<b>16</b>	SEE. SCHEDULE. O 78,293.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16. .... ▶	<b>17</b>	132,794.	
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	17,177.	
<b>ASSETS</b>	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>19</b>	197,789.
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) .....	<b>20</b>	
	<b>21</b>	<b>Total net assets or fund balances at end of year.</b> Combine lines 18 through 20. .... ▶	<b>21</b>	214,966.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form 990-EZ (2010)



Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with 3 columns: Question, Yes, No. Rows include questions 33-41 regarding IRS reporting, changes to documents, business income, liquidation, political expenditures, loans, and tax shelter transactions.

42a The organization's books are in care of BILL BJORKLUND. Located at PO BOX 1283, SEQUIM, WA. Telephone no. and ZIP + 4 98382.

42b 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? [X] Yes [ ] No

42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? [X] Yes [ ] No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [ ] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. [ ] 43 [ ] N/A

Table with 3 columns: Question, Yes, No. Rows include questions 44a-44d regarding donor advised funds, hospital facilities, and indoor tanning services.

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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.

<b>Sign Here</b>	Signature of officer _____		Date _____		
	Type or print name and title _____				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STEVE GRASSER	<i>Steve Grasser</i>	4/04/11	<input type="checkbox"/>	N/A
	Firm's name ▶	BAKER, OVERBY & MOORE INC, P.S.		Firm's EIN ▶	N/A
	Firm's address ▶	1102 E 1ST ST PORT ANGELES, WA 98362		Phone no.	360-457-4481

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

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.

Open to Public Inspection

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

Name of the organization <b>NEW DUNGENESS LIGHT STATION ASSOCIATION</b>	Employer identification number <b>91-1634553</b>
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**Part III 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 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 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? .....	<b>11 g (i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11 g (ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11 g (iii)</b>	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part III 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge....						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						
11 <b>Total support.</b> Add lines 7 through 10.....						
12 Gross receipts from related activities, etc (see instructions).....					12	
13 <b>First five years.</b> 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 <b>stop here.</b> ..... ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).....	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.....	15	%
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. .... ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. .... ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>		

BAA

**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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.).....	57,346.	65,491.	47,964.	55,834.		226,635.
<b>2</b> 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.....	47,470.	78,951.	66,446.	81,277.		274,144.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513..						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
<b>6 Total.</b> Add lines 1 through 5....	104,816.	144,442.	114,410.	137,111.	0.	500,779.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.....	0.	0.	0.	0.	0.	0.
<b>b</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.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.....	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.).....						500,779.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6.....	104,816.	144,442.	114,410.	137,111.	0.	500,779.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	6,911.	4,778.	3,703.	607.		15,999.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975....						0.
<b>c</b> Add lines 10a and 10b.....	6,911.	4,778.	3,703.	607.	0.	15,999.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV.....	873.					873.
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.)	112,600.	149,220.	118,113.	137,718.	0.	517,651.
<b>14 First five years.</b> 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 <b>stop here</b> ..... ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15.....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17.....	<b>18</b>	%
<b>19a 33-1/3% support tests – 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
<b>b 33-1/3% support tests – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... ▶ <input type="checkbox"/>		



PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEW DUNGENESS LIGHT STATION ASSOCIATION

Employer identification number

91-1634553

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION'S MISSION IS TO PROVIDE FOR RESTORATION, PRESERVATION AND  
INTERPRETATION OF THE LIGHT STATION.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

## NEW DUNGENESS LIGHT STATION ASSOCIATION

91-1634553

FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

OTHER REVENUE.....	\$	1,729.
TOTAL	\$	<u>1,729.</u>

FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

BANK CHARGES.....	\$	1,986.
DEPRECIATION.....		6,427.
DUES AND SUBSCRIPTIONS.....		475.
DUMP FEES.....		526.
EASEMENT.....		1,500.
INFORMATION TECHNOLOGY.....		2,082.
INSURANCE.....		4,740.
LIGHTSTATION OPERATIONS.....		34,956.
MEMBERSHIP NEWSLETTER.....		2,148.
MERCHANDISE.....		3,105.
OFFICE EXPENSES.....		2,128.
OTHER EXPENSES.....		92.
SPECIAL EVENTS EXPENSES.....		531.
SUPPLIES AND MATERIALS.....		3,489.
TRANSFER STATION LEASE.....		4,864.
TRANSPORTATION.....		9,244.
TOTAL	\$	<u>78,293.</u>

FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES.....	\$ 5,622.	\$ 7,170.
MACHINERY AND EQUIPMENT.....	24,796.	21,001.
OTHER RECEIVABLES.....	757.	97.
TOTAL	<u>\$ 31,175.</u>	<u>\$ 28,268.</u>

FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE.....	\$ 21,470.	\$ 14,595.
DIRECT DEPOSIT LIABILITY IN TRANSIT.....	0.	-2,402.
PAYROLL LIABILITIES.....	5,280.	1,814.
SALES TAX PAYABLE.....	550.	414.
TOTAL	<u>\$ 27,300.</u>	<u>\$ 14,421.</u>

## NEW DUNGENESS LIGHT STATION ASSOCIATION

91-1634553

FORM 990-EZ, PART IV (CONTINUED)  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JOHAN VAN NIMWEGEN PO BOX 1283 SEQUIM, WA 98382	MEMBER 5.00	\$ 0.	\$ 0.	\$ 0.
	TOTAL	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

NEW DUNGENESS LIGHT STATION ASSOCIATION

91-1634553

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL /DEPR.	SALVAGE /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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FORM 990/990-PF

IMPROVEMENTS

15	SEPTIC SYSTEM	11/25/09		4,160							4,160	23	S/L	15		277
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TOTAL IMPROVEMENTS				4,160		0	0	0	0	0	4,160	23				277
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MACHINERY AND EQUIPMENT

1	1990 SUBURBAN	VARIOUS		6,811							6,811	6,811	S/L	5		0
2	1993 SUBURBAN	6/30/04		9,500							9,500	9,500	S/L	5		0
3	DELL COMPUTER	6/30/01		809							809	809	S/L	5		0
4	PARADE TRAILER	6/30/07		4,260							4,260	2,769	S/L	5		852
5	WEATHER STATION EQUIP	6/30/07		1,754							1,754	1,141	S/L	5		351
6	QUICKBOOKS SOFTWARE	6/30/07		112							112	72	S/L	5		22
7	ELECTRICAL IMPROVEMENTS	6/30/08		8,243							8,243	962	S/L	15		550
8	SCAFFOLDING	6/30/08		2,183							2,183	764	S/L	5		437
9	GENERATOR	11/07/08		5,100							5,100	1,190	S/L	5		1,020
10	2002 DODGE 4X4	10/24/08		10,999							10,999	2,533	S/L	5		2,200
11	10" CHOP SAW	5/15/09		206							206	27	S/L	5		41
12	WASHER	6/02/09		415							415	48	S/L	5		83
13	CHAINSAW	11/11/09		360							360	12	S/L	5		72
14	SCANNER	1/21/09		345							345	63	S/L	5		69
16	TRAILER	1/01/09		500							500	100	S/L	5		100
17	REFRIGERATOR	9/13/10		444							444		S/L	5		30
18	COMPUTER	7/10/10		369							369		S/L	5		37
19	PRINTER	7/10/10		220							220		S/L	5		22
20	CARPORIT	1/12/10		1,322							1,322		S/L	5		264

NEW DUNGENESS LIGHT STATION ASSOCIATION

91-1634553

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC. BAL /BASIS DEPR	SALVAGE BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
	TOTAL MACHINERY AND EQUIPME			53,952		0	0	0	0	0	53,952	26,801				6,150
	TOTAL DEPRECIATION			58,112		0	0	0	0	0	58,112	26,824				6,427
	GRAND TOTAL DEPRECIATION			58,112		0	0	0	0	0	58,112	26,824				6,427