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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

# Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Website:   Iightworker.com   If the organization one	Indicess carege   Revenue Analyse   Revenue Analyse   Revenue Analyse Analy	Α	For the	2010 calendar year, or tax year beginning	Oct 1	, 2010, a	and ending	s	ept 30	, 20	11_
Number and street (or P O box, if mail is not delivered to street address)   Room/suite   S51 N Lisa Ln   City or flow, state or country, and ziP + 4   Ls Vegas, NV 89149-4612   Ls Vegas, NV 89149-	Number and street for P O box, if mail is not delivered to street address)   Room/suite   E Telephone number / Number and street for P O box, if mail is not delivered to street address)   Room/suite   E Telephone number / Number and street for P O box, if mail is not delivered to street address)   Room/suite   E Telephone number / Number   S31 N Lisa L   S35 N	В	Check if ap	pplicable C Name of organization				D Emple	oyer ide	ntification numb	er
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Tax-exempt status (check only one)	Tax-exempt status (check only one)						——   <b>'</b>				
K Check   If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization choose to file a return, be sure to file a complete return.    Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	If the organization is not a section 506(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A form 990-E2 or form 990 feture in so in required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return   Ladd lines 55, 6c, and 75, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II). The 25, column (ig) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   141,291     Part II				) <b> </b>	947(a)(1) or	□ <u>52</u> 7	•			
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C Gain or (loss) from sale of assets other than inventory (Subtract line 5a)	C Gain or (loss) from sale of assets other than member y Subtracts ine 5b from line 5a)  Gaming and fundraising events a Gross income from gaming (attach Schedule Garti greater) than \$15,000)  B Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line—in (attach Schedule Garti greater) from fundraising events reported on line—in (attach Schedule Garti greater) from fundraising events reported on line—in (attach Schedule Garti greater) from fundraising events reported on line—in (attach Schedule Garti greater) from fundraising events reported on line—in (attach Schedule Garti greater) from fundraising events reported on line—in (attach Schedule Garti greater) from fundraising events reported on line of (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on line in (attach Schedule Garti greater) from fundraising events reported on prior year's return) from fundrais		l .								
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a Gross income from gaming (attach Schedule Gamillareate) than \$15,000).  b Gross income from fundraising events (not including 5 of contributions from fundraising events reported on line-1) (attach Schedule Q-If the sum of such gross income and contributiods excess \$15,000).  c Less: direct expenses from gaming and fundraising events 6c	a Gross income from gaming (attach Schedule Gamily greater) than \$15,000) b Gross income from fundraising events (not including 5 to footnot including 6 to footnot including 5 to footnot including 6 to foot		1	Gain or (loss) from sale of assets other than in	vertory (Subtractione	od irom ii	ne saj .		oc		
b Gross income from fundraising events (not including \$ income from fundraising events reported on line-1) attack \$ income from fundraising events reported on line-1) attack \$ income from fundraising events reported on line-1) attack \$ income from fundraising events from fundraising events income and contributions exceeds \$ income from fundraising events income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances   7a   10,652    b Less: cost of goods sold   7b   7c   10,652    c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c   10,652    8 Other revenue (describe in Schedule O)   8   141,29*    10 Grants and similar amounts paid (list in Schedule O)   10    11 Benefits paid to or for members   11    12 Salaries, other compensation, and employee benefits   12   36,14*    13 Professional fees and other payments to independent contractors   13   23,09*    14 Occupancy, rent, utilities, and maintenance   14   2,96*    15 Printing, publications, postage, and shipping   15   3,07*    16 Other expenses (describe in Schedule O)   16   17   18   18   18   18   18   18   18	b Gross income from fundraising events (not including \$ 15,000)		1 *								
b Gross income from fundraising events (not including 5 of contributions from fundraising events reported on line-1) (attach Schedule AT fine sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	b Gross income from fundraising events a foot including 5 of contributions from fundraising events reported on libe-17 (attacht Schedule G-III the sum of such gross income and contributions beceded \$15,000).  c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  6d C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  19 Other changes in net assets or fund balances (explain in Schedule O).  19 Other changes in net assets or fund balances (explain in Schedule O).	đ		Gross income from gaming (attach Sched	iule Grill/greater itn						
sum of such gross income and contributions 2 Seeds \$15,000) . 6b   6c    c Less: direct expenses from gaming and fundraising events . 6c   6c    d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	sum of such gross income and contributions exceeds \$15,000) . 6b  c Less: direct expenses from gaming and fundraising events . 6c  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d  7a Gross sales of inventory, less returns and allowances . 7a 10,652  b Less: cost of goods sold . 7b  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 10,652  8 Other revenue (describe in Schedule O) . 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 141,291  10 Grants and similar amounts paid (list in Schedule O) . 10  11 Benefits paid to or for members . 11  2 Salaries, other compensation, and employee benefits . 12 36,145  8 Professional fees and other payments to independent contractors . 13 23,098  13 Professional fees and other payments to independent contractors . 13 23,098  15 Printing, publications, postage, and shipping . 15 3,071  16 Other expenses (describe in Schedule O) . 16  17 Total expenses. Add lines 10 through 16 . 17 65,274  18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . 19 44,755  20 Other changes in net assets or fund balances (explain in Schedule O) . 20	Ž		\$15,000) \g\ . JAN	1. °				,		
sum of such gross income and contributions 2 Seeds \$15,000) . 6b   6c    c Less: direct expenses from gaming and fundraising events . 6c   6c    d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	sum of such gross income and contributions exceeds \$15,000) . 6b  c Less: direct expenses from gaming and fundraising events . 6c  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d  7a Gross sales of inventory, less returns and allowances . 7a 10,652  b Less: cost of goods sold . 7b  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 10,652  8 Other revenue (describe in Schedule O) . 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 141,291  10 Grants and similar amounts paid (list in Schedule O) . 10  11 Benefits paid to or for members . 11  2 Salaries, other compensation, and employee benefits . 12 36,145  8 Professional fees and other payments to independent contractors . 13 23,098  13 Professional fees and other payments to independent contractors . 13 23,098  15 Printing, publications, postage, and shipping . 15 3,071  16 Other expenses (describe in Schedule O) . 16  17 Total expenses. Add lines 10 through 16 . 17 65,274  18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . 19 44,755  20 Other changes in net assets or fund balances (explain in Schedule O) . 20	Š	:  b				contribution	ons			
c Less: direct expenses from gaming and fundraising events . 6c  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	C Less: direct expenses from gaming and fundraising events	æ	!	from fundraising events reported on line-1) (a	ttach schedule GT t	1 1	1				
Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			1			_				
Iline 6c)  7a Gross sales of inventory, less returns and allowances	Iline 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c 10,652  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)		С	Less: direct expenses from gaming and fundra	aising events						
Ta Gross sales of inventory, less returns and allowances	Ta Gross sales of inventory, less returns and allowances		d		aising events (add lin	es 6a and	16b and s	ubtract			
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 10,652 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Expense or (deficit) for the year (Subtract line 17 from line 9) 18 76,013	b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20			•					6d		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Expense or (deficit) for the year (Subtract line 17 from line 9)  18 Total expenses.	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  20 Other changes in net assets or fund balances (explain in Schedule O)		7a	Gross sales of inventory, less returns and allow	wances			10,652			
8 Other revenue (describe in Schedule O)	8 Other revenue (describe in Schedule O)		b	Less: cost of goods sold							
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		С								10,652
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Frances or (deficit) for the year (Subtract line 17 from line 9) 18 76,013	Total revenue. Add lines 1, 2, 3, 3, 6, 60, 75, and 6  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  20		8						-		
11 Benefits paid to or for members	Benefits paid to or for members		9					<u>&gt;</u>	<del></del>	1	141,291
12 Salaries, other compensation, and employee benefits	12   Salaries, other compensation, and employee benefits   12   36,145     13   Professional fees and other payments to independent contractors   13   23,098     14   Occupancy, rent, utilities, and maintenance   14   2,960     15   Printing, publications, postage, and shipping   15   3,071     16   Other expenses (describe in Schedule O)   16     17   Total expenses. Add lines 10 through 16   17   65,274     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   76,017     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   44,755     20   Other changes in net assets or fund balances (explain in Schedule O)   20	_	10						$\rightarrow$		
Salaries, other compensation, and employee benefits	Salaries, other compensation, and employee benefits		11	Benefits paid to or for members							
13 Professional fees and other payments to independent contractors	Professional fees and other payments to independent contractors	<u>g</u>		Salaries, other compensation, and employee b	oenefits				+		36,145
16 Other expenses (describe in Schedule O)	16 Other expenses (describe in Schedule O)	200	13	Professional fees and other payments to indep	pendent contractors .				13		23,098
16 Other expenses (describe in Schedule O)	16 Other expenses (describe in Schedule O)	ğ	14	Occupancy, rent, utilities, and maintenance					14		2,960
16 Other expenses (describe in Schedule O)	16 Other expenses (describe in Schedule O)	Ž	15	Printing, publications, postage, and shipping					15		3,071
17 Total expenses. Add lines 10 through 16	17 Total expenses. Add lines 10 through 16								16		
19 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			Total expenses. Add lines 10 through 16				<u> ▶ </u>	17		65,274
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	_	10	Excess or (deficit) for the year (Subtract line 17	7 from line 9)				18		76,017
end-of-year figure reported on prior year's return)	end-of-year figure reported on prior year's return)	t d	19	Net assets or fund balances at beginning of	year (from line 27, co	olumn (A))	(must agr	ee with			
20	20 Other changes in net assets or fund balances (explain in Schedule O)	Ü	}   ˙	end-of-year figure reported on prior year's retu	urn)				19		44,755
T I an Other changes in her assers of fund palatices textigin in ochequie or	Z 21 Not assets or fund balances at end of year Combine lines 18 through 20	4	20						20		
Z of Net accets or fund balances at end of year Combine lines 18 through 20		2	21	Net assets or fund balances at end of year. Co	ombine lines 18 through	ah 20		▶	21		120,772

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)



Pa	rt II Balance Sheets. (see the instructions Check if the organization used Schedule		any question in the	s Part II			· · · · [7]
		······································			inning of year		(B) End of year
22	Cash, savings, and investments				18,312	22	92,694
23	Land and buildings			-	<del></del>	23	
24	Other assets (describe in Schedule O)				38,387	24	29,485
25	Total assets				56,699	25	122,179
26	Total liabilities (describe in Schedule O)				11,944	26	10,307
27	Net assets or fund balances (line 27 of column	(B) must agree	with line 21)		44,755	27	111,872
Par							Expenses
	Check if the organization used Schedule		<del></del>				uired for section
	t is the organization's primary exempt purpose?						c)(3) and 501(c)(4) nizations and section
	nbe what was achieved in carrying out the organization				er, describe	•	(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and o					for of	hers.)
28	Seminars. We teach empowerment techniques and	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	recession we held one big seminar that was attended						
	yet presented so these figures show income but very	~					
			grants, check here			28a	20,191
29	VirtualLight Broadcast A free monthly live three ho			ts in the	field.		
	Average viewership of each broadcast is 24,500 in a		untries.				
	All past broadcasts are available free at: lightworker						
			grants, check here			29a	6,793
30	Lightworker.com web site. This is a meeting place t	X	·E				
	monthly messages called the Beacons of Light. The	re are currently 13	years of archives vie	wed by n	nore than		
	30,000 views each month.						
			grants, check here			30a	2,530
31	Other program services (describe in Schedule O)						
20		includes foreign	grants, check here	<u>· · ·                                  </u>	· • 📙	31a	3,071
32						32	32,585
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					iistruc	nions for Part IV.)
	Official title organization asea conteadic	(b) Title and a			(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per w devoted to po			employee benefit deferred comper		account and other allowances
Stor	ohen L Rother CEO	Gevoled to pe	51151	<del>• .,</del>	Goldings compo		OWIGH GIROWER TOO
	I N Lisa Ln Las Vegas NV 89149	President/CEC	30	4,500		0	۰ ا
	para Rother VP Sec/Tres	<del> </del>	<del></del>				
	1 N Lisa Ln Las Vegas NV 89149	VP/Sec/Tres	10	3,500		0	0
	ena Solinger					-	
	Lunita Rd #113 Malibu, CA 90036	Director 1		0		0	o
	elle Collard						
	1 Redbird Dr. Las Vegas, NV 89134	Director 1		0		0	o
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ı aı t	Check if the organization used Schedule O to respond to any question in this Part V			
	eneed in the organization asses deficulties of to respond to any question in this Part V	· ·	Yes	Ha
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>✓</b>
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b		<u>√</u>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 00 Did the organization file Form 1120-POL for this year?	37b	<b>√</b>	<b>√</b>
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	Ì	✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ► CA			
42a	The organization's books are in care of ▶ Steve Rother  Located at ▶ 5351 N Lisa Ln Las Vegas, NV  Telephone no. ▶  ZIP + 4 ▶	702 871 89149	<del>-</del>	
b	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	[	Yes	No
	account)?	42b		✓_
	If "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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42 <u>c</u>		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	· •	▶ ⊔
		1	Yes	No
44 <sub>a</sub>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>√</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
	On principles of the second of			

JIIII 55	0-EZ (2010)							age
							Yes	N
45 -	Is any related organization a controlled entity of					45		
а	Did the organization receive any payment from meaning of section 512(b)(13)? If "Yes," Form Form 990-EZ (see instructions)	or engage in any transacti 990 and Schedule R ma	on with a co y need to I	ontrolled be comp	dentity within the pleted instead of	45a	10%	**************************************
6	Did the organization engage, directly or indirect to candidates for public office? If "Yes," compl	tly, in political campaign ad lete Schedule C, Part I	ctivities on	behalf o	f or in opposition	45a	- 42	, L
art '	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and 52, and complete the tables for lir	47(a)(1) nonexempt cha	exempt c	<b>haritab</b> sts mus	le trusts only. It answer questi	All sed	tion 7–49	<u> </u>
	Check if the organization used Schedule		estion in th	is Part \	VI			
				.,,			Yes	N
7	Did the organization engage in lobbying activities	es? If "Yes," complete Sch	edule C, Pa	artll.		47		-
8	Is the organization a school as described in section	on 170(b)(1)(A)(II)? If "Yes,"	complete S	chedule	E	48		٦,
9a	Did the organization make any transfers to an ea		ed organiza	ation?		49a		_,
b	If "Yes," was the related organization a section					49b		_,
0	Complete this table for the organization's five h	ighest compensated empl	oyees (othe	er than c	officers, directors,	truste	es an	d k
	employees) who each received more than \$100	,000 of compensation fron (b) Title and average	the organ					
	(a) Name and address of each employee paid more	hours per week	(c) Comp	ensauon	(d) Contributions to employee benefit plans	& ac	Expent a count a	nd
one	than \$100,000	devoted to position	<del></del>		deferred compensation	othe	r allowa	nce
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						į		
·								
f	Total number of other employees paid over \$10				_			
1	Complete this table for the organization's five			contract	ors who each re	ceived	more	th
_	\$100,000 of compensation from the organization (a) Name and address of each independent contractor		None.	(b) Tva	oe of service	(c) Co	mpens	
	(a) Name and address of each independent contractor	Palu more man \$100,000		(0) 19	Je of service	(0) 00	- Peris	
J. I.C			•••					
						••		_
		***						
d	Total number of other independent contractors				7(-)(1)			_
52	Did the organization complete Schedule A? No nonexempt charitable trusts must attach a com	te: All section 501(c)(3) org	anizations	ana 494	·/(a)(1) ▶ 1	√i Yes		No
_								

Sign Here January 12 2012 Stephen Lee Rother Pres/CEO Type or print name and title PTIN Date Preparer's signature Check I if self-employed Print/Type preparer's name **Paid Preparer** Firm's EIN 🕨 Firm's name ▶ Use Only Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No Form **990-EZ** (2010)

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

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Lightworker 33 0877206

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I c Type III-Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (vii) Amount of (iii) Type of organization (v) Did you notify (i) Name of supported (ii) EIN (vi) Is the in col (i) listed in your the organization in organization in col support (described on lines 1-9 organization col (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) No No Yes Yes No Yes (A) (B) (C) (D) (E)

, Schedul	e A (Form 990 or 990-EZ) 2010						Page <b>2</b>
Part	<u> </u>	tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	
	(Complete only if you checked th						
	Part III. If the organization fails to						,
Section	on A. Public Support	•					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities		<u> </u>				
3	furnished by a governmental unit to the					ļ ·	
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
Ū	each person (other than a						
	governmental unit or publicly					i	
	supported organization) included on		i		İ		
	line 1 that exceeds 2% of the amount				1		
_	shown on line 11, column (f)				1		
6 Section	Public support. Subtract line 5 from line 4.  on B. Total Support		<u> </u>	L		<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	(-,	(.,	(0) = 000	(2, 2000	(0, 2010	(7)
8	Gross income from interest, dividends,						
_	payments received on securities loans,			li .			
	rents, royalties and income from similar					1	
	sources						
9	Net income from unrelated business						
	activities, whether or not the business				1		
	is regularly carried on			<u> </u>			
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10					-	
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	ne organizatio	n's first, secor	nd, third, fourtl	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re	<u> </u>			<u> </u>	
Secti	on C. Computation of Public Suppo	rt Percentag	je				
14	Public support percentage for 2010 (line	6, column (f) c	livided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2009 Sc	hedule A, Part	II, line 14 .			15	
16a	331/3% support test—2010. If the organization qua	zation did not	Cneck the box	t on line 13, an	14 15 33	73 70 OF HIOTE, C	► 🛚
	box and stop here. The organization qual 331/3% support test—2009. If the organization qual	mines as a pub nization did n	ot check a bo	x on line 13 o	r 16a. and lin	 e 15 is 33¹/₃%	or more.
b	check this box and stop here. The organ	nzation qualific	es as a publich	supported or	ganization		▶ □
4=	400/ fasts and sirgumstances test — 2					6a, or 16b, and	

	331/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	
r	box and stop here. The organization qualifies as a publicly supported organization	
c	331/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
F	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
[	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
8 1	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

S4:	on A Dublic Connect	under the tes	sta liated belo	w, please col	ilpiete Fart II	<u>·/</u>	
	on A. Public Support	(a) 2006	(b) 2007	(-) 0000	(4) 0000	4-1-00-1-0	70 T
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2006 4,515	(b) 2007 3,541	(c) 2008 2,687	(d) 2009 3,821	(e) 2010 1,968	(f) Total
2	received. (Do not include any "unusual grants.")	4,515	3,541	2,007	3,021	1,968	16,532
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	302,471	433,562	441,841	556,576	139,323	1,873,773
3	Gross receipts from activities that are not an unrelated trade or business under section 513			831			831
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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	306,986	437,103	445,359	560,397	141,291	1,891,136
	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						· -
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1,891,136
Secti	on B. Total Support	·	··				
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	306,986	437,103	445,359	560,397	141,291	1891,136
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	2,249					2,249
С	Add lines 10a and 10b	2,249					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	309,235	437,359	445,359	560,397	141,291	1,893,641
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, second	d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3) ▶ □
Sect	ion C. Computation of Public Suppo	rt Percentag	е			-1 1 ·	<del></del>
15	Public support percentage for 2010 (line	8, column (f) di	vided by line 1	3, column (f))		15	99 %
16	Public support percentage from 2009 Sc	hedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	99 %
Sect	ion D. Computation of Investment In	come Perce	ntage	<del> </del>		1471	4.0/
17	Investment income percentage for 2010	(line 10c, colun	nn (f) divided b	y line 13, colun	nn (t))	17	1 %
18	Investment income percentage from 200	9 Schedule A,	Part III, line 17			18 ore than 331/29	
19a	331/3% support tests—2010. If the organ 17 is not more than 331/3%, check this box	and stop here.	. The organization	on qualifies as a	i publicly suppo	orted organization	on . <b>►</b> [⁄]
b	331/3% support tests – 2009. If the organization 18 is not more than 331/3%, check this	zation did not o box and <b>stop h</b>	heck a box on ere. The organ	line 14 or line 1 ization qualifies	9a, and line 16 as a publicly so	is more than 3 upported organi	3¹/3%, and zation ► 🔽
20	Private foundation. If the organization d	id not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection Employer identification number

	tworker							33-0	18772	D6		
Pa	Excess Benefit Transactions Complete if the organization a	(section	501(c)(3)	and section 501(c)(4	1) organiz	zations only).	m QQ	0-E7	Dart \	V line	40h	
1	(a) Name of disqualified person		100 01	11 330, 1 4,114, 1		tion of transacti		U-LZ,	rait	v, III ie	(c) Cor	_
					(-,				_		Yes	No
(1)				<u> </u>								
(2)			-								<u> </u>	
(3)	···											L
(4)				<u> </u>								<u> </u>
(5)											<u> </u>	<u> </u>
<u>(6)</u> 2	Enter the amount of tax imposed	on the c	raanizati	on managers or dis	auglified	noroono du		ha			ļ	
_				· · · · · · ·				ile ye				
3	Enter the amount of tax, if any, on li								<b>&gt;</b> \$			
•	Enter the amount of tax, if any, on it	iie z, abi	ove, remai	bursed by the organi	Zation			٠.,	▶ \$	·——		
Par	t II Loans to and/or From Intere	sted Per	enne			<del>-</del>						
	Complete if the organization a			Form 990, Part IV, II	ne 26, or	Form 990-E	Z. Pa	rt V. li	ne 38	3a		
									(f) App		Γ	
	(a) Name of interested person and purpose	of interested person and purpose (b) Loan to or from the organization				(d) Balance due		(e) In default?		ard or	r agreement?	
									comm	rittee?	3	
		То	From				Yes	No	Yes	No	Yes	No
(1)	Stephen Lee Rother	1		8,000		8,000		<b>√</b>	✓		<b>✓</b>	
(2)												
(3)												
(4)	<u> </u>											
(5)			<u> </u>				<u> </u>			ļ		
(6)			1 1	<u>-</u>								<u> </u>
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(10)	<del></del>			<u> </u>	L	8,000						
Tota						8,000						
rai	Grants or Assistance Benefi Complete if the organization a	nswered	"Yes" or	n Form 990. Part IV. I	ine 27.							
				between interested persor		(c)	Amoun	t and ty	pe of a	ssistar	nce	
	(a) Name of interested person	(3)	ieiatioi isriip	organization					<b>,</b> , , ,			
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(6) (7) (8) (9) (10)						<del> </del>						
(10)						<del></del>						

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organu rever	aring of zation nues?
					Yes	No
<u>(1)</u>	<del></del>					<u> </u>
(2)					-	-
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(3) (4) (5) (6)						<del> </del>
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10) Part V	O					
art v	Supplemental Information Complete this part to provide	additional information for res	sponses to question	s on Schedule L (see instructio	ns).	
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

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

2010

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Lightworker 33 0877206 PART II Line 24 Equipment 36,433 less accum dep -14,642 = 21,791 Inventory 7,694 TOTAL for line 24 = 29,485 PART II Line 25 Credit Card Payable 2,307 Loans Payable 8,000 TOTAL for LINE 25 10,307 PART III Line 31 Lightworker Publishing: We currently publish and distribute 10 books. 5 books are from Steve Rother and 5 are from other authors. We distributed an estimated total of 5600 books in all 15 languages including English.

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Name of the organization	Employer identification number	
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