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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 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For the 2009 calendar year, or tax year beginning , 2009,	<u>, and endin</u>	g			
_	Check if applicable C				•	cation Number
	Address change Please use PENINSULA BISHOP'S ATTIC, INC.				01477	
	Name change or print or type. 35326 KENAI SPUR HIGHWAY			E Telepho		
	See specific SOLDOTNA, AK 99669			907	-262-	5152
	Termination linstructions.			_ 		
	Amended return			G Gross r	eceipts \$	223,65
	Application pending F Name and address of principal officer		H(a) is this a	-		tes? Yes X
	SAME AS C ABOVE		H(b) Are all	affiliates inc attach a list		ictions) Yes
	Tax-exempt status X 501(c) (3	527	11 140,	attacii a iist	(300 1130)	octions)
J	Website: ► N/A		H(c) Group e	exemption n	umber 🟲	0928
K		Year of Format	ion 1994	1 <u>M</u> :	State of leg	al domicile AK
Pa						
Activities & Governance	1 Briefly describe the organization's mission or most significant activities CI PROCEEDS ARE USED FOR CHARITABLE AND RELIGIOUS 2 Check this box ► If the organization discontinued its operations or disp	PURPOSE	<u>S</u>		 	ALL NET
ဗီ	3 Number of voting members of the governing body (Part VI, line 1a)	J03Ca 01 1110	i C tilali Z	J /0 OI 113	3	
න් ග	4 Number of independent voting members of the governing body (Part VI, line	e 1b)			4	
ij	5 Total number of employees (Part V, line 2a)				5	
ਗ਼ੁੱ	6 Total number of volunteers (estimate if necessary)				6	
۲	7a Total gross unrelated business revenue from Part VIII, column (C), line 12				7 a	
	b Net unrelated business taxable income from Form 990-T, line 34		1		7Ь	
			Pi	rior Year		Current Year
g	8 Contributions and grants (Park the NED					
Revenue	9 Program service reverse (Part VIII, line 2g)			1 (949.	1,62
é	10 Investment income (Part VIII, column (A), lines 3, 4, 3nd 7d) 11 Other revenue (Part VIII) column (A), flines 3, 4, 3nd 7d)			214,6		222,03
	11 Other revenue (Part V B column) (A) பிருக்கர் (Bd, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal bart VIII, column (A), lines	ine 12)		216,6		223,65
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		†··	38,1		42,00
	14 Benefits paid to or for members (Part A. column (A), line 4)					12,00
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines	s 5-10)		102,0	73.	118,68
ses	16a Professional fundraising fees (Part IX, column (A), line 11e)					
Expenses					·	
M	b Total fundraising expenses (Part IX, column (D), line 25) >			64.0	772	74 22
İ	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).			64,8		74,22
İ	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	205,0		234, 91
	19 Revenue less expenses Subtract line 18 from line 12	.	-	11,5		-11,25
te of			Begin	ning of Y		End of Year
Net Assets or Fund Balanco	20 Total assets (Part X, line 16).		<u> </u>	85,4		74,18
ξğ	21 Total liabilities (Part X, line 26)		<u> </u>		0.	
	Net assets or fund balances Subtract line 21 from line 20			85,4	149.	74,18
ra	rt II Signature Block					
	Under penalties of perjury, I declare that I have examined this return, including accompanying sche true, correct, and complete Declaration of preparer (other than officer) is based on all information	edules and state of which prepa	ements, and rer has any k	to the best o	of my knowl	ledge and belief, it is
c:-			1	5/2	1	
Sig Hei	re Signature of officer	 	Dat		110	
	► Jackie Swanson Theas.		Dat			
	Type or print name and title		- ·			
		Date	T ₀₁ .	eck if	Preo	arer's identifying numb
			set	lf-	(seé	instructions)
Pai	Preparer's signature DOSEPH L. MOORE, CPA	4/29/1	"ا ن	nployed P	$ _{N/2}$	Δ
						
Pai Pre par	er's Samuel County					
Pre par Use	Firm's name (or yours if self-			141	[/ Z	
Pre par Use	Firm's name (or yours if self-emptoyed). AZTMAN, ROGERS & COMPANY A4539 STERLING HIGHWAY, SUITE 205		EI		(A)	262-7470
Pre par Use On	Firm's name (or yours if self-employed). address, and ZIP + 4 AZTMÁN, ROGERS & COMPANY A4539 STERLING HIGHWAY, SUITE 205 SOLDOTNA, AK 99669			one no	(907)	262-7478
Prepar Use On May	Firm's name (or yours if self-employed). address, and ZIP + 4 The IRS discuss this return with the preparer shown above? (see instructions)	ntion -		one no	(907)	X Yes N
Prepar Use On May	Firm's name (or yours if self-employed). address, and ZIP + 4 AZTMÁN, ROGERS & COMPANY A4539 STERLING HIGHWAY, SUITE 205 SOLDOTNA, AK 99669	ctions.			(907)	X Yes

Form	990 (2009) PENINSULA BISHOP'S ATTIC, INC.	92-01	4779	8		Page 2
Par						
1	Briefly describe the organization's mission. CHARITABLE THRIFT STORE. ALL NET PROCEEDS ARE USED FOR CHARITABLE PURPOSES.	AND RE	LIGI	ous_		
	PORPOSES.	 -				
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	\Box	V	ℯ	Al-
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O		Ш	Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?		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 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported	s by expense d allocations	es Sec s to oth	tion 5 ers, t	01(c) he tota	(3) al
42	(Code (Code (Expenses \$ 234,915. including grants of \$) (Revenue	Ś			
70	SUCCESSFULLY OPERATED A CHARITABLE THRIFT STORE. CLOTHING DONATI			E BY	THE	
	GENERAL PUBLIC. GARMENTS ARE CARED FOR AND HELD FOR RE-SALE. ALL	PROFIT	S_ARI	<u>US</u>	ED]	<u>.</u> 0
	PROMOTE CHARITABLE AND RELIGIOUS PURPOSES OF THE ENTITY.					
				-		
4 6	(Code	Povenue	ė			$\overline{}$
40	(Code _ *) (Expenses \$ including grants of \$) (Revenue	٠			
4 c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			- - -			
			. .			
	·					
4d	Other program services (Describe in Schedule O)				`	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 234, 915.					
70	1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1					

f.

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х 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 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III X 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 q Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I Х 10 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Х X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule B 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 167 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х Yes No 12AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. Х 19 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20

Part 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 United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_x_
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		•
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	*	*	
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	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 an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>_x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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? If 'Yes,' complete Schedule R, Part VI	37		<u>_x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
BAA		Form	990 (2009)

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Page 5

1a Engle the number reported in Box 3 of form 1096. Annual Summary and Transmittal of U S Information Returns Enter -0 in of applicable be Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) withings to prize withiness? 2a Enter the number of endoseer reported on Form W-3, Transmittal of Wage and Tas Statements, filed for the Called Fore retending with within the year covered by the selan. 2b If at least on ear reported on Form W-3, Transmittal of Wage and Tas Statements, filed for the Called Fore retending with within the year covered by the selan. 2c If I all least on ear reported on Form 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 this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this returns (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this returns (see instructions) 3b Unit Yes' evice the hance of the foregon country (such as a barin account, or a signature or other authority over, a financial account) in a foreign country (such as a barin account, or a signature or other authority over, a financial account in a foreign country (such as a barin account, or a signature or other authority over, a financial account in a foreign country (such as a barin account, or a signature or other authority over, a financial account in a foreign country (such as a barin account, or a signature or other authority over a financial account in the form 3b and 3b and 3b and 3b and 3b and 3b a	<u> </u>	otatemente regulating outer into i initigo aria i art oomprise		Yes	No			
b Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable						
(gambing) winnings to prize winners? 2 a first the mutber of employers protection from with 3, Transmital of Wage and Tax Statements, filed for the calendar year ending with or within the year cowered by this return. 2 bif at least one is reported on him 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 this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3b If Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 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)? 5b If Yes' sha it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O 5a Was the organization a party to a prohibited tax shalter transaction? 5a Was the organization aparty to a prohibited tax shalter transaction? 5a Was the organization aparty to a prohibited tax shalter transaction? 5b If Yes', to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes', to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes', to line 5a or 5b, did the organization file Form 8826. The state of the organization of the vice of the payor? 5c If Yes', to line 5a or 5b, did the organization file Form 8262. The state of the organization and the work of the vice of the payor? 6a Dost the organization and the were not tax deductible? 6b If Yes', indicate the number of Forms 8262 filed during the year could deductible? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8262? 7d If Yes', indicate the number of Fo		· · · · · · · · · · · · · · · · · · ·						
calendar year ending with or within the year covered by this return 2 bit at least one is reported on hine 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-ribe this return (see instructions) a bit is return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-ribe this return (see instructions) a bit is return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-ribe this return (see instructions) a bit is return? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-ribe this return (see instructions) a bit is return? A bit is return? A bit is return in a foreign country is the first 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)? See the instructions for exceptions and filing requirements for Form TDF 90-221, Report of Foreign Bank and Financial Accounts Sa Was the organization aparty to a prohibited tax shelter transaction? Sa Was the organization aparty to a prohibited tax shelter transaction? Sa Was 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? So If I'ves, if othe organization include with every solicitation an express statement that such contributions or gifts were not deductible? To organization shat may receive deductible contributions under section 170(c). a Did the organization property end which it was required to file bit if year, and the organization of the value of the goods or services provided? To be if ves, indicate the number of Forms 8282 filed during the year elementary of the property for which it was required to file Form 8282? To be the organization or advised fund maintained by a seponsoring organization, and any tax	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bit If Yes's has it filed a Form 990-T for this year? If Yo, 'provide an explanation in Schedule O a 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Frinancial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? 6b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7b If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7b If If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Yes, 'did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Yes, 'did the organization or a donor of organization or a donor organization or a donor organization or a donor organization or a donor organization or a do	2 a	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 7						
a a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bif 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? bif 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial account)? bif 'Yes,' enter the name of the foreign country \(\) See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5 aor 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If 'Yes,' to line 5 aor 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If 'Yes,' to line 5 aor 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? c If the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a Did the organization shart may receive deductible contributions under section 170(c). a Did the organization shart may receive deductible contributions under section 170(c). b If 'Yes,' indicate the number of Forms 8282 filed during the year. b If 'Yes,' indicate the number of Forms 8282 filed during the year. b Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 71	2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
this return? 33		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)						
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)? 5ee the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 7a Shelter Transaction? 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? 7b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible. 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? 7b If Yes,' did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? did 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? 7 For all contributions of qualified intellectual property, did the organization, have excess business holdings at any time during the year? 8 Sponsoring organization maintaining donor advised funds and section 509(ax) supporting organizations. Did the supporting organization make any distributions under section 4966? 9 Sponsoring organization make any distributions under section 4966? 9 Did the organization make any distributions under section 4966? 9 Did the organization make any distribution to a donor, donor advis			3a	_	Х			
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BAA Form **990** (2009) **Governing Body and Management**

Section A.

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

	,	I I	-				
1a Enter the number of voting members of the governing body 1a 9							
	b Enter the number of voting members that are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	2				
3	Did the organization delegate control over management duties customarily performed by or use of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision on?	3		Х		
4	Did the organization make any significant changes to its organizational documents	••••	4		X		
•	since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		Х		
6	Does the organization have members or stockholders?		6		X		
7	a Does the organization have members, stockholders, or other persons who may elect one or a governing body?	more members of the	7a		Х		
ı	a Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaken during the year by					
	The governing body?		8a		X		
1	Each committee with authority to act on behalf of the governing body?		8 b		X		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		Х		
	tion B. Policies (This Section B requests information about policies not i	required by the Internal		-			
Rev	enue Code)			Yes	No		
10	a Does the organization have local chapters, branches, or affiliates?		10a	163	X		
		of accelerations officiates					
	of 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	or such chapters, anniates,	10ь				
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х			
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O							
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13							
I	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b				
•	Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done	licy? If 'Yes,' describe in	12c				
13	Does the organization have a written whistleblower policy?		13		X		
	Does the organization have a written document retention and destruction policy?		14		X		
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and decomposition.	approval by independent					
	The organization's CEO, Executive Director, or top management official	orgio:11	15a		X		
	Other officers of key employees of the organization		15b		<u>X</u>		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)				 -		
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		X		
ı	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization	to evaluate its participation	104				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	the organization's exempt	16 b				
	tion C. Disclosures						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as inspection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	railabli	e for p	oublic		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	nents, conflict of interest poli	cy, an	ıd fına	ncıal		
	State the name, physical address, and telephone number of the person who possesses the b		ınızatı	on			
	-JACKIE SWANSON 35326 KENAI SPUR HWY, SOLDOTNA, ALASKA S	99669 907-283-4232		. — — -			

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee **(B)** (E) (F) (A) (c) (D) Average hours Position (check all that apply) Estimated amount of other Reportable compensation from Name and Title Reportable compensation from per week æ related organization (W-2/1099-MISC)

	,	ividual trustee director	ututional trustee	icer	employee	hest compensated ployee	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
CRAIG BONHAM SECRETARY	5	х		Х				0.	0.	0.
ALEX ZERBINOS		 ^	├	-^-	_		\vdash	· · · · · · · · · · · · · · · · · · ·	Ų.	<u> </u>
VPRES/ DIRECTOR	5	x		Х				0.	0.	0.
DAVE CAREY	-	 ^	┢	┢	-	-		U.	0.	<u> </u>
DIRECTOR	5	X						0.	0.	0.
JOYCE FISHER	-	┼^				-			0.	<u> </u>
DIRECTOR	5	X						0.	0.	0.
CAROL BRENCKLE	-3	<u> </u>		_	 			0.	· · · · · · · · · · · · · · · · · · ·	<u>U.</u>
PRESIDENT	5	,		Х				0.	0.	0
JACKIE SWANSON	3	<u>X</u>		_^						0.
TREAS/ DIRECTOR	٠.	,		Х				0.	_	0
DENNIS GEASE	5	Х		^				0.	0.	0.
DIRECTOR	0	X						0.	0.	0.
CAROL LOUTHAN	0	<u> </u>	\vdash	-				0.		
DIRECTOR	5	v						_	_	0
COLLEEN FASLER	1 3	X					-	0.	0.	0.
		,						_		0
DIRECTOR	5	X			-			0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	T	\ey				es,	all			
(A) Name and Title	(B) Average	Posi	tion (-	c) k all t	that a	ppty)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Thie	hours per week			Officer	_	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other
									<u> </u>	
									_	
1 b Total							•	0.	0	.] 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to thos	se In	sted	abo	ove)	whe	o re	ceived more than	\$100,000 in repor	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater translation. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 1 organization? If 'Yes,' complete Schedule 1 organization? 	<i>ndividua</i> portable han \$15 ompens	/ con 0,00	npe 10?	nsat If 'Y	ion es'	and com	oth <i>plet</i>	er compensation s e Schedule J for s	from such	3 X 4 X 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed ınder	oend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization (A) Name and business addres								(B)	of Sorveos	(C) Compensation
name and pusiness addres	<u>.</u>							Description	JET VICES	- Compensation
								-		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıt	ed 1	to th	ose	list	ed a	ibove) who receive	ed more than	

ra	t viii Statement of Nevenue	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		Total Tevenue	exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a		rovonac	,	012, 013, 01 014
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b		,		
A D	c Fundraising events 1 c		*	*	
FIS	d Related organizations 1 d		× *		
S. S.	e Government grants (contributions) 1 e	4	*		
SIS	f All other contributions, gifts, grants, and				
돌	similar amounts not included above 1f		<		
Ž Š	g Noncash contribns included in lns 1a-1f \$		*		, ,
응₹					· ·
NUE	Business Code			 	· *
EVE	2a				
Ä	b	<u>-</u>			
Z.	c	-			
M SE	d				
GRA	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and				
	other similar amounts).	1,621.			1,621.
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties		* 4 . 1 1 2 3 3 4	*	
	(i) Real (ii) Personal 6a Gross Rents	* ,		* A	.> 、 。 *
	b Less. rental expenses		`		
	c Rental income or (loss)	*	* * * * *	` `	
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other		· · · · ·	*	
	assets other than inventory		*	, `	,
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).				
ER R	See Part IV, line 18 a				
ОТН	b Less direct expenses b				
	c Net income or (loss) from fundraising events.				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 222,035.				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory	222,035.	222,035.		
	Miscellaneous Revenue Business Code 11 a				
					-
	b	-			
	d All other revenue.				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	223,656.	222,035.	0.	1,621.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	42,000.	42,000.		
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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	109,281.	109,281.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,407.	9,407.		
11	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting	600.	600.		
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17 Investment management fees		* * *	> * *	
g	Other				
12	Advertising and promotion			_	
13	Office expenses	217.	217.		
14	Information technology				
15	Royalties				·
16	Occupancy	55,650.	55,650.		
17 18	Travel 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	1,832.	1,832.		
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	3,743.	3,743.		
_	below) SCHOLARSHIPS	4,500.	4,500.		
	TRASH REMOVAL	3,155.	3,155.		
	CHRISTMAS PARTY/PICNIC	1,130.	1,130.		
	TELEPHONE	1,042.	1,042.		
	SUPPLIES	1,022.	1,022.		
	All other expenses	1,336.	1,336.		
	Total functional expenses. Add lines 1 through 24f	234,915.	234,915.	0.	0.
	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)

TEEA0110L 02/05/10

Balance Sheet Part X. (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1 81,288 2 69,735. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 4 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 18,196. 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D 13,742 4,161 4,454 10b 10 c b Less, accumulated depreciation 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 85,449 74,189. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 0 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 PR X and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 85,449. 74,189. Retained earnings, endowment, accumulated income, or other funds 32 85,449. 74,189. 33 33 Total net assets or fund balances 85,449. 34 Total liabilities and net assets/fund balances 34 74,189.

BAA

Part At Pillancial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c 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?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		*	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		•	
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any stars taken to undergo such audits.	3.6		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number Name of the organization 92-0147798 PENINSULA BISHOP'S ATTIC, INC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 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 11 c | Type III - Functionally integrated Type II Type III- Other |Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q No Yes (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (vi) is the organization in col (vii) Amount of Support (i) Name of Supported (IV) Is the Organization organization in col (i) listed in your (i) organized in the (see instructions)) your support? US? Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you checked tion A. Public Support	ed the box on line	5, 7, or 8 of Pa	rt I)				
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(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 to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3				* * *			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	` `	•		,	,	*	
6	Public support. Subtract line 5 from line 4			, ,		·	٠	
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on				_			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see ins	structions)			I	12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)	(3)
Sec	tion C. Computation of Pul							
14	Public support percentage for 20	• ,	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)			14	
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			L	15	
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the bookicly supported o	ox on line 13, and organization	the line 14 is 33	-1/3 % or mo	ore, cl	heck this box ►
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported c	on line 13, or 16a or 1	a, and line 15 is 3	3-1/3% or m	ore, c	heck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstance	s' test, check this	box and stop her	re. Explaın ır	ı Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explaın ır	ı Part	15 is 10% IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line	, 13, 16a, 16b, 17a				
BAA	_				Sc	hedule A (Fo	rm 9	90 or 990-EZ) 2009

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.)

	(Complete only if you chec	ked the box on hi	le 9 01 Falt I)	—			
	tion A. Public Support					T	
	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	125,454.	141,498.	173,931.	214,653.	222,035.	877,571.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	123, 131.	111,130.	1107331.	211,000.	2227 000.	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	125,454.	141,498.	173,931.	214,653.	222,035.	877,571.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0	0	0.	0.	0.	
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.		U.	· · · · · · · · · · · · · · · · · · ·		<u> </u>
8	Public support (Subtract line	n sh 40.		· · · · · · · · · · · · · · · · · · ·		, «» ·	077 571
	7c from line 6)	4	`~ \$	^_	< ⁴		877,571.
	tion B. Total Support	T		4) 2227	4.0000	4 3 0000	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	125,454.	141,498.	173,931.	214,653.	222,035.	877,571.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	258.	1,362.	2,118.	1,949.	1,621.	7,308.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
	Add lines 10a and 10b	258.	1,362.	2,118.	1,949.	1,621.	7,308.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (add Ins 9, 10c, 11, and 12)		· ·				884,879.
14	First five years. If the Form 990 organization, check this box and			d, third, fourth, c	or fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pub			10 1 10		121	
	Public support percentage for 20	•	• •	e 13, column (f))		15	99.2%
	Public support percentage from 2					16	99.3%
	tion D. Computation of Inve			 		T T	
	Investment income percentage for	•		•	nn (f))	17	0.8%
	Investment income percentage fr					18	0.7%
19 a	33-1/3 support tests - 2009. If the o	roanization did not d	check the hox on lir	ne 14. and line 15 i	s more than 33-1/35	and line 17 is not	
	more than 33-1/3%, check this be 33-1/3 support tests - 2008. If the	ox and stop here.	The organization	qualifies as a pu	blicly supported o	rganization	- [A]

Schedule A	(Form 990 or 9	990-EZ) 2009	PENINSULA	BISHOP'S	ATTIC,	INC.	92-0147798	Page 4
Part IV	Supplemen	tal Informa	tion. Complete	this part to	provide	the expla	nations required by Part II, line tional information. See instruction	10;
	Part II, line	17a or 17b;	and Part III,	ine 12. Prov	ride any	other add	tional information. See instruction	ons.
		. .						
 -								
		. ~						
								
						-		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection Employer Identification number

PENINSULA BISHOP'S ATTIC, INC. 92-0147798 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?? Yes No Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements \$ during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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 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, 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Schedule D (Form 990) 2009 PENIN Part III . Organizations Maintai	SULA BIS	HOP'S	ATTIC, II	NC.	Treasures, or	Other	92-014 Similar Ass		ontinu	Page 2
3 Using the organization's acquisition (check all that apply)	on accession	and our	ier recoras, cne	ск апу	y of the following i	ınat are	a significant us	e or its	conecti	UII
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e 🗌 Other							
c Preservation for future general	ations		_							
4 Provide a description of the organ Part XIV				-				se in		
5 During the year, did the organizar assets to be sold to raise funds re	tion solicit or ather than to	receive be maii	donations of ar	t, hist of the	orical treasures, o organization's col	r other : lection?	sımılar 	Yes	. [No_
Part IV Escrow and Custodial 9, or reported an amount	Arrangen	nents	Complete if o	rgan	ization answer	ed 'Ye	s' to Form 9	90, Pa	rt IV,	line
										
1a Is the organization an agent, trus included on Form 990, Part X?						ier assei	s not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the follow	ng tal	ole		 	_		
						<u> </u>		Amoun	t	
c Beginning balance						10				
d Additions during the year						10	·			
e Distributions during the year						10	+			
f Ending balance	_					11	<u> </u>	<u> </u>		٦
2a Did the organization include an a		rm 990,	Part X, line 217	,				Yes	L	No
b If 'Yes,' explain the arrangement	in Part XIV			1 154	'	0 D	+ IV / June 10			
Part V Endowment Funds Cor								1 (-)		
	(a) Current	year	(b) Prior year	<u>r </u>	(c) Two years back	(0)	Three years back	(e)	Four year	S Dack
1 a Beginning of year balance										
b Contributions						_			······	
 c Net Investment earnings, gains, and losses 						<u> </u>	**/	ļ .		*
d Grants or scholarships						A		**		
e Other expenditures for facilities and programs						77-4	·	\#\		
f Administrative expenses									``	
g End of year balance								ŀ		
2 Provide the estimated percentage	of the year	end bal	ance held as:							
a Board designated or quasi-endow	/ment ►		¥							
b Permanent endowment ►										
c Term endowment ►	 %									
3a Are there endowment funds not in	n the posses:	sion of t	the organization	that a	are held and admi	nistered	for the	r	-	
organization by	•		-						Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ıı), are the related of								3b		
4 Describe in Part XIV the intended	l uses of the	organiz	ation's endowm	ent fu	nds					
Part VI Investments-Land, B										
Description of investment			t or other basis evestment)	(b)	Cost or other casis (other)		ccumulated preciation	(d) l	Book Va	=lue
1 a Land									-	
b Buildings										
c Leasehold improvements										
d Equipment		ļ			878.		878.			0.
e Other		l			17,318.		12,864.	_		454.
Total. Add lines 1a through 1e (Column	n (d) must eq	ual For	m 990, Part X, c	columi	n (B), line 10(c))		<u> </u>			454.
BAA							Sched	lule D (F	orm 99	0) 2009

TEEA3302L 02/02/10

Schedule D (Form 990) 2009 PENINSULA BISHOP'S	S ATTIC, INC.		92-0147798	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or en	ethod of valuation d-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
		<u> </u>		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	000 David V I	* * *		.>
Part VIII Investments-Program Related (See F				
(a) Description of investment type	(b) Book value	(c) Me	ethod of valuation d-of-year market value	
			z o. jour mantet tales	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		* `		
Part IX Other Assets (See Form 990, Part X,	line 15) N/A			
(a) De	scription		(b) Book v	value
		·		
				-
				-
				
Total. (Column (b) must equal Form 990, Part X, col (B), Ii	no 15)		•	
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			
Federal Income Taxes	(b) Amount			
rederal income taxes				
	-	-		
		 -		
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 foot	note to the organization	a's financial statements th	at reports the organization	s liability

for uncertain tax positions under FIN 48

Page 3

Sche	edule D (Form 990) 2009 PENINSULA BISHOP'S ATTIC, INC.	92-014	17798	Page 4
Par	t XI. Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
5	Investment expenses			
7	Prior period adjustments			
,				
0	Other (Describe in Part XIV)			
10	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Poturn	N/A	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		N/A	
	Total revenue, gains, and other support per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments 2a	- -		
	Donated services and use of facilities 2b	┙		
C	Recoveries of prior year grants	*		
C	Other (Describe in Part XIV)			
e	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	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b.	4c		
-	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
1	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	
	Donated services and use of facilities 2a			
	Prior year adjustments 2b	_		
	: Other losses 2c	\dashv		
	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:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b.	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Par	t XIV Supplemental Information			
	A, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation			
 BAA	TEEA3304L 02/02/10	Sche		90) 2009
-~~	IEE/GJUHE UDUZTU	501161	ti Oiiii 3	JUJ 2003

Schedule D (Form 990) 2009 PENINSULA BISHOP'S ATTIC, INC.	92-0147798	Page !
Part XIV Supplemental Information (continued)		
		-

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

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BAA

SCHEDULE I (Form 990)		Gov Gov	ants and Oth ernments an	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	o Organization the United Sta	s, tes		OMB No 1545-0047
Department of the Treasury Internal Revenue Service		Complete	e if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.	rm 990, Part IV, lines 2).	1 or 22.		Open to Public Inspection
Name of the organization PENINSULA BISHOP'S ATTIC.	OP'S ATTIC, INC	ن ا					Employer identification number 92-0147798	ation number
Part General In	၂ပ	nts and Assista	ınce					
1 Does the organize the selection crite	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the	to substantiate the grants or assistanc	amount of the graite?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rantees' eligibility for the	e grants or assistance	e, and	X Yes No
Part II Grants an 990, Part IV	Part II Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	e to Governme recipient that re orm 990) if addit		Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	ed States. Completins box if no one r	e if the organizati ecipient received	ion answered 'Yomore than \$5,00	es' to Form 00. Use
1 (a) Name and address of organization or government	ess of organization iment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABC_CRISIS_CENTER_ 508_S_WILLOW KENAI, AK 99611		92-0113488		5,500.	.0			
FOOD BANK 33955 COMMERCIAL DRIVE SOLDOINA, AK 99669	DRIVE	94-3112445		8,500.	0			
LOVE INC. P.O. BOX 3052 KENAI, AK 99611		92-0123380		14,000.	0.			
ST VINCENT DEPAUL. C/O OLPH CATHOLIC SOLDOTNA, AK 99669	<u>CHURCH</u> — — — — — — — — — — — — — — — — — — —	N/A		6,500.	0.			
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	and government or	rganizations					4 4
 	and Paperwork Reduct	tion Act Notice, se	e the Instructions f	or Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (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 92-0147798 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance PENINSULA BISHOP'S ATTIC, INC (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

BA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Employer identification number Name of the organization 92-0147798 PENINSULA BISHOP'S ATTIC, INC FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS BOARD TREASURER INFORMS THE BOARD OF THE COMPLETION OF THE 990. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.