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EXTENSION GRANTED TO 08/16/2010

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	e 2009 calendar year, or tax year beginning and ending	<u> </u>	
В	Check if applicab	Please use IRS	D Employer identif	ication number
	Addre	ss label or transport no taim crian transport for following motor		
	Name	be type Doing Business As	30-0	276087
	Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/s		
Ļ	Termi	Instruc- E HARDON FOINT DRIVE	(415)383-6210
F	Amen retum Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	489,724.
<u>_</u>	tion pendi	MIDD VALUET, CA 54541	H(a) Is this a group r	
		F Name and address of principal officer: ROBERT L. KALISKI	for affiliates?	Yes X No
_		SAME AS C ABOVE empt status: X 501(c) (3)	H(b) Are all affiliates in	
		empt status: X 501(c) (3) (insert no.) 4947(a)(1) or 527 te: ► HTTP: //WWW.WOMENSTENNISCLASSIC.ORG		list. (see instructions)
			H(c) Group exemption	M State of legal domicile CA
	art I	Summary	rear of formation 2005 [1	vi State of legal domicile CA
	1	Briefly describe the organization's mission or most significant activities: TO FACIL	ITATE INCREAS	ED FUNDING
Activities & Governance	-	AND AWARENESS OF ADULT HEALTH ISSUES BY SUPP		
ra a	2	Check this box if the organization discontinued its operations or disposed of r		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)	3	0
প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
es	5	Total number of employees (Part V, line 2a)	5	0
Ξ	6	Total number of volunteers (estimate if necessary)	6	0
Act		Total gross unrelated business revenue from Part VIII, column (C) Ine T	7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
ŭ	8	Contributions and grants (Part VIII, line 1h)		·
Revenue	9	Program service revenue (Part VIII, line 2g)		
æ	10	Other revenue (Part VIII, column (A), lines 5, 4, and Vo)	369,915.	489,724.
	11 12	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and Vd) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 4dc, and 10 lines 8 through 11 (must equal Part VIII, column (A), line 12)	369,915.	489,724.
_	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	303/313.	100/124.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
ç	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		-
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ę,	ь	Total fundraising expenses (Part IX, column (D), line 25) > 487,068.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	383,984.	494,595.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	383,984.	494,595.
3		Revenue less expenses. Subtract line 18 from line 12	<14,069.	> <4,871.
Fund Balances			Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	12,124.	35,488.
鲁	21	Total liabilities (Part X, line 26)	13,660.	41,895.
륹	<u>22</u> art	Net assets or fund balances. Subtract line 21 from line 20	<1,536.	> <6,407.
جئي	art ii	Signature Block	nte and to the heet of my knowled	ne and helief it is true, comet
ΕP		Under paralities of penury, I declare that I have examined this return, including accompanying schedules and stateme and omplete, peclaration of preparer other than officer is based on all information of which preparer has any knowle	edge.	7 /
Sig	n	LIZ. Min	1 8/	11/12
eر He	" re	Signature of officer	Date	10
H ₂) 010	•	ROBERT L. KALISKI, DIRECTOR		
3		Type or print name and title		
D		Preparer's Date		er's identifying number structions)
Pau		signature / / 2 8/00/10	self- employed > (see ins	oudulons)
	parer's Only	Firm's name (or / ROBERT O. FOLKOFF INC.	EIN ►	
USE	Only	self-employed). 150 POST STREET SUITE 640		
_		SAN FRANCISCO, CA 94108-4719	Phone no ► 4	159550801
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
9320	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2009) HARBOR POINT CHARITABLE FOUNDATION	30-0276087	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: NONE		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☐	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code.) (Expenses \$ including grants of \$ 40,650.) (Re	evenue \$	
	HELPED RAISED MONEY FOR THE "TO CELEBRATE LIFE BREAST CA	·	′
	FOUNDATION": REACHING OUT TO ENRICH THE LIVES OF WOMEN A	AND MEN LIVIN	G
	WITH BREAST CANCER.	-1-1	
	·		
			
		-	
			
4b	(Code:) (Expenses \$ Including grants of \$ 20,000.) (Re)
		IRE INNER CIT	<u>Y</u>
	KIDS TO ACHIEVE THEIR FULL POTENTIAL THROUGH A QUALITY I	PROGRAM OF	
	TENNIS, ACADEMIC ENRICHMENT AND LIFE SKILLS.		
			
	25.000		
4c	(Code:) (Expenses \$ including grants of \$ 25,000.) (Re)
	THE ANDRE AGASSI FOUNDATION FOR EDUCATION IS DEDICATED TU.S. PUBLIC EDUCATION FOR UNDERSERVED YOUTHS. IT DRIVES		NG
	ENGAGING IN PRACTICE, POLICY AND PARTNERSHIP THAT PROVID		
	EDUCATION AND ENRICHMENT OPPORTUNITIES.	ADD QUALITY	
		· · · · · · · · · · · · · · · · · · ·	
			
		 	
4d	Other program services. (Describe in Schedule O.)	,	
40	(Expenses \$ Including grants of \$ 41,500 ⋅) (Revenue \$ Total program service expenses ► \$		
	I VIEW PI VIGITATION OF THE POPULATION OF THE PO		

HARBOR POINT CHARITABLE FOUNDATION 30-0276087 Form 990 (2009) Page 3 Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A X Is the organization required to complete Schedule B. Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes." complete Schedule C. Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D. Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X Х as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No Х 12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

located outside the United States? If "Yes," complete Schedule F, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

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X

X

X

X

X

16

17

	1990 (2009) HARBOR POINT CHARITABLE FOUNDATION 30-0276	<u> 5087</u>	P	age
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			i —
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: It is res, complete scriedule in	25		
00	contributions? If "Yes," complete Schedule M	30	i	X,
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02	\dashv	
•	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	- 33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	54		
JJ	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	33	+	
JJ	If "Yes." complete Schedule R. Part V. line 2	36		Х
	n 163. Complete collectule II. I dit Y. III e L			47

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X

37

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	· · · · · · · · · · · · · · · · · · ·			
		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	ļ	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	, , , , , , , , , , , , , , , , , , , ,	[]]		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	-	<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	 	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	X
Þ	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and			
F-	Financial Accounts.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	<u>-</u> .		
6-2	Tax Shelter Transaction?	5c		
Va	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?			Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	<u> </u>	Λ.
•	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	L	,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
_	at any time during the year?	8	ļļ	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts, let be executation files Form 900 is less of Form 10412.	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
U	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Form	990 /	2000

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body . 1a 0			
b	Enter the number of voting members that are independent 1b 0			
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	1	Х
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 organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			-
	governing body?	7a	ŀ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	x 1	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		ľ	
	· ·	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a		X
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	ļ		
	<u>-</u>	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
12	-	12c		
13 14	Does the organization have a written whistleblower policy?	13		$\frac{X}{X}$
15	Does the organization have a written document retention and destruction policy?	14		
	Did the process for determining compensation of the following persons include a review and approval by independent			
2	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		1	v
	Other officers and the second	15a		X
•	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b		<u>X</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	Association and the state of th	16a	1	Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	.02		
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	and the state of t	6ь	ĺ	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for	or		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	finan	cıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n: 🕨		
	ROBERT L. KALISKI - (415)383-6784			
	2 HARBOR POINT DRIVE, MILL VALLEY, CA 94941			

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

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

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

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

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

X Check this box if the organization did not c	ompensate ar	у сі	ırrer	nt of	fice	r, dır	ecto	or, or trustee.			
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average	١,,	Position (check all the				. L. A	Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	lostitutional trustee	y all		nsated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
ROBERT L. KALISKI		F	┞	 	╀	-"	┞				
DIRECTOR	10.00		ŀ					0.	0.	0	
RAYMOND W. KALISKI	10.00		 	├	├-	┼	├-	· · · · · · · · · · · · · · · · · · ·	0.	0.	
DIRECTOR	5.00		•					0.	0.	0.	
LINDA M. NELSON	3.00	 				1			0.		
DIRECTOR	5.00							0.	0.	0.	
CARLA DARO					t						
DIRECTOR	7.00			1				0.	0.,	0.	
BARBARA NORMAN											
DIRECTOR	5.00							0.	0.	0.	
					ļ						

Fai	YII Section A. Officers, Directors, Tru	ustees, Key Ei (B)	mple	oyee			High	est			\neg			
	(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable			(F) Imate	
	Name and title	hours	(check all that apply)					oly)	compensation	compensation			ount	
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		comp fro orga	ther ensa m the nizati relate	tion e on ed
													·	
			_	_										_
			-				_				 .		_	
											-			
						ļ								
_								_				_	_	
<u></u>	Total		<u> </u>	<u> </u>					0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	DOVE	e) wh	no re	1		<u> </u>			
	compensation from the organization												/es	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, key	y em	ploy	yee,	or h	nghest compensated en	nployee on		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab		-					•	the organization		4		х
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedu				rom	any	unr	elate	ed organization for servi	ces rendered to		5		х
Sec	tion B. Independent Contractors	ule o loi sucii j	<u>UCI S</u>	011								3		
1	Complete this table for your five highest co- the organization. NONE	mpensated inc	depe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of comp	ensa	ation fro	m	
	(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompens	ation	
	Takal annula and takan and					4L -	!		ah anal mha maran l			·		
	Total number of independent contractors (in \$100,000 in compensation from the organization)		ot III	nited	10	thos		red	abovej who received m	ore than				

					CHARITAB	TE LOUNDAI	TON	30-02/6	U8/ Page S
Pa	rt '	VII •	I ,Statement of Reve	nue		(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 b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f					
Program Service Revenue	2	a b c d e	All other program service reve		Business Code				
	3 4 5	}	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and				
	6	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(y : 102)	(I) T G G G H I				
	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8		Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of					
δ	9	c a b	Net income or (loss) from functions income from gaming act Part IV, line 19 Less: direct expenses Net income or (loss) from gam	traising events stivities. See a b	. ▶	489,724.	489,724.		
	10	a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales	returns a b s of inventory	•				
	11	b c	Miscellaneous Revenu		Business Code				
	10		Total Add lines 11a-11d		Þ	189 721	489 724	0	

Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	An other organizations must comp			iete columns (b), (c), an	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		• • • •		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	F 000			
а	1	5,000.			5,000.
b	Legal	2 150		2 150	
С	Accounting	2,150.		2,150.	
	Lobbying		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
. g	l l				
12	Advertising and promotion	323.		323.	
13	Office expenses	323.		323.	· · · · · · · · · · · · · · · · · · ·
14	Information technology				·
15	Royalties				<u> </u>
16 17	Occupancy	8,275.			8,275.
17 18	Travel	0,213.			0,213.
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
1 9 20	Interest			-	
20 21	Payments to affiliates	-			· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization			-	
23	Insurance				
24	Other expenses Itemize expenses not covered	· , , , , , , , , , , , , , , , , , , ,	-	1 111 /1 /1	.,
	above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	GRANTS	127,150.			127,150.
b	EVENTS-PROMOTIONS	124,752.			124,752.
c	EVENTS-CONTRACTS	103,530.	_		103,530.
d	EVENTS-COMMISSION	22,769.			22,769.
e	EVENTS-RECEPTIONS AND O	19,019.			19,019.
f		81,627.		5,054.	76,573.
25	Total functional expenses. Add lines 1 through 24f	494,595.	0.	7,527.	487,068.
<u></u> 26	Joint costs. Check here ▶ ☐ If following	-,		.,	22.,000
	SOP 98-2 Complete this line only if the organization	İ			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Рa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .		874.	1	24,988.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	_		4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
	}	employees, and highest compensated employe				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section	MI		· /// /////// // // /// ///
	1	4958(f)(1)) and persons described in section 49				
		Part II of Schedule L	(// // / / / / / / / / / / / / / / / /	ĺ	6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other	1 1			
	'''	basis. Complete Part VI of Schedule D	10a			
	b		10b		10c	
	11	Investments - publicly traded securities	100		11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		11,250.	15	10,500.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	12,124.	16	35,488.
	17	Accounts payable and accrued expenses	ar inte 04)	12,415.	17	40,650.
	18	Grants payable		18	10,030.	
	19	Deferred revenue		19	-	
	20	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·
co.	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Ë	22	Payables to current and former officers, director				
Liabilities		highest compensated employees, and disqualifi				
ڐ		of Schedule L	od pordono. Completo i dit ii		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities. Complete Part X of Schedule D		1,245.	25	1,245.
	26	Total liabilities. Add lines 17 through 25		13,660.	26	41,895.
		Organizations that follow SFAS 117, check he	ere and complete			227030.
s		lines 27 through 29, and lines 33 and 34.	and complete			
ဦ	27	Unrestricted net assets			27	
<u>a</u>	28	Temporarily restricted net assets			28	
ž D	29	Permanently restricted net assets			29	
Net Assets or Fund Balances	_	Organizations that do not follow SFAS 117, cl	heck here X			11
<u>-</u>		complete lines 30 through 34.	und			
2	30	Capital stock or trust principal, or current funds		0.	30	0.
200	31	Paid-in or capital surplus, or land, building, or eq	unpment fund	0.	31	0.
3	32	Retained earnings, endowment, accumulated in		<1,536.		<6,407.
Ž	33	Total net assets or fund balances		<1,536.		<6,407.
	34	Total liabilities and net assets/fund balances		12,124.		35,488.

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

За

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932012 02-04-10

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

			POINT CHARIT						3	0-0276	508 <u>7</u>	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	ıst comple	te this pai	t.) See ins	tructions.				
he orga	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one I	юх.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	rches desc	inbed in se	ection 170)(b)(1)(A)(i).				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.))							
3 🖳	A hospital or	a cooperative hospi	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4 📖	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in s e	ection 170)(b)(1)(A)(i	ii). Enter t	the hospita	i's nam	ne,
	city, and stat	te:										
5	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	/ a govern	mental un	ıt describ	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın secti c	on 170(b)(1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	e general	public desc	nbed ı	ın
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, r	nembersh	ip fees, ar	nd gross re	ceipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	aın excepti	ons, and (2) no more	than 33	1/3% of its	s support	from gross	Invest	ment
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anızatıon a	after June 3	30, 197	' 5.
		509(a)(2). (Complete	•									
╚┞	An organizat	ion organized and o	perated exclusively to te	st for publ	lic safety. S	See sectio	on 509(a)(4).				
1	An organizat	ion organized and o	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of	, or to can	y out the	purposes o	of one	or
			ations described in secti		•	, , ,	2). See se	ction 509((a)(3). Che	eck the box	that	
			organization and compl		_					,		
	а 🔲 Туре			с 📖 Тур		•	-		d L	Type III - (
e 🔛	-	-	at the organization is not		-		•		•			n
			han one or more publicly						9(a)(1) or	section 509	}(a)(2).	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganization, check th										L
g	-		organization accepted ar			-		• •				
	•	-	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (iii) below,		Yes	No
	-		upported organization?							11g(i)	 	
	•	•	n described in (i) above?							11g(ii)		
		•	person described in (i) o			-				11g(iii)	<u> </u>	
h	Provide the t	ollowing information	about the supported or	ganization	(s).							
	-	1	(iii) Type of	<u></u>		T		forth to				
	e of supported	(ii) EIN	organization		organization sted in your			(vi) is organization	on in col	nA (iiv)	nount of	f
org	anization		(described on lines 1-9		document?		r support?	(i) organiz U S	ed in the	sup	port	
			above or IRC section (see instructions))		No	Yes	No	Yes	No			
			(SCO MSHAGNIS))	163	140	163	140	163	140			
				1]							
		 		 	 			 	 			
-				<u> </u>			-					
]				
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										-		
otal								<u></u>				

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

30-0276087 Page 2 Schedule A (Form 990 or 990-EZ) 2009 HARBOR POINT CHARITABLE FOUNDATION 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.) Section A. Public Support

	onon a rabilo oupport						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	285,571.	292,750.	394,658.	369,915.	409,917.	1752811.
2	Tax revenues levied for the organ-						
	ızatıon'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	285,571.	292,750.	394,658.	369,915.	409,917.	1752811.
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						1752811.
Se	ction B. Total Support					•	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	285,571.	292,750.	394,658.	369,915.	409,917.	1752811.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					912.	912.
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.)		_		٠.		
11	Total support. Add lines 7 through 10			, ,			1753723.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	78,895.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	ic Support Pei	rcentage				
14	Public support percentage for 2009 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	99.95 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2009.If the or	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2008. If the or	rganization did not	check a box on lir	e 13 or 16a, and l	ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	supported organiza	tion			▶ 🗀
17a	10% -facts-and-circumstances test	t - 2009 .If the orga	inization did not ch	eck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% o	r more,
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"					5	▶ □
b	10% -facts-and-circumstances test	•	•		•	a, and line 15 is 1	 0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization			-			▶□

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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	I DTal Support (Add lines 9, 10c, 11, and 12)	
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 or fifth tax year as a section 501(c)(3) organization.	nization,
	check this box and stop here .	▶ □
Se	ection C. Computation of Public Support Percentage	
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	%
Se	ection D. Computation of Investment Income Percentage	
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	%
19	a 33 1/3% support tests - 2009. 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	▶□
ı	b 33 1/3% support tests - 2008. 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	n ▶□

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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HARBOR POINT CHARITABLE FOUNDATION

Employer identification number 30-0276087

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin		Of Accounts. Complete if the				
	organization anonorous roo to rom ood, ratery, in	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(2,7 20.13) 40.1300 10.100	(a) i chao and other accounts				
2	Aggregate contributions to (during year)						
3	Aggregate contributions to (during year)						
4							
5	Aggregate value at end of year						
3	Did the organization inform all donors and donor advisors in						
e	are the organization's property, subject to the organization's	_	Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose					
Pa	rt II Conservation Easements. Complete if the org	canization answered "Ves" to Form 990. P					
1	Purpose(s) of conservation easements held by the organizat		artiv, illie 7.				
•	Preservation of land for public use (e.g., recreation or p		torically important land area				
	Protection of natural habitat	Preservation of a certi	torically important land area				
	Preservation of open space	Freservation of a certi	ned historic structure				
2	Complete lines 2a through 2d if the organization held a quality	find apparentation contribution in the form	of a concentration accompany on the last				
_	day of the tax year.	ned conservation contribution in the form	or a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
2	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	, ,	2d				
3	Number of conservation easements modified, transferred, re						
ŭ	year	reased, extinguished, or terminated by the	organization during the tax				
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and	_					
8	Does each conservation easement reported on line 2(d) above						
_	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense					
_	include, if applicable, the text of the footnote to the organization						
	conservation easements.		··· -· g ···· -· · · · · · · · · · · · ·				
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her 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, no	t to report in its revenue statement and ba	lance 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, to	report in its revenue statement and balance	e sheet works of art, historical treasures,				
	or other similar assets held for public exhibition, education, o		•				
	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 trea	asures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1		▶ \$				
b	Assets included in Form 990, Part X	_	► \$ ► \$				
	· · · · · · · · · · · · · · · · · · ·	•	· —————————				

		POINT CHAP	RITABLE	FOU	NDATIO	N		<u>30-</u> 02	76087	7 Page 2
Pa	杜訓 Organizations Maintaining C	Collections of A	Art, Histori	cal Tr	easures,	or Oth	er Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, access	on, and other recor	ds, check an	y of the	following th	at are a	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition		d Loa	n or exc	hange prog	rams				
b	Scholarly research		e L Oth	er			_			
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	un how they	urther ti	he organiza	tion's exe	empt purp	ose ın Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical trea	sures, or ot	her sımıla	ur assets		_	_
	to be sold to raise funds rather than to be m								Yes	□ No
Pa	TW Escrow and Custodial Arran		lete if organiz	ation ar	nswered "Ye	es" to Fo	rm 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa	ırt X, line 21.								
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for con	tribution	s or other a	ssets no	t included		_	
	on Form 990, Part X?			•					」 Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing table	e :						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F		e 21?					Ĺ.	」 Yes	L No
	If 'Yes,' explain the arrangement in Part XIV									
Par	* V Endowment Funds. Complete		T						1	
		(a) Current year	(b) Prior	year	(c) Two year	irs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									.,,,,,
ь	Contributions									
С.	Net investment earnings, gains, and losses									···
	Grants or scholarships		<u> </u>							······································
е	Other expenditures for facilities									
	and programs							·····		
T	Administrative expenses						1 1-11 1-1			
	End of year balance	L								
2	Provide the estimated percentage of the year	ir end balance held								
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
		%								
Ja	Are there endowment funds not in the posse	ession of the organiz	ation that are	e neia ai	na aaminist	erea tor t	ne organiz	ation	Γ,	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
_	(ii) related organizations	a liated as vestimed.	an Cabadula	D2					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations. Describe in Part XIV the intended uses of the	*							3b	
Par					Part Y line	10				
1.5	Description of investment	(a) Cost or o			or other		ooumulata		(d) Dook	volue.
	pescription of investment	basis (invest	, ,	basis (ccumulate preciation	,u	(d) Book	value
12	Land	223.5 (11.700)	,				,			·
b	5.14			_		<u> </u>				
	Leasehold improvements					-				
d	Equipment	-								
	Other									
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Pari	X. column (F	1). line 1	0(c))		_		-	0.
	miss is an ough to good in to it in the		L L	71 1010 11	-,-//			- 1		

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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1,245.

Sche	dule D (Form 990) 2009 HARBOR POINT CHARITABLE FOU			<u> 30-027608</u>	7 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ements	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4	_	
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		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Rever	nue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a] [
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c] [
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b]]	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2b		4 1	
С	Other losses	2c		4 1	
đ	Other (Describe in Part XIV)	2d		↓	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV.)	4b		1	
	Add lines 4a and 4b			4c	
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIV Supplemental Information			5	-
		Lines de and 4. De		h and Oh. Dark V. Iv.	- 4. D
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III				e 4; Part
A, IIII	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	iete this part to pro	vide arry add	ditional information.	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** HARBOR POINT CHARITABLE FOUNDATION 30-0276087 FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: TAX EXEMPT ORGANIZATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATIONS THAT EDUCATE, CONDUCT REASEARCH, AND PROVIDE HELP TO THOSE EXPERIENCING HEALTH CRISIS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: NORTHERN LIGHTS SCHOOL-\$9500 ST MARY.S COLLEAGE-\$12000 U S TOO PROSTATE CANCER-\$15000 SALESIAN HIGH SCHOOL-\$5000 EXPENSES \$ 0. INCLUDING GRANTS OF \$ 41500. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF TRUSTEES WILL BE PROVIDED WITH A COPIES OF FORM 990 FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS WILL BE PROVIDED TO THE PUBLIC UPON REQUEST, INCLUDING ITS CONFLICT OF INTEREST POLICY.