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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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_	For the	2009 calen	dar year,	or tax year beginning		, 2009, a	and endin	ıg					
		applicable		C Name of organization					D Employe	er iden	tification Numb	er	
	Add	ress change	Please use IRS label	Homer Society of	Natural Hist	ory,	Inc.		92-6	<u>50</u> 02	<u> 285</u> 6		_
	Nan	ne change	or print or type.	Number and street (or P O b	ox if mail is not delivered to	street addr	r) Room/s	uite	E Telepho	ne num	ber		
	Initia	al return	See specific	3779 Bartlett St	reet]		(907	7) 2	235-8635	5	
	\blacksquare	nination	Instruc- tions.	City, town or country		State Z	ZIP code + 4		, , , ,				
	\vdash	ended return		Homer		AK !	99603		G Gross re	ceints	s 746,	105	_
	\vdash	lication pending	F Name a	and address of principal officer			22003	H(a) Is this	a group return			Yes	X No
	☐ ~ PP		!		c. Uomor	71 12 1	99603		affiliates incli		<u> </u>	Yes	A No
_	Tay	exempt statu		onverse 3779 S. Bartlett (c) (3) ◀ (insert no			527	If 'No,'	attach a list	(see ın	structions)		□
<u>'</u>				tmuseum.org) 4347(a)(1)	1 01	1327	U/a) Carre			•		
K		of organization	X Corpora		n Other >	11.7/		tion 195	exemption nu		legal domicile	אנ	
Pa		Summa	12.0 2.00.000	ation Trust Association	n Otner	IL Yea	ar or Format	ion 190	<u> </u>	tate or	tegat domicile	AN	
الدو				ganization's mission or mo	et cianificant activitie	s The	Death Mus		nds ast ad t			f odu	
				gamzadoms mission of mo natural environment				-					
၅၁	_			he world. The Pratt Mu									
Tar				ough exhibitions, p									
ě.				if the organization discont								<u> </u>	: ====
ජි				bers of the governing bod	•	n dispos	seu oi iiic	ne man z	.5 % 01 113 %		s. 9		
ජ ග			~	it voting members of the g		/I, line 1	1b) .			4	9		
ij				yees (Part V, line 2a)			•			5	25		
Activities & Governance	6 1	Total number	r of volunt	eers (estimate if necessar	y)					6	45		
ĕ	7a 1	Total gross u	nrelated t	ousiness revenue from Par	t VIII, Icolumn (C), ın	e 12				7 a			0.
	b N	Net unrelated	business	s taxable income from Forr	n 990-T, line 34					7 b			
								F	ri <u>or Year</u>		Curre	nt Ye	ar
0	8 (Contributions	and gran	its (Part VIII, line 1h)				L	684,8	29.	5	44,	294.
Revenue				ue (Part VIII, line 2g)					161,0		1	06,	840.
ě				art VIII, column (A), lines 3					1,9				<u>337.</u>
Œ	1			III, column (A), lines 5, 6d					66,5				004.
	12	otal revenue	e – add III	nes 8 thr <u>ough 11 (must eq</u>	ual Part VIII, column	(A), line	12)		914,4		7	09,	<u>475.</u>
	l			ounts paid (Part IX, colum					22,2	<u> 14.</u>			
				members (Rart IX, column									
ø	15 5	Salaries, oth	er compe	nsation, employee benefits	Part IX, column (A)	, lines 5	5-10)		415,8	<u>60.</u>	4	52,	292.
J3e	16a F	Professional	fundraişir	ng fees (Part IX, column (A) မှစ် 11e)								
Expenses	ь	Total fundrais	sına expe	nses (Palfix, column (B),	Ine 25)►	123	3,466.					1	
ш			,	IX, column (A), lines 11a-1	U V I	·····			260,6	38.		359.	077.
				nes 13,13 (musikequal Rai		25)			698,7				369.
	19 F	Revenue less	expense	s-Subtract-line 18 from tin	p-1-2				215,6				894.
* 8		teveride less	3 CAPCITAC	S Cubitact tiple TO months	<u> </u>			Pogi	nning of Y		1-	of Ye	
Net Assets or Fund Belancos	20 1	Total assets	(Part V. I	ma 16)					L,614,7				188.
Age	l	rotal liabilitie	•	•					27,5				911.
¥.5			•	•							1		
	22 N		ure Blo	ances Subtract line 21 fro	m line 20		-		L,587,2	39.	1 1,4	92,	277.
15 (ne m												
		Under penaltie true, correct, a	es of perjury, and complete	I declare that I have examined this Declaration of preparer (other tha	return, including accompan n officer) is based on all info	ying sched ormation of	lules and sta f which prep	itements, and arer has any	d to the best o knowledge	f my ki	nowledge and b	elief, it	i IS
c:		► 1		. /				1	8-10	07	0		
Sig He	jii re	Signature	of officer	1 Cour	2			L	ate				
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_		- 7,		<u> </u>		Da	ate	1,	Check if	F	reparer's ident	ifying r	number
Pa	id	ŀ		11/21		_		s	olf.	\mathbf{x}	see instructions	5)	
Pr		Preparer's signature		USA CA	4	8	19120	OIO C	mployed				
	rer's			W Brother CD3	Tanhan 6 Ca		<u>'</u>		_				
Ùs	e	Firm's name (yours if self-		en M Foster CPA,	Foster & Co	mpany	<u> </u>	———					
Or	ıly	employed), address, and		Box 872194		0000	7		EIN ►	/ 0 0	171 276		
		ZIP + 4		illa	AK_	99687	<u> </u>	F	Phone no _ P	(90			
				with the preparer shown a							X Yes		No
ВА	A For	Privacy Act	and Pape	rwork Reduction Act Notic	ce, see the separate	nstruet	rons,		TEEA0101	07/2	0/09 For	m 99 (0 (2009)
						\mathcal{J}	10						

Form	1.990 (2009) Homer Society of Natural History, Inc.	92-600	2856		Page 2
Pa	Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
-	The Pratt Museum is dedicated to the process of education by explo	ring			
	the natural environment and human experience relative to the Kache				
	See Form 990, Page 2, Part III, Line 1 (continued)				
		_		_	
2	Did the organization undertake any significant program services during the year which were not listed on the	orior	_		
	Form 990 or 990-EZ?		Ye	s X	No
	If 'Yes,' describe these new services on Schedule O.			_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	7	☐ Ye	s X	No
•			L	•	
	If 'Yes,' describe these changes on Schedule O		^1 F	01 (-) (7	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	expenses a	others t	or(c)(3)
	expenses, and revenue, if any, for each program service reported.	cutions to	0111010, 1		
48	a (Code:) (Expenses \$217,116. including grants of \$0.) (Re	venue \$			0.)
	In alignment with the Pratt Museum mission, the education program	is dec	licate	d to	
	lifelong learning and participation in the understanding and explo				
	of the natural environment and the human experience of the Kachema				
	of Alaska and its place in the world. The education program seeks				
	self-reflection and dialogue in its community and visitors through				
	programs and interpretive activities in the arts, sciences, and he				
	In 2009 we offered over 160 programs for people all ages and had over 4,0	75 peop	le par	tici	pate.
41	b (Code) (Expenses \$ 177,558. including grants of \$ 0.) (Re	venue \$			0.)
71					 /
	The Pratt Museum's exhibits bring our mission to over 35,000 visi			<u> </u>	
	year by showcasing and providing interactive learning experiences				
	natural history, and human experience of the region. The museum			oor_	
	galleries plus seasonal and permanent outdoor installations on its	<u>9.3</u>		-	
	acre site. Approximately six rotating exhibits on a variety of to	opics			
	are offered each year in the museum's special exhibits gallery.				
			- -		
4	c (Code) (Expenses \$ 92,608. including grants of \$ 0.) (Re				
	The Pratt Museum maintains collections in its mission areas of the				
	sciences, and humanities to preserve these items for future gener	ations,	<u>_to</u>		
	make them available to researchers, and to further our educationa	l miss:	ion		
	by using them in exhibits and programs.				
			- -		
			- -		
	<u></u>				
					- -
				_	
4	d Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$				
_4	e Total program service expenses ► 487,282.				

			res	NO
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) if 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	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	7		_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets 7f 'Yes,' complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments/f 'Yes,' complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions 'Yes' ${\it 1f}$ so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10% 'Yes,' complete Schedule D, Part VI			
(Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII			
	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 253f '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 es,' complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
	AWas 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 Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a	<u> </u>	X
	a 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	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	ļ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9at 'Yes,'	19		v
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Page 4

7.	Asset 15 Officerior Officerior 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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22_		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 'Yes,' complete Schedule J	23		x
24	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, 20027f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		
ı	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		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ# 'Yes,' complete Schedule L, Part I	25b		х_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 # 'Yes,' complete Schedule L, Part III	27		х
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 7f 'Yes,' complete Schedule L, Part IV	28b		х
	c 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	- ;;-	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X	
31		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	-	Х
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)7f 'Yes,' complete Schedule R, Part V, line 2	35	-	х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	<u></u>	X

Form **990** (2009)

aı	t v - Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
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 1a 8			
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		. [ĺ
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 8	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 25			
21	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return. (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
ŧ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
t	olf '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			<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6 a	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?	6a		х
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7a	х	
ł	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations of a donor advised fund maintained by a sponsoring organization, have excess business	8		
9	Sponsoring organizations maintaining donor advised funds.	-		-
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any taxable distributions under section 4500.	9b		
	Section 501(c)(7) organizations. Enter	- 33		_
	a Initiation fees and capital contributions included on Part VIII, line 12	,		}
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
	Section 501(c)(12) organizations. Enter		1	
	a Gross income from other members or shareholders]	1	
I	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
1	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form 990 (2009)

Form 990 (2009) Homer Society of Natural History, Inc. 92-6002856 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. Governing Rody and Management

<u> </u>	Toll A: Governing Body and Management					
				Yes	No	
1 a	Enter the number of voting members of the governing body	1a 9				
b	Enter the number of voting members that are independent	1 b 9				
	Did any officer, director, trustee, or key employee have a family relationship or a business r officer, director, trustee or key employee?	elationship with any other	2		Х	
	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers		3		х	
4	Did the organization make any significant changes to its organizational documents	_	4		Х	
	since the prior Form 990 was filed?	•				
5 Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?		6_	Х		
	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a	х_		
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	other persons?	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions und the following	ertaken during the year by			_	
а	The governing body?		8a	Х		
b	Each committee with authority to act on behalf of the governing body?		86	Х		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who coorganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	9		х	
	ion B. Policies (This Section B requests information about policies not	required by the Internal				
Revei	nue Code)					

10a Does the organization have local chapters, branches, or affiliates? 10 a Х **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Х 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy if 'Yes,' describe in Schedule O how this is done 12 c Χ 13 Does the organization have a written whistleblower policy? 13 Х 14 Does the organization have a written document retention and destruction policy?. 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable 16a X entity during the year?

	b if 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt		
	status with respect to such arrangements?	16b	
ec	ction C. Disclosures		
17	List the states with which a copy of this Form 990 is required to be filed Alaska		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) average inspection. Indicate how you make these available Check all that apply. Own website Another's website X Upon request	aılable foı	public
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest poli- statements available to the public.	cy, and fir	nancial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	nızatıon	
	Diane Converse Pratt Museum, 3779 Bartlett's Homer AK 99603 (90	<u>235</u>	-8 <u>635</u>

Yes

No

BAA

Form 990 (2009)

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.

C	Check this box if the organization did not compensate any current officer, director, or trustee											
Per week Per week	(A)	(B)	T						(D)	(E)	(F)	
Per week Per week	Name and Title	Average hours				k all t			Reportable	Reportable	Estimated	
Board Member 1.00 X 0. 0. 0.		per week	advict at trustee or director	unstitutional trustee	Office	key amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	compensation from the organization and related	
Mel Strydom Board President 2.00 X X 0. 0. 0. Michael Craig Board Treasurer 2.00 X X 0. 0. 0. 0. 0. George Cutting Board Member 1.00 X 0.	Julia Clymer											
Board President 2.00 X	Board Member	1.00	Х				<u> </u>		0.	0.	0.	
Michael Craiq Board Treasurer 2.00 X X 0. 0. 0. George Cutting Board Member 1.00 X 0. 0. 0. 0. Ori Badajos Board Secretary 2.00 X X 0. 0. 0. Kris Holderied Board Vice-President 2.00 X X 0. 0. 0. Board Member 1.00 X 0. 0. 0. 0. 0. Elizabeth Peterson Board Member 1.00 X X 0. 0. 0. Heather Beggs Museum Director 40.00 X X 48,556. 0. 0. Jane Little Board Member 1.00 X X 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0. 0.	Mel Strydom											
Board Treasurer 2.00 X X 0. 0. 0. George Cutting 0.	Board President	2.00	Х		X				0.	0.	0.	
George_Cutting	Michael Craig									•		
Board Member 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Board Treasurer	2.00	Х		Х				0.	0.	0.	
Ori Badajos Board Secretary 2.00 X X 0. 0. 0. Kris Holderied Board Vice-President 2.00 X X 0. 0. 0. Board Wember 1.00 X 0. 0. 0. 0. Elizabeth Peterson 0. 0. 0. 0. Board Member 1.00 X X 0. 0. 0. Heather Beggs 40.00 X X 48,556. 0. 0. Jane Little Board Member 1.00 X X 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0. 0.	George Cutting											
Board Secretary 2.00 X X 0. 0. 0. Kris Holderied Board Vice-President 2.00 X X 0. 0. 0. Board Owens Board Member 1.00 X 0. 0. 0. 0. Elizabeth Peterson Board Member 1.00 X X 0. 0. 0. 0. Heather Beggs Museum Director 40.00 X X X 48,556. 0. 0. Jane Little Board Member 1.00 X X 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0. 0.	Board Member	1.00	Х					<u></u>	0.	0.	0.	
Kris Holderied Board Vice-President 2.00 X X 0. 0. 0. Tad Owens Board Member 1.00 X 0. 0. 0. 0. Elizabeth Peterson Board Member 1.00 X X X 0. 0. 0. Heather Beggs Museum Director 40.00 X X X 48,556. 0. 0. Jane Little Board Member 1.00 X X 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0.	Ori Badajos											
Board Vice-President 2.00 X X 0. 0. 0. Tad Owens Board Member 1.00 X 0. 0. 0. 0. Elizabeth Peterson Board Member 1.00 X X 0. 0. 0. 0. Heather Beggs Museum Director 40.00 X X X 48,556. 0. 0. Jane Little Board Member 1.00 X X 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0.	Board Secretary	2.00	Х		Х				0.	0.	0.	
Tad Owens 0.00 X 0.00 X <td>Kris Holderied</td> <td></td>	Kris Holderied											
Board Member 1.00 X 0.0.0.0. Elizabeth Peterson 0.00 X 0.0.0.0. Board Member 1.00 X 0.0.0.0. Heather Beggs 0.0.0.0.0. Museum Director 40.00 X 0.0.0.0. Jane Little 0.0.0.0.0.0.0.0.0. Board Member 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Board Vice-President	2.00	Х		Х	L			0.	0.	<u> </u>	
Elizabeth Peterson 0.00 X 0.00 0.00 Board Member 0.00 X 0.00 0.00 Heather Beggs 0.00 0.00 0.00 0.00 Museum Director 40.00 X 0.00 Jane Little 0.00 0.00 0.00 Board Member 0.00 0.00 0.00 Diane L Converse 0.00 0.00 0.00	Tad Owens											
Board Member 1.00 X X 0. 0. 0. Heather Beggs Museum Director 40.00 X X X 48,556. 0. 0. Jane Little Board Member 1.00 X X X 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0. 0.	Board Member	1.00	Х						0.	0.	0.	
Heather Beggs 40.00 X X 48,556. 0. 0. Jane Little 1.00 X X 0. 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0.	Elizabeth Peterson			1								
Museum Director 40.00 X X 48,556. 0. 0. Jane Little Board Member 1.00 X X 0. 0. 0. Diane L Converse 0. 0. 0. 0. 0.	Board Member	1.00	X		Х				0.	0.	0.	
Jane Little Board Member 1.00 X X 0. 0. 0. Diane L Converse	Heather Beggs							ĺ				
Board Member 1.00 X X 0. 0. 0. Diane L Converse		40.00			Х	X	<u> </u>		48,556.	0.	0.	
Diane L Converse		·										
		1.00	Х		Х	L.			0.	0.	0.	
Museum Director 40.00 X X 10,224. 0. 0. 0.	Diane L Converse											
	Museum Director	40.00	<u> </u>	ļ	Х	X		<u> </u>	10,224.	0.	<u> </u>	
									1			
]	i	ĺ				İ			
						 						
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Part VII. Section A. Officers, Directors, Trust	Hist lees. F	ory (ev	Ém	In:	c. ove	es.	and	d Highest Con	92-600285		Page :
(A)	(B)				c)	1		(D)	(E)		(F)
Name and Title	Average hours per week			Officer		a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr orga an	timated int of other pensation om the anization d related inizations
					-						
					_	<u> </u>					
						ļ _					
											. = ,
										-	
	-										
	-		-								
	-										
1 b Total		<u> </u>	!		<u> </u>	<u> </u>	>	58,780.	0.		0
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	d ab	ove)) wh	o re	ceived more than	\$100,000 in report	able con	npensation
 3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to 										3	Yes No
<i>individual</i>Did any person listed on line 1a receive or accrue or	ompens	satio	n fro	om a	any	unre	elate	ed organization fo	r services	4	Х
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	edule J	for	suct	n pe	rsoi	<u> </u>				5	<u> </u>
Complete this table for your five highest compensation from the organization	ted inde	pen	dent	cor	ntra	ctors	s tha	at received more t	han \$100,000 of		
(A) Name and business addres	ss							(B Description) of Services	((Compe	C) ensation
	•							<u> </u>			
										_	
2 Total number of independent contractors (including \$100,000 in compensation from the organization►		lımı	ted	to tl	hose	e lis	ted a	above) who receiv	red more than		

Pai	t VIII. Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S Z	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b 29,114.				į
. S	c Fundraising events 1c				
FT A	d Related organizations 1 d		1		
S,S	e Government grants (contributions) 1e 280,144.				
S S					
걸	f All other contributions, gifts, grants, and similar amounts not included above 1f 235,036.]
E O	g Noncash contributes included in lns 1a-1f. \$ 122,390.				
SA	h Total. Add lines 1a-1f	544,294.			,
ш	Business Code	344,234.			
EN	2a Admissions 9999	64,253.	64,253.	0.	0.
Ě	b Workshops 9999	360.	360.	0.	0.
ä	c Government Contracts 9999				
Ž.		42,227.	42,227.	0.	0.
A SE	d				
RA	e				
00	f All other program service revenue	0.	0.	0.	0.
-	g Total. Add lines 2a-2f	106,840.			
	3 Investment income (including dividends, interest and	227	0	0	227
	other similar amounts)	337.	0.	0.	337.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal	İ			
	6a Gross Rents				
	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		1		
	b Less: cost or other basis				•
	and sales expenses				
	c Gain or (loss)			·	
	d Net gain or (loss) ▶				
NCE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c)				
8	See Part IV, line 18 a 36,170.				
풀	b Less direct expenses b 8,605.				
°	c Net income or (loss) from fundraising events ▶	27,565.	27,565.	0.	0.
	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 57, 669.				
	b Less cost of goods sold b 28,325.				
	c Net income or (loss) from sales of inventory	29,344.	29,344.	0.	0.
	Miscellaneous Revenue Business Code	27,344	27/344.		J.
l	11a Other 9999	1,095.	1,095.	0.	0.
	b				
				 -	
i	d All other revenue			-	-
	e Total. Add lines 11a-11d	1,095.			
	12 Total revenue. See instructions	709,475.	164,844.		227
	Juli 10401101100 Illian dolloria	100,210.	T04,044.	0.	337.

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

All other organizations must complete column (A	A but are not required to c	omplete columns (B), (C), and (D),
An other organizations mast complete column (A	i) but are not required to e	ompiete columns (b), (c), and (b).

			(2)	(0)	- (-)·
Do l	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
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2					
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	58,781.	29,390.	29,391.	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)				
7	Other salaries and wages	340,199.	198,409.	49,546.	92,244.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	·	·		
9	Other employee benefits	20,688.	5,029.	10,298.	5,361.
10	Payroll taxes	32,624.	21,013.	2,847.	8,764.
11	Fees for services (non-employees)		•		
á	Management				
ı	Legal	210.	0.	160.	50.
(Accounting	7,250.	0.	7,250.	0.
	Lobbying	.,		.,	
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees		<u> </u>		
	Other		· · · · · · · · · · · · · · · · · · ·		
-	Advertising and promotion	2,758.	133.	2,625.	0.
13	Office expenses	27.001	100.	270201	
14	Information technology				-
15	Royalties				
16	Occupancy	43,151.	39,577.	1,240.	2,334.
17	Travel	9,875.	5,672.	2,759.	1,444.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,073.	37012.	27133.	
19	Conferences, conventions, and meetings	1,242.	547.	520.	175.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,410.	0.	56,410.	0.
23	Insurance	15,507.	3,593.	10,101.	1,813.
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 below)				
	Postage and Shipping	3,026.	904.	1,455.	667.
	Supplies	10,175.	7,419.	1,591.	1,165.
	Contributed Goods and services	122,390.	122,390.	0.	0.
	Miscellaneous	14,561.	2,112.	5,825.	6,624.
	Bank fees	3,352.	1,531.	1,284.	537.
	All other expenses	69,170.	49,563.	17,319.	2,288.
	Total functional expenses Add lines 1 through 24f	811,369.	487,282.	200,621.	123,466.
26	Joint costs. Check here ►				
BAA			· · · · · · · · · · · · · · · · · · ·		Form 990 (2009)

				(A) Beginning of year		(B) End of year
	<u> </u>	Cash - non-interest-bearing		46,439.	1	1,932.
	2	•		216,277.	2	189,194.
	3	Pledges and grants receivable, net		144,876.	3	165,994.
	4	Accounts receivable, net		•	4	· · · · · · · · · · · · · · · · · · ·
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as defin	ed under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com	plete Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use		50,494.	8	55 , 972.
s	9	Prepaid expenses and deferred charges		5,606.	9	2,395.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,367,960.			
	ь	Less accumulated depreciation	10b 1,295,059.	1,125,229.	10 c	1,072,901.
		Investments – publicly-traded securities	1,230,0031		11	2,0.0,55=
- 1	12	Investments – other securities See Part IV, line 11	ľ		12	
- 1	13	Investments – program-related See Part IV, line 11			13	
- !	14	• •	ì		14	·-·
- 1		Other assets See Part IV, line 11		25,869.	15	32,800.
- 1		Total assets Add lines 1 through 15 (must equal line	34)	1,614,790.	16	1,521,188
-		Accounts payable and accrued expenses		27,551.	17	28,911.
- 1	18	Grants payable		,,	18	
- 1	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	Ì		20	
	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
7						
$I \mid$		of Schedule L			22	
S	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	i parties		24	
-	25	Other liabilities Complete Part X of Schedule D			25	
	26_	Total liabilities. Add lines 17 through 25		27,551.	26	28,911.
N E T		Organizations that follow SFAS 117, check here ►	X and complete lines			
- 1		27 through 29 and lines 33 and 34.				
S	27	Unrestricted net assets		1,235,832.	27	1,150,358.
Ĕ S	28	Temporarily restricted net assets		325,538.	28	309,119.
	29	Permanently restricted net assets		25,869.	29	32,800.
R		Organizations that do not follow SFAS 117, check he	ere►			
FUZD		lines 30 through 34.		<u> </u>		
8	30	Capital stock or trust principal, or current funds			30	
B	31	Paid-in or capital surplus, or land, building, and equip			31	
点	32	Retained earnings, endowment, accumulated income	, or other funds		32	
BALANCES	33	Total net assets or fund balances		1,587,239.	33	1,492,277.
5	34	Total liabilities and net assets/fund balances		1,614,790.	34	1,521,188.

Form 990 (2009) Homer Society of Natural History, Inc. 92-6002856	<u>; </u>	Pa	age 12
Part XIII. Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X 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		Х
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
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?	2 c	Х	
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			
X 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		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

BAA

Form 990 (2009)

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.

2009

inspection

Qpan to Public

Department of the Treasury Internal Revenue Service

Total

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

Name of the organization Employer identification number 92-6002856 Homer Society of Natural History, Inc. Part 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 insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described insection 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described insection 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(bX1)(A)(vi). (Complete Part II) 7 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 X 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Sesection 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) Sesection 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. **b** | Type II c | Type III - Functionally integrated Type III— Other 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? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? (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 (v) Did you notify the organization in col (i) of (iv) Is the organization in col (i) listed in your (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the (vii) Amount of Support (ii) EIN organization in col (i) organized in the your support? governing document? No Yes Yes No Yes 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

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 in:	structions)	•		Ĺ	12		
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 50	01(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by li	ne 11, column (f)			14		%_
15	Public support percentage from	2008 Schedule A,	Part II, line 14			<u> </u>	15		%
16:	a 33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33.	-1/3 % or mo	re, ch	eck this box	► []
١	b 33-1/3 support test – 2008. If the and stop here. The organization	organization did qualifies as a put	not check a box olicly supported o	on line 13, or 16a rganization.	a, and line 15 is 3	3-1/3% or mo	ore, ch	neck 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	and-circumstance	s' test, check this	: box an stop here .	. Explaın ın F	art IV	' how	▶ □
1	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box an stop here .	. Explain in F	Part IV	15 is 10% how the	▶ □
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	a, or 17b, check th	nis box and s	ee ins	structions	P

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.)

Sec	tion A. Public Support						
	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 ')	633,567.	700,065.	598,654.	751,369.	602,298.	3,285,953.
	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	218,438.	258,405.	129,251.	161,062.	106,840.	873,996.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	210,430.	230,403.	125,251.	101,002.	100,040.	<u> </u>
	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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	852,005.	958,470.	727,905.	912,431.	709,138.	4,159,949.
Ь	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 year						
	Add lines 7a and 7b						
8	Public support (Subtract line	L					
	7c from line 6)	L	<u> </u>				4,159,949.
	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	852,005. 10,342.	958,470.	727,905. 3,696.	912,431.	709,138.	4,159,949. 26,573.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	107 3 12 1					
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	10,342.	10,219.	3,696.	1,979.	337.	26,573.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV)						
14	Part IV) Total support.(add Ins 9, 10c, 11, and 12) 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)	4,186,522. (3)
14	Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	blic Support P	ercentage		or fifth tax year as	a section 501(c)	
14 Sec 15	Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20	blic Support P 009 (line 8, column	ercentage (f) divided by line		or fifth tax year as	a section 501(c)	
14 Sec 15 16	Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	blic Support P 009 (line 8, column 2008 Schedule A,	ercentage (f) divided by line Part III, line 15	e 13, column (f))	or fifth tax year as		(3)
14 Sec 15 16	Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from tion D. Computation of Inv	blic Support P 009 (line 8, column 2008 Schedule A, restment Incon	ercentage (f) divided by line Part III, line 15 e Percentage	e 13, column (f))		15 16	99.37%
14 Sec 15 16	Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage from	blic Support P 009 (line 8, column 2008 Schedule A, restment Incon or2009 (line 10c, c	ercentage i (f) divided by line Part III, line 15 ie Percentage column (f) divided	e 13, column (f)) by line 13, colum		15 16	99.37 % %
14 Sec 15 16 Sec 17 18	Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f	blic Support P 2009 (line 8, column 2008 Schedule A, restment Incon 2009 (line 10c, con 2008 Schedule	ercentage i (f) divided by line Part III, line 15 ine Percentage column (f) divided e A, Part III, line 1	by line 13, column (f))	nn (f))	15 16 17 18	99.37 % % 0.63 %
14 Sec 15 16 Sec 17 18 19a	Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f 133-1/3 support tests — 2009. If the more than 33-1/3%, check this be	blic Support P. 2009 (line 8, column 2008 Schedule A, restment Incon or 2009 (line 10c, corom 2008 Schedule the organization diction and stop here.	ercentage i (f) divided by line Part III, line 15 ine Percentage column (f) divided a A, Part III, line 1 i not check the bo The organization of	by line 13, column (f)) by line 13, colum 7 x on line 14, and	nn (f)) d line 15 is more blicly supported or	15 16 17 18 than 33-1/3%, an	(3) 99.37 % % 0.63 % d line 17 is not X
14 Sec 15 16 Sec 17 18 19 a	Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage for 10 Investment income percentage for 133-1/3 support tests — 2009. If the support tests — 2009. If the support tests — 2009.	blic Support P. 2009 (line 8, column 2008 Schedule A, restment Incomor2009 (line 10c, com 2008 Schedule the organization dictors and stop here. The organization dictors and stop here.	ercentage (f) divided by line Part III, line 15 re Percentage column (f) divided A, Part III, line 1 I not check the bo The organization of I not check a box here. The organiz	by line 13, column (f)) by line 13, colum 7 x on line 14, and qualifies as a put on line 14 or 19a ation qualifies as	on (f)) d fine 15 is more oblicly supported on a publicly support	15 16 17 18 than 33-1/3%, and reganization are than 33-1/3% red organization.	(3) 99.37 % % 0.63 % d line 17 is not X

Schedule A (Form 990 or 990-EZ) 2009 Homer Society of Natural History, Inc. 92-6002856 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. Provide any other additional information. See instructions.
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
· -~

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions 2009

Open to Public Inspection

Employer Identification number

Homer Society of Natural History, Inc. 92-6002856 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 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? Yes 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?? 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 an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure 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 **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06. 2d 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, Yes No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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)?

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

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

- 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

conservation easements

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

► \$_		
- \$_		

▶\$

art III . Organizations Maintai	ming Conceasi	13 01 ATG 1113(0)	icai iicasaics, oi t	J(11C1 311	IIIIIAI ASS	ets (conti	nuec
Justing the organization's acquisition (check all that apply)	on accession and c	_		at are a si	gnificant use	e of its colle	ection
a X Public exhibition		d X Loan or	exchange programs				
b X Scholarly research		e [] Other	<u> </u>				
c X Preservation for future generation							
4 Provide a description of the organ Part XIV		•				e in	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or receivather than to be m	ve donations of art, aintained as part of	historical treasures, or the organization's colle	other simi ction?	lar	X Yes	
ark W Escrow and Custodial 9, or reported an amou	Arrangements	Complete if or	ganization answere			0, Part I	V, lin
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary f	or contributions or other	r assets n	ot [Yes	
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the followin	g table:				
						Amount	
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1e			
f Ending balance	. -			1f	ſ	- V-	<u> </u>
2a Did the organization include an a		U, Part X, line 217			Į	Yes	
b If 'Yes,' explain the arrangement		ration analysis	d 'Vac' to Form 000	Dart II	/ line 10		
and V Endowment Funds Con				-		(a) Four	voare h
1 a Basimuma of vest belone	(a) Current year	(b) Prior year	(c) Two years back	(a) in	ee years back	(e) Four	years D
1 a Beginning of year balance			·				
b Contributions	· .						
c Net Investment earnings, gains, and losses						<u></u>	
d Grants or scholarships						<u> </u>	
e Other expenditures for facilities and programs						ļ	
f Administrative expenses				_		ļ	
g End of year balance		_					-
Provide the estimated percentage	•	alance held as					
a Board designated or quasi-endov	vment -	%					
b Permanent endowment ►	*						
	<u> </u>						
c Term endowment ▶				stored for	the	[-
c Term endowment ► 3a Are there endowment funds not i	n the possession o	of the organization t	hat are held and admını	istered for		Ye	es
c Term endowment ► 3a Are there endowment funds not organization by:	n the possession o	of the organization t	hat are held and admini	istered for		0 - 45	1
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations	n the possession o	of the organization t	hat are held and admini	istered for		3a(i)	
c Term endowment ► 3a Are there endowment funds not a organization by (i) unrelated organizations (ii) related organizations				istered tor		3a(ii)	
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organizations	organizations listed	as required on Sch	nedule R?	stered tor			
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the describe in Part XIV the intended	organizations listed d uses of the organ	as required on Sch	nedule R? nt funds			3a(ii)	
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the decent of the process of the intendent of the process o	organizations listed d uses of the organ uildings, and E	as required on Sch nization's endowme quipment. See	nedule R? nt funds Form 990, Part X,	line 10.	mulated	3a(ii)	k Valı
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the describe in Part XIV the intended	organizations listed d uses of the organ uildings, and E	as required on Sch	nedule R? nt funds			3a(ii)	k Valu
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the decent of the process of the intendent of the process o	organizations listed d uses of the organ uildings, and E	as required on Sch nization's endowme quipment. See ost or other basis	nedule R? nt funds Form 990, Part X, (b) Cost or other	line 10.		3a(ii) 3b (d) Boo	k Valu
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the intended organization. 1 Describe in Part XIV the intended organity investments—Land, B Description of investments	organizations listed d uses of the organ uildings, and E	as required on Sch nization's endowme quipment. See ost or other basis	nedule R? nt funds Form 990, Part X, (b) Cost or other basis (other)	line 10. (c) Accu Depres		3a(ii) 3b (d) Boo	
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the intended organization Part XIV the intended organization Part XIV the intended organization of investment 1a Land	organizations listed d uses of the organ uildings, and E	as required on Sch nization's endowme quipment. See ost or other basis	nedule R? nt funds Form 990, Part X, (b) Cost or other basis (other) 416,231.	line 10. (c) Accu Depres	ciation	3a(ii) 3b (d) Boo	16,2
c Term endowment ► 3a Are there endowment funds not a organization by: (i) unrelated organizations (ii) related organizations b if 'Yes' to 3a(ii), are the related of the decreption of investment in the late of the la	organizations listed d uses of the organ uildings, and E	as required on Sch nization's endowme quipment. See ost or other basis	nedule R? nt funds Form 990, Part X, (b) Cost or other basis (other) 416,231.	line 10. (c) Accu Depre	ciation	(d) Boo	16,2

Part VI	l ∤Investments–Other Securities See	: Form 990, Part <u>X, line</u>	12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial	derivatives			
Closely-h	eld equity interests			
Other _				
	. 			
	. 			
	· 			
	·			-
Total (Col	umn (b) must equal Form 990 Part X, col (B) line 12.)			
Part VI	II Investments—Program Related (Se	e Form 990 Part X Jin	ne 13)	
i ait vii	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(a) Description of investment type	(b) Book value	Cost or end-of-year mar	ket value
	·		·-	
-			· · · · · · · · · · · · · · · · · · ·	
			-	
	•	+		
	() 15 000 D 1/4 0 1/5 1 10 1			
	min (b) mast equal remin ever rait M, een (b) mie ren	V line 15)		
Part IX	· · · · · · · · · · · · · · · · · · ·	<u> </u>		425
) Description		(b) Book value
Homer	Foundation Permanent Endowme	ent Fund		32,800.
	·			
				<i>o</i>
Total. (C	olumn (b) must equal Form 990, Part X, col (E	3), line 15)	>	32,800.
Part X	Other Liabilities (See Form 990, P.			
	(a) Description of Liability	(b) Amount		
Federal I	ncome Taxes		_	
, cabiai i	Tooms Taxes		-	
	·· ·		-	
			-	
			–	
			-	
			_	
			_	
			_	
			_	
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 25)			

. Schedule D (Form 990) 2009 Homer Society of Natural History, Inc.

92-6002856

Page 3

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2009 Homer Society of Natural History, Inc.	92-6002856	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Financial State	ments	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		709,475.
2	Total expenses (Form 990, Part IX, column (A), line 25)		811,369.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-101,894.
4	Net unrealized gains (losses) on investments		6,932.
5	Donated services and use of facilities		
6	Investment expenses .		
7	Prior period adjustments	-	
8	Other (Describe in Part XIV)		· - · · · · · · · · · · · · · · · · · ·
9	Total adjustments (net) Add lines 4 through 8		6,932.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-94,962.
	Reconciliation of Revenue per Audited Financial Statements With Reven	ue ner Return	-34,302.
	Total revenue, gains, and other support per audited financial statements	1	716,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	- 	710,407.
	Net unrealized gains on investments	6,932.	
	<u> </u>	0,932.	
	- 		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2 e	6,932.
3	Subtract line 2e from line 1	3	709,475.
4	Amounts included on Form 990, Part VIII, line 12, but not on line	, ,	
	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	709,475.
Pai	TXIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
1	Total expenses and losses per audited financial statements .	1	819,972.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
á	Donated services and use of facilities 2a	20 · 3	
ŀ	Prior year adjustments2b	<u> </u>	
•	Other losses 2c	8,603.	
•	d Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	8,603.
3	Subtract line 2e from line 1	3	811,369.
4	Amounts included on Form 990, Part IX, line 25, but not on line:	4	
á	Investments expenses not included on Form 990, Part VIII, line 7b	, s	
ı	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	811,369.
	Supplemental Information	- · · · · · · · · · · · · · · · · · · ·	
Com line infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comparation	d 4, Part IV, lines 1b and plete this part to provide	l 2b, Part V, any additional
	III Line la The Society receives contributed items of art and histor		
	III Line laexhibition to the public, educational purposes or for res		-
	III Line la gain. Therefore, in accordance with the provisions		
	III Line la collections are not capitalized in the finance		
 Pt	III Line 4 The Pratt Museum maintains collections in its	mission_areas (of the
	arts, sciences, and humanities to preserve the		
	TEE 43304 02/02/10	Sabadula D	(Form 990) 2009

Schedule D (Form 990) 2009 Homer Society of Natural History, Inc.	92-6002836	Page 5
Part XIV. Supplemental Information (continued)		
	ers, and to furth	ner
our educational mission by using them in exhibi	ts and programs.	
		. – – – –
		- -

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions. Employer identification number

Name of the organization						Employer (dentifica	tion number
Homer Society of Natural	History,	Inc.				92-600285	6
Part I Fundraising Activities. Compl	ete if the organ	uzation an	swered 'Y rt	es' to Form 990, Part IV	/, line 1	7	
1 Indicate whether the organization is				owing activities Check	all that	apply	
Mail solicitations		J		Solicitation of non-			
Internet and email solicitations				Solicitation of gove	_	_	
	•			==		-	
Phone solicitations				Special fundraising	events		
☐ In-person solicitations							
2a Did the organization have written or employees listed in Form 990, Par	or oral agreement of VII) or entity	ent with ar in connect	iy individu: ion with p	al (including officers, di rofessional fundraising	rectors, service:	trustees or key s?	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en ne organization	tities (fund	iraisers) p	ursuant to agreements	under v	vhich the fundra	iser is to be
					(v) A	mount paid to	4 13 4
(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	or (or	retained by) aiser listed in	(vi) Amount paid to (or retained by)
or entity (idilaraiser)			ibutions?	noin activity	land	col (i)	organization
		Yes	No			_	
	İ						
		ļ <u>.</u>					
		ļ .					
					<u> </u>		
						· · · · · · · · · · · · · · · · · · ·	
		1					
]	<u> </u>			ļ		
Total			•				
3 List all states in which the organiz	ation is registe	red or lice	nsed to so	olicit funds or has been	notified	I it is exempt fro	m registration
or licensing						·	•
						_ 	
	- ·			· 			
					-		
				- 			
						-	·
		- -	-		- 		
		 -		- 			- -
		-					-
	- - ·			·			
		- 			-		
		- <i></i>					

		reported more than \$15,000 on	Form 990-EZ, line 6	a.List events with (gross receipts grea	iter than \$5,000.
	•		(a) Event #1	(b) Event #2 NONE	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	cor (c)
ŀ	1	Gross receipts	36,170.			36,170
-	2	Less Charitable contributions			***	
4	3	Gross income (line 1 minus line 2)	36,170.			36,170
İ	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,605.			8,605
	10	Direct expense summary Add lines 4	- through 9 in column (d)		•	8,605
	11	Net income summary. Combine lines 3			▶	27,56
ır	<u>ξ</u> Ι <u>ΨΙ.</u>	Gaming. Complete if the organ \$15,000 on Form 990-EZ, line	ization answered Ye 6a.	s to Form 990, Pai	rt IV, line 19, or rep	ported more than
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (Add col (a) through
- 1				bingo		col (c))
	1	Gross revenue				
E						
EXPEZ		Cash prizes				
EXPENSE	2	Cash prizes Non-cash prizes				
	2 3 4	Cash prizes Non-cash prizes Rent/facility costs				
EXPENSES	2 3 4	Cash prizes Non-cash prizes Rent/facility costs	Yes 8		Yes 8	
EXPENSE	2 3 4	Cash prizes Non-cash prizes Rent/facility costs	Yes 8	bingo	Yes 8	
EXPENSE	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No	Yes %	H	
EXPENSE	2 3 4 5 6 7	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2	No through 5 in column (d).	Yes %	No	
EXPENSE	2 3 4 5 6 7	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No through 5 in column (d).	Yes %	No	col (c))
EXPENSES 9	2 3 4 5 6 7 8 Enti	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary. Combiner the state(s) in which the organization	through 5 in column (d). ne lines 1, column (d) and n operates gaming activities	Yes % No	No	yes
EXPENSES 9	2 3 4 5 6 7 8 Entres is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary. Combin	through 5 in column (d). ne lines 1, column (d) and n operates gaming activities	Yes % No	No	col (c))
EXPENSES 9	2 3 4 5 6 7 8 Entres is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary. Combiner the state(s) in which the organization he organization licensed to operate game	through 5 in column (d). ne lines 1, column (d) and n operates gaming activities	Yes % No	No	YES I
EXPENSES 9 a L	2 3 4 5 6 7 8 Entr	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary. Combiner the state(s) in which the organization he organization licensed to operate games, explain	through 5 in column (d). ne lines 1, column (d) and operates gaming activities in each of the	Yes % No line 7	No P	YES I
EXPENSES 9 a L	2 3 4 5 6 7 8 Entire Is the Ist The Is	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary. Combiner the state(s) in which the organization he organization licensed to operate game	through 5 in column (d). ne lines 1, column (d) and operates gaming activities in each of the	Yes % No line 7	No P	YES I
EXPENSES 9 a L	2 3 4 5 6 7 8 Entire Is the Ist The Is	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary. Combiner the state(s) in which the organization he organization licensed to operate games, explain	through 5 in column (d). ne lines 1, column (d) and operates gaming activities in each of the	Yes % No line 7	No P	YES I
EXPENSES 9 a L	2 3 4 5 6 7 8 Entitis th	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 Net gaming income summary. Combiner the state(s) in which the organization he organization licensed to operate games, explain	through 5 in column (d). ne lines 1, column (d) and operates gaming activities in each of the column activities in each of the colu	Yes % No line 7	No P	YES

. Schedule G (Form 990 or 990-EZ) 2009 Homer Society of Natural History, Inc. 92-600)2856 Page 3
- Strong of the state of the st	YES NO
13 Indicate the percentage of gaming activity operated in.	
a The organization's facility	કુ
b An outside facility	8
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds
Name	
Address •	
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	
of gaming revenue retained by the third party \$	
c If 'Yes,' enter name and address of the third party	
Name. •Name.	
Address	
Address: •	
16 Gaming manager information	
daming manager information	
Name	
Gaming manager compensation ► \$	
Description of services provided	
☐ Director/officer ☐ Employee ☐ Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the
organization's own exempt activities during the tax year > \$	
BAA TEEA3703 02/05/10 Schedule G (For	rm 990 or 990-EZ) 2009

. SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Homer Society of Natural History, Inc.

Employer identification number

Hon	er Society of Natural History,	Inc.		92-	<u>6</u> 00285	6		
Par	Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	od of o	determin	iing
1	Art-Works of art	х	2	0.				
	Art-Historical treasures							
3	Art-Fractional interests			 -				
4	Books and publications		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
5	Clothing and household goods							
6	Cars and other vehicles			-				
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
	Securities-Closely held stock					_		
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution-Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	X	12	0.				
23	Scientific specimens	X	1	0.				
24	Archeological artifacts			······································				
25	Other ► (Museum workers)	X	1	12,869.				
26	Other ► (Local services)	X	13	101,688.				
27	Other ► (fundraising) .	X	12	6,045.				
28	Other ► (supplies)	X	5	1,788.				
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the Acknowle	e tax year for contributi dgement	ons for which the	29			0.
							Yes	No
				8 11 1 2 2 2 2 2 2 2				
30 a	During the year, did the organization receive by chold for at least three years from the date of the	ontribution a	any property reported in	Part I, lines 1-28 that required to be used to	it must			
	purposes for the entire holding period?	andar contri	Janon, and milen is not	TOMATICA TO DE USEU IO	CACITIFE	30 a		Х
	If 'Yes,' describe the arrangement in Part II							
31	Does the organization have a gift acceptance poli	cy that requ	ires the review of any n	on-standard contribution	ons?	31		X

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

noncash contributions? b If 'Yes,' describe in Part II.

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

Х

32 a

. Schedule M (Form 990) 2009 Homer Society of Natural History, Inc. 92-6002856 Page 2
Schedule M (Form 990) 2009 Homer Society of Natural History, Inc. 92-6002856 Page 2 Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
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· SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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.

Open to Public Inspection

	Employer identification number
Homer Society of Natural History, Inc.	92-6002856
Pt_VI-B, Line 12c Yes, regular discussions occur among staff	
board, or committees as potential situations ar	ise.
Pt_VI-B, Line 15 Board members on the search committee phoned se	veral_other
organizations in Alaska and reviewed the Forake	r
Group Salary Survey.	
Pt VI-C, Line 19 Governing documents available on request; 990 or	n_request;
financial statements shared at annual meetings,	summary
in newsletter	
Pt XI, Line 2c Fiance committee reviews statements.	
Pt VI-B, Line 11A Reviewed by key financial staff and board's fin	ance committee
Pt VI-B, Line 11A prior to filing	
Pt VI-B, Line 15 There are no key employees except for the Execu	tive Director
Pt VI-A, Line 6 The organization maintains an active membership	
Pt VI-A, Line 7a Members elect representatives to the Board of D	irectors
Pt VI-A, Line 8a The Board of Directors maintains a written record	of all business meetings

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

bay region of Alaska and its place in the world. The Museum seeks to inspire self-reflection and dialogue in its community and visitors through exhibitions, programs, and collections in the arts, sciences, and humanities.

Supporting Statement of:

Form 990 p 9/Membership Dues

Description	Amount
Individuals	22,164.
Businesses	6,950.
Total	29,114.