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#### Form 990-PF

Department of the T.easury

# **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

Interr	al Reve	nue Service INU	te. The loundation may	be able to use a copy of this			<u> </u>
For	alend	ar year 2009, or tax year	beginning NOV	1, 2009	, and ending	OCT 31, 2010	
G	heck a	Il that apply	nıtıal return	Initial return of a fo	ormer public charity	Final return	1
			Amended return	Address chan	ge	Name change	
lles	the IF	Name of foundation				A Employer identification	number
	abel.	"LAVA LAKE	INSTITUTE				
Oth	erwis:	FOR SCIENCE	E AND CONSE	RVATION, INC		90-0132172	
	print		box number if mail is not di		Room/suite	B Telephone number	<u></u>
0	r type.	22431-B160	ANTONIO PA	RKWAY #443			1710
	Speci	City or town state and				C If exemption application is p	ending, check here
inst	ruction		TA MARGARIT	A, CA 92688	-2804	D 1. Foreign organizations	s, check here
1 0	heck t			xempt private foundation		Foreign organizations me check here and attach or	eeting the 85% test,
		tion 4947(a)(1) nonexemp	, <u>, , , , , , , , , , , , , , , , , , </u>	Other taxable private founda	ition		
l Fa		ket value of all assets at en			X Accrual	E If private foundation sta under section 507(b)(1	
		art II, col. (c), line 16)	·   —	ther (specify)		F If the foundation is in a	• •
	\$			ımn (d) must be on cash l	basis.)	under section 507(b)(1	
Pá	irt I	Analysis of Revenue and (The total of amounts in colum		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
×	ZSZZJ	(The total of amounts in colum necessarily equal the amounts	ns (b), (c), and (d) may not in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
	1 (	Contributions, gifts, grants	····	47,455.			, , , , , , , , , , , , , , , , , , , ,
		. —	is not required to attach Sch. B				
		Interest on savings and tempora		39.	39.	39.	STATEMENT 1
		casn investments Dividends and interest fron					
		Gross rents					
		Net rental income or (loss)				F	D ET 13 20T FS
		Net gain or (loss) from sale of as	spots not on line 10		,		/LIVIL
ŭ	ا ر	Gross sales price for all	ssets not on line to			<b>Q</b>	78
Revenue	,	assets on line 6a Capital gain net income (from Pi	art IV line 2\	<del> </del>	0.	III SEP	2 7011
æ		Net short-term capital gain	artiv, illio E,			<u> </u>	, , ,
		ncome modifications		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		001	
	ک مدا	Gross sales less returns			······································		
	'.'	Less Cost of goods sold			·	· · · · · · · · · · · · · · · · · · ·	
		Gross profit or (loss)					
		Other income				,	m'm m m'r wd tidd lliir
		Total. Add lines 1 through	11	47,494.	39.	39.	
		Compensation of officers, direct		0.	0.	0.	0.
	l '	Other employee salaries an		12,310.	0.	0.	12,310.
		Pension plans, employee b	-	·			
šes	16a	Legal fees					
ens	b	Accounting fees	STMT 2	6,607.	0.	0.	6,607.
Ϋ́		Other professional fees		•			-
Š	17	Interest					
rati:	18	Taxes	STMT 3	1,279.	0.	0.	1,279.
<b>Operating and Administrative Expenses</b>	19	Depreciation and depletion		132.	0.	132.	, , , , , , , , , , , , , , , , , , ,
퉅	20	Occupancy		2,398.	0.	0.	2,398.
Ā	21	Travel, conferences, and m	neetings	·			
ā	22	Printing and publications	J				
ō	23	Other expenses	STMT 4	9,462.	39.	1,070.	8,353.
햛	24	Total operating and admir	•				
Der.		expenses. Add lines 13 th		32,188.	39.	1,202.	30,947.
ō	25	Contributions, gifts, grants		2,500.			30,947. 2,500.
	I	Total expenses and disbu			<u></u>		
	I	Add lines 24 and 25	<del>-</del>	34,688.	39.	1,202.	33,447.
_		Subtract line 26 from line 1	12			, = = =	
		Excess of revenue over expense		12,806.			
	l	Net investment income (if i		**************************************	0.		<del>(1111 1411 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>
	l	Adjusted net Income (if nec				0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2009)

FOR SCIENCE AND CONSERVATION, INC

90-0132172

Page 2

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	beginning or year	E110 0	i year
	er i	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	751.		
	2	Savings and temporary cash investments	5,990.	8,956.	8,956.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	`	Less allowance for doubtful accounts			
s	R	Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges			
AS		Investments - U.S. and state government obligations			-
	1			<del></del>	<del></del>
	1	Investments - corporate stock		<del></del>	
		Investments - corporate bonds			
	''	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis  Less. accumulated depreciation STMT 5  2,123.	2 062	1 760	1 760
			2,962.	1,760.	1,760.
	15	Other assets (describe			
			0.700	10 716	10 716
_		Total assets (to be completed by all filers)	9,703.	10,716. 278.	10,716.
	1	Accounts payable and accrued expenses	11,382.	278.	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe STATEMENT 6)	777.	88.	
_	23	Total liabilities (add lines 17 through 22)	12,159.	366.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ва	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
õ	27	Capital stock, trust principal, or current funds	0.	0.	
set		Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	<2,456.>	10,350.	
ĕ	1	Total net assets or fund balances	<2,456.>	10,350. 10,350.	
_	"			20,000	
	31	Total liabilities and net assets/fund balances	9,703.	10,716.	
		<del></del>			
LP	art	Analysis of Changes in Net Assets or Fund Ba	iiances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0	T I	
-		t agree with end-of-year figure reported on prior year's return)		1	<2,456.>
2		amount from Part I, line 27a		2	12,806.
		rincreases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·		10,350.
		eases not included in line 2 (itemize)		4 5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn /h\ line 30	6	10,350.
<u>~</u>	i Utal	not assets of luna balances at end of year time 4 filling line 3) - Part II, COII	urini (D), inie 30	10	
					Form <b>990-PF</b> (2009)

FOR SCIENCE AND CONSERVATION, INC

		nd(s) of property sold (e g or common stock, 200 shs			` P	How acqui - Purchas - Donation	e	(c) Date a	cquired y, yr )	(d) Date sold (mo , day, yr )
1a	01777				<u> </u>					
<del></del>	ONE				-	-				<del></del>
d									-	<del></del>
e			·							
(e) Gross sales price	(f) I	Depreciation allowed (or allowable)		t or other basis xpense of sale					ın or (loss) (f) mınus (ı	
<u> </u>										
<u>_</u>										
<u>c                                     </u>	<del> </del>									
<u>d</u>			<del></del>							
Complete only for assets show	vina aain in	column (h) and owned by t	he foundation	on 12/31/69			(1	) Gaine /Co	ol (h) gain i	minus
Complete only for assets since	<del></del>	(i) Adjusted basis		cess of col (I)				(k), but no	ot less than	-0-) or
(i) F M V as of 12/31/69		as of 12/31/69	, ,	col (j), if any				Losses (	from col (l	1))
<u>a</u>	<del> </del>									
<u>b</u>	1									
d										
e										
		If gain, also enter	in Part I, line	7	}					
! Capital gain net income or (net	•	(, ,		1	ا (	2		<del></del>	•	
Net short-term capital gain or (     If gain, also enter in Part I, line     If (leas) enter 0 in Part I, line	8, column (	, ,	d (6)		}	2				
Part V Qualification	Under S	ection 4940(e) for	Reduced	Tax on Net	Inv	estme	nt Inc	ome		
For optional use by domestic priv										
•		·	o lotal tax on			. ,				
f section 4940(d)(2) applies, leave	this part bl	ank								
Was the foundation liable for the s	ection 4942	tax on the distributable am	ount of any ye	ar in the base pe	riod?					Yes X No
f "Yes," the foundation does not q										
Enter the appropriate amount	n each colu	mn for each year, see instru	ictions before	making any entri	es					7.15
(a) Base period years Calendar year (or tax year begir	ining in)	<b>(b)</b> Adjusted qualifying dist	l l	Net value of no	(c) onchai	ritable-use			Distrib	(d) ution ratio ded by col (c))
2008			2,955.				,013			14.553163
2007			8,739.			17,	,317			4.54691
2006	-		8,460.				313			218.72204
2005			7,197.				,072			28.38444
2004		13	0,352.			4	,624	•		28.19031
2 Total of line 1, column (d)								2		294.39687
3 Average distribution ratio for the the foundation has been in exist	-		on line 2 by 5,	or by the number	r of ye	ars		3		58.87937
4 Enter the net value of nonchari		·	ına 5					4		11,254
		ooto for 2000 from tale X, t								
5 Multiply line 4 by line 3								5		662,628
6 Enter 1% of net investment inc	ome (1% of	Part I, line 27b)						6		0
7 Add lines 5 and 6								7	<u> </u>	662,628
B Enter qualifying distributions fi	om Part XII,	line 4						8		33,447
If line 8 is equal to or greater the See the Part VI instructions	an line 7, ct	neck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1	% tax rate	+			

Х

X

Х

8b

10

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

If "Yes," complete Part II, col. (c), and Part XV.

LAVA LAKE INSTITUTE Form 990-PF (2009) 90-0132172 FOR SCIENCE AND CONSERVATION, Part VII-A Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of Х section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before Х August 17, 2008? 12 13 Х Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.L</u>AVALAKEINSTITUTE.ORG Telephone no ► (208) 788-1710 14 The books are in care of ► KATHLEEN BEAN #204, HAILEY, ID ZIP+4 ▶83333 Located at ▶215 N. MAIN STREET 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days ) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2009? 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2009? If "Yes," list the years ▶ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions ) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after

May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

X

3b

4a

N/A

LAVA LAKE INSTITUTE				
Form 990-PF (2009) FOR SCIENCE AND CONSERVA			90-01321°	72 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<b>&gt;</b>	T Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			1	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or 1	or		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru		ŭ	N/A s	5b
Organizations relying on a current notice regarding disaster assistance check hi				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		ī/A □ γe	s No	
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •			
a personal benefit contract?	ay promiumo on	□ Va	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arennal hanafit contract?			5b X
If "Yes" to 6b. file Form 8870	ersonal denem contract.		<u> </u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?	□ v <sub>e</sub>	s X No	
b If yes, did the foundation receive any proceeds or have any net income attributa			· <del></del> ,- · ⊢	7b
Information About Officers Directors Trust		nagere Highly		,, ,
Part VIII Paid Employees, and Contractors	ses, i dundation Ma	illagers, riigilij		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	and deferred	(e) Expense account, other allowances
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(a) Name and address	hours per week devoted	(If not paid,	and deferred	(e) Expense account, other allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
(a) Name and address  SEE STATEMENT 8	hours per week devoted	(If not paid,	and deferred	(e) Expense account, other allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
SEE STATEMENT 8	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	allowances
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,  (b) Title, and average	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .	(e) Expense
SEE STATEMENT 8	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O •	(e) Expense
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other
SEE STATEMENT 8  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  O .  (d) Contributions to employee benefit plans and deferred	(e) Expense account, other

0

Total number of other employees paid over \$50,000

Page 7

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	· · · · · · · · · · · · · · · · · · ·
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<u> </u>	$\dashv$	
	7	
	_	
		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis:	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers proc	duced, etc	Expenses
1		· · · · · · · · · · · · · · · · · · ·
SEE STATEMENT 9		11,122.
2		
SEE STATEMENT 10		4,715.
3		
SEE STATEMENT 11		5,443.
4		
	<del></del>	
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 NONE		
		•
		0.
2		
All other program-related investments See instructions		
3		
T-1-1 Add beautiful C	•	0.
Total. Add lines 1 through 3		

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Form 990-PF (2009) 90-0132172 FOR SCIENCE AND CONSERVATION, INC Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1 1a a Average monthly fair market value of securities 1b b Average of monthly cash balances c Fair market value of all other assets 10 d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 254. 5 563 Minimum Investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here > X and do not complete this part ) Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5 2a Income tax for 2009 (This does not include the tax from Part VI) Add lines 2a and 2b 20 C 3 3 Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 33,447 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI.	001,000			
line 7				0.
2 Undistributed income, if any, as of the end of 2009	***************************************		***************************************	
a Enter amount for 2008 only			0.	
b Total for prior years				************************************
b rotal for prior years		0.		
3 Excess distributions carryover, if any, to 2009	***************************************			**************************************
a From 2004				
b From 2005				
€ From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4. ► \$ N/A				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		• 11 1111		)
years (Election required - see instructions)		0.		
				***************************************
c Treated as distributions out of corpus	0.			
(Election required - see instructions)		, ,,, ,,	<u> </u>	0.
d Applied to 2009 distributable amount	0.			· ·
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	<u>.</u>			<b>.</b>
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Page 10

	ENCE AND ÇOI		INC	90-01	32172 Page 1
Part XIV   Private Operating Fo	oundations (see ins	tructions and Part VII-	A, question 9)		
1 a if the foundation has received a ruling of	r determination letter that i	t is a private operating			
foundation, and the ruling is effective for	r 2009, enter the date of th	e ruling		23/05	
<b>b</b> Check box to indicate whether the found	ation is a private operating	foundation described in		4942(j)(3) or	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed	0.	0.	182.	16.	198.
b 85% of line 2a	0.	0.	155.	14.	168.
c Qualifying distributions from Part XII,					
line 4 for each year listed	33,447.	72 <b>,</b> 955.	78,739.	68,460.	253,601.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c	33,447.	72,955.	78,739.	68,460.	253,601.
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter					
(1) Value of all assets	10,716.	9,703.	11,801.	33,553.	65,773.
(2) Value of assets qualifying		· <del>-</del>			
under section 4942(j)(3)(B)(i)	10,716.	9,703.	11,801.	33,553.	65,773.
b "Endowment" alternative test - enter					· · ·
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed	375.	167.	577.	11.	1,130.
c "Support" alternative test - enter	·				
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income	39.	37.	323.	174.	573.
Part XV Supplementary Info	rmation (Complet	e this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh		han 2% of the total conti	butions received by the f	oundation before the clos	e of any tax
year (but only if they have contributed m			·		•
SEE STATEMENT 12					
b List any managers of the foundation wh	o own 10% or more of the	stock of a corporation (	or an equally large portion	n of the ownership of a pa	rtnership or
other entity) of which the foundation has				•	•
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		, , , , , , , , , , , , , , , , , , , ,
Check here ► X If the foundation o				ot accept unsolicited requi	ests for funds If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	ber of the person to whom	applications should be	addressed		
N/A					
<b>b</b> The form in which applications should b	e submitted and informati	on and materials they sh	ould include		
N/A c Any submission deadlines					
N/A					
$\boldsymbol{\text{d}}$ Any restrictions or limitations on awards $N/A$	s, such as by geographical	areas, charitable fields,	kinds of institutions, or of	ther factors	

FOR SCIENCE AND CONSERVATION, INC

90-0132172

Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor **Amount** status of Name and address (home or business) recipient a Paid during the year 2,500. SEE STATEMENT 13 2,500. **▶** 3a Total b Approved for future payment 0. SEE STATEMENT 13 **▶** 3b 0. Total

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ea business income		ded by section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C					
d					
e					
1	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				,	
investments					39.
4 Dividends and interest from securities		·			
5 Net rental income or (loss) from real estate	***************************************				
a Debt-financed property			·····		
b Not debt-financed property .				· · · · · · · · · · · · · · · · · · ·	
6 Net rental income or (loss) from personal			l		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	<u> </u>				- "
9 Net income or (loss) from special events					<del>  </del>
10 Gross profit or (loss) from sales of inventory					1
11 Other revenue					
ā					
b	-	<u>-</u>			<del></del>
c			-		
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.	İ	·	39. 39.
13 Total. Add line 12, columns (b), (d), and (e)				13 _	39.
(See worksheet in line 13 instructions to verify calculations )		<del></del>			<del></del>
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which income			contri	outed importantly to the accor	mplishment of
the foundation's exempt purposes (other than			20.5.7	A TOTAL	CEVENE EOD
3 INTEREST EARNED ON TEM	PORARY	CASH BALANCE	AW	AITING DISBUR	RSEMENT FOR
PROGRAM EXPENDITURES.					
	<del></del>				
	·				
			-		
					<u>-</u>
	_	<del></del>			· -
		<del>-</del>			
923621 02-02-10					Form <b>990-PF</b> (2009)
UZ-UZ- IU					10003)

FOR SCIENCE AND CONSERVATION, INC

P	art X\	Information Re Exempt Organ		To and Transactions a	nd Relationships With Noncl	haritable	•	
1	Did th	<del></del>		owing with any other organization	described in section 501(c) of		Yes	No
•				on 527, relating to political organia				
а		fers from the reporting founda		-				
	(1)			,		1a(1)	Ì	Х
	٠,	Other assets				1a(2)		X
b	• •	transactions						
_		Gales of assets to a noncharital	ole exempt organization			1b(1)		Х
		Purchases of assets from a noi	, ,	on		1b(2)		Х
		Rental of facilities, equipment,	. •	•••		1b(3)	-	X
	• •	Reimbursement arrangements				1b(4)		X
		oans or loan guarantees				1b(5)		Х
		Performance of services or me	mbership or fundraising solic	itations		1b(6)		Х
C		ng of facilities, equipment, ma	,			10		Х
d		•	•	• •	ays show the fair market value of the good		ets	
-		•	· · · · · · · · · · · · · · · · · · ·	• •	in any transaction or sharing arrangemen		,	
		nn (d) the value of the goods,						
(a)	Line no	(b) Amount involved		itable exempt organization	(d) Description of transfers, transactions, a	and sharing ar	rangeme	nts
			N/	A		_		_
_								
2a		•	•	, one or more tax-exempt organiz	ations described			
		ction 501(c) of the Code (other		section 527?		Yes	X	No
t	i it "Ye	s," complete the following scho		(h) Tune of experimentary	(a) Description of relative			
		(a) Name of org	anization	(b) Type of organization	(c) Description of relation	nisnip 		
		N/A						
		<del></del>						
		·						
7	Under c	enalties of perjury declare that I h	ave examined this return, including	accompanying schedules and stateme	ents, and to the best of my knowledge and belief, i	tistrie come	ct	
				ed on all information of which preparer h			,	
١	<b>V</b>	1422en	)	19/13/11	<b>L</b>			
<u>و</u>	$\overline{s}$	gnature of officer or trustee		Date	Title			
2		Branarar's A C/	10 1	Date		parer's identify	/ing num	ber
Sign Here	ہَ ≂ S	signature Tue	KKOOLA		/o/(  self- employed ► X		-	
מ	Paid spare se On	Firm's name (or yours STEV	EN R. POPELAR	. CPA	EIN >			
	Paid Preparer's Use Only	firm's name (or yours STEV 1940		AVE., STE H108	CIIA >			
	د ۵	address, and ZIP code TORR	ANCE, CA 9050		Phone no (31	0) 80	8-1	277

Form **990-PF** (2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

LAVA LAKE INSTITUTE

FOR SCIENCE AND CONSERVATION, INC

Organization type (check one):

Employer identification number

90-0132172

Filers of	:	Section:				
Form 990	0 or 990-EZ	501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	0-PF	Sol(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.					
Special	Rules					
	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
but it mu	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certifying requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
LAVA LAKE INSTITUTE

Employer identification number

FOR SCIENCE AND CONSERVATION, INC

90-0132172

#### Part | Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRIAN & KATHLEEN BEAN  P.O. BOX 2249  HAILEY, ID 83333	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	THE CONSERVATION FUND  1655 N. FORT MEYER DR. STE 1300  ARLINGTON, VA 22209-3199	\$13,955.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	NATIONAL PARK SERVICE-CRATERS OF THE MOON  P.O. BOX 29  ARCO, ID 83213	\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

of Part II

Name of organization

LAVA LAKE INSTITUTE

Employer identification number

FOR SCIENCE AND CONSERVATION, INC

90-0132172

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

_	anization ARES TRICMEMILME		Employer identification number
	AKE INSTITUTE CIENCE AND CONSERVATION,	INC	90-0132172
art III	Exclusively religious, charitable, etc., indiv	ridual contributions to section olumns (a) through (e) and the , charitable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing s of
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	<u> </u>
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
1			

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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FORM	FORM 990-PF PAGE 1					6	990-PF					}		\ \
Asset No	Description	Date Acquired	Method	Life	V O C	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
L	COMPUTER EQUIPMENT			***						· · · · · · · · · · · · · · · · · · ·			<i>;</i>	•
	1 CRS KRNDKBLD BYBTIN	07/03/66 150mm 5.00	15000	********	*#	473.				<b>673</b> ,	445.		**	407.
:	* 990-PF PG 1 TOTAL - COMPUTER EQUIPMENT		<b>*</b>	**		673.		- ***	· · · · · ·	673.	475.		132.	607.
	SCHWANN			·············			;;		:		· :.			•
	2 WEBSITE	05/31/09		36₩	HY43	3,210.		••		3,210.	446.		1,070.	1,516.
	* B90~PT BG A WORAL ~				***********	7		**********		3,240,	<b>466</b>	,	##	**
	* GRAND TOTAL 990-PF PG 1 DEPR & AMORT		······································	•		3,883.		•	~	3,883.	921.		1,202,	2,123.
	:													
									****	<b>!!!!</b>				
				*******	*******									
								***************************************			:			,
	:			***************************************	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								:
				***************************************	***********		***********							
	:						<del> </del>		· · · · · · · · · · · · · · · · · · ·			•		

\*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH IN	IVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
US BANK			_	39.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	39.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	6,607.	0.	0	6,607.
TO FORM 990-PF, PG 1, LN 16B	6,607.	0.	0	6,607.
FORM 990-PF	TAX	ES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAX EXPENSE	1,279.	0.	0	. 1,279.
TO FORM 990-PF, PG 1, LN 18	1,279.	0.	0	1,279.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
BANK CHARGES CONFERENCES DUES OUTSIDE SERVICES OFFICE SUPPLIES PARKING	28. 377. 81. 844. 594.	0. 0. 0. 11.	0 0 0 0 0	. 377. . 81. . 844. . 583.
TRAVEL-FARES & RELATED EXPENSES EMPLOYEE BENEFITS-HEALTH INSURANCE	1,142. 819.		0	,

LAVA LAKE INSTITUTE FOR SCIENCE	AND CONS			90-01321	172
WORKERS COMPENSATION					
INSURANCE ·	406.	0.			06.
OUTREACH/EDUCATION PROGRAMS	1,864.	0.		0. 1,86	
POSTAGE	73.	0.		0.	73.
PRONGHORN ANTELOPE MIGRATION	1 006	0		0 1 00	١.
	1,806. 326.	0.		0. 1,80 0. 32	26.
OUTREACH/EDUCATION - WEBSITE LICENSES & PERMITS	30.	0.			30.
AMORTIZATION	1,070.	0.	1,07		0.
AMOR112A110N				<del></del>	<u> </u>
TO FORM 990-PF, PG 1, LN 23	9,462.	39.	1,07	70. 8,35	53.
DESCRIPTION  GPS HANDHELD SYSTEM WEBSITE	COST OF OTHER BAS		UMULATED RECIATION 607.	BOOK VALUE	56.
GPS HANDHELD SYSTEM	OTHER BAS	673. DEP	RECIATION 607.		56.
GPS HANDHELD SYSTEM WEBSITE  TOTAL TO FM 990-PF, PART II, LN 14	OTHER BAS	673. 210. 883.	607. 1,516.	1,69	56.
GPS HANDHELD SYSTEM WEBSITE  TOTAL TO FM 990-PF, PART II, LN 14	OTHER BAS	673. 210. 883.	607. 1,516.	1,76	56.

TOTAL TO FORM 990-PF, PART II, LINE 22

777.

88.

	TANTIAL CONTRIBUTORS STATEMENT 7 II-A, LINE 10
NAME OF CONTRIBUTOR	ADDRESS
BRIAN & KATHLEEN BEAN	215 N. MAIN STREET #204 HAILEY, ID 83333
THE CONSERVATION FUND	1655 N. FORT MEYER DR. STE 1300 ARLINGTON, VA 22209-3199
NATIONAL PARK SERVICE - CRATERS OF	P.O. BOX 29
THE MOON	ARCO, ID 83213

	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
BRIAN BEAN 215 N. MAIN STREET #204 HAILEY, ID 83333	PRESIDENT 0.00	0.	0.	0.
KATHLEEN BEAN 215 N. MAIN STREET #204 HAILEY, ID 83333	SECRETARY 0.00	0.	0.	0.
STEVEN POPELAR 19401 S. VERMONT AVE., STE H108 TORRANCE, CA 90502	TREASURER 0.00	0.	0.	0.
CRAIG CROVES 520 E. BABCOCK STREET BOZEMAN, MO 59715	DIRECTOR 0.00	0.	0.	0.
MAURICE HORNOCKER P.O. BOX 929 BELLEVUE, ID 83313	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

	-	
FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	9
ACTIVITY ONE		
SCIENTIFIC RESEARCH: SOLICIT, CONDUCT AND SUPPORT BIOLOGICAL RESEARCH AND SCIENTIFIC SURVEYS TO FURTHER ECOLOGICAL KNOWLEDGE OF THE INSTITUTE'S REGION INCLUDING ASPEN CHANGE DETECTION RESEARCH AND PRONGHORN ANTELOPE MIGRATION STUDY.		
	EXPENSES	
TO FORM 990-PF, PART IX-A, LINE 1	11,1	22.
FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	10
ACTIVITY TWO		
CONSERVATION: PARTICIPATE IN AND CONDUCT CONSERVATION PLANNING AND LAND PROTECTION EFFORTS WITHIN THE REGION; REFINE, UPDATE AND MAINTAIN ECOLOGICAL GIS MAPPING DATABASE FOR CONSERVATION PURPOSES AND FOR THE USE OF COOPERATING RESEARCHERS AND SCIENTISTS; PARTICIPATE IN THE PIONEERS ALLIANCE; COLLABORATED WITH LOCAL CONSERVATION ORGANIZATIONS TO ACCOMPLISH CONSERVATION WITHIN THE PIONEER MOUNTAINS - CRATERS OF THE MOON LANDSCAPE.		
	EXPENSES	
TO FORM 990-PF, PART IX-A, LINE 2	4,7	15.
FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	11
ACTIVITY THREE		
OUTREACH/EDUCATION: CONDUCT OUTREACH EFFORTS AND EDUCATIONAL PRESENTATIONS BY INSTITUTE STAFF; ORGANIZE AND HOST FIELD TOURS IN THE PIONEER MOUNTAINS TO RAISE AWARENESS ABOUT WILDLIFE CORRIDORS AND THE ECOLOGY OF THE PIONEER MOUNTAINS; PARTICIPATE IN WILDLIFE AND CONSERVATION CONFERENCES; PARTICIPATED IN CRATERS OF THE MOON CHRISTMAS BIRD COUNT; CONDUCT FIELD TOURS AND LECTURES TO RAISE AWARENESS REGARDING SUSTAINABLE AGRICULTURE AND LAND CONSERVATION; DEVELOP & MAINTAIN ORGANIZATION'S WEBSITE.		
	EXPENSES	
TO FORM 990-PF, PART IX-A, LINE 3	5,4	43.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 12

NAME OF MANAGER

BRIAN BEAN KATHLEEN BEAN

NAME AND ADDRESS

a PAID DURING THE YEAR

UNIVERSITY OF IDAHO P O BOX 443020 MOSCOW, ID 83844-3020

**b** APPROVED FOR FUTURE PAYMENT

TOTAL

NO GRANTS APPROVED FOR FUTURE PAYMENT IN YEAR ENDED 10/31/10

TOTAL

# 4562

Department of the Treasury Internal Revenue Service (99)

# Depreciation and Amortization 990-PF (Including Information on Listed Property) separate instructions. ► Attach to your tax return.

► See separate instructions.

OMB No 1545-0172

LAVA LAKE INSTITUTE

Business or activity to which this form relates

Identifying number

r Ol	R SCIENCE AND CONSE	RVATION,	INC	FOR	M 9	90-1	PF PAGE	1	90-0132172
Pa	rt   Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	ted pro	perty,	complete Part	V before y	ou complete Part I
1 N	Maximum amount. See the instructions	for a higher limit	for certain b	usinesses				1	250,000.
2 1	Total cost of section 179 property plac	ed in service (see	instructions	)				2	
3 T	Threshold cost of section 179 property	before reduction	ın lımıtatıon					3	800,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er <b>-</b> 0-				4	
<b>5</b> 0	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married fil	ing separately, see	instructi	lons		5	
6	(a) Description of pr	operty		(b) Cost (busin	ess use	only)	(c) Elected	d cost	
7 L	Listed property. Enter the amount from	line 29			l	7			
8 7	Total elected cost of section 179 prope	erty. Add amounts	ın column (	c), lines 6 and	7			8	
9 7	Tentative deduction. Enter the <b>smaller</b>	of line 5 or line 8						9	
10 (	Carryover of disallowed deduction fron	n line 13 of your 20	008 Form 45	62				10	
	Business income limitation. Enter the s		•		•	ne 5		11	
	Section 179 expense deduction. Add li	•			ne 11			12	
	Carryover of disallowed deduction to 2					13			<u> </u>
	e: Do not use Part II or Part III below fo	<u> </u>			1 1				
	rt II Special Depreciation Allowa							<del></del>	T
	Special depreciation allowance for qua	lified property (oth	ner than liste	ed property) pl	aced in	n servic	ce during		
	the tax year							14	
	Property subject to section 168(f)(1) ele	ection						15	
	Other depreciation (including ACRS)	st include listed or	operty I (Se	e instructions	١			16	
9 42	1 t tt   MAONS Depreciation (Do no	t include listed pr		ection A	<i>,</i>				
17 1	MACRS deductions for assets placed i	n convice in tay ve			<u> </u>			17	132.
	MACINO deductions for assets placed i	in scratce in tax ye	cars beginnin	19 501010 200	•		. –	¬	
<u>·• ·</u>	f you are electing to group any assets placed in ser	vice during the tax year	into one or more	neneral asset acc	ounts ch	eck here	. •	1 [	
	f you are electing to group any assets placed in ser Section B - Assets							ition Syst	em
			(c) Basis for (business/i		Using 1		eneral Deprecia	ation Syst	em (g) Depreciation deduction
 19a	Section B - Assets	(b) Month and year placed	(c) Basis for (business/i	or depreciation	Using 1	the Ge Recovery	eneral Deprecia	<u> </u>	
19a b	Section B - Assets (a) Classification of property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	Using 1	the Ge Recovery	eneral Deprecia	<u> </u>	
	Section B - Assets  (a) Classification of property  3-year property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	Using 1	the Ge Recovery	eneral Deprecia	<u> </u>	
b	Section B - Assets  (a) Classification of property  3-year property  5-year property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	Using 1	the Ge Recovery	eneral Deprecia	<u> </u>	
b c	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	Using 1	the Ge Recovery	eneral Deprecia	<u> </u>	
b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	Using 1	the Ge Recovery	eneral Deprecia	<u> </u>	
b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	Using (d) F	the Ge Recovery	eneral Deprecia	<u> </u>	
b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property  25-year property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	(d) [	the Ge	eneral Deprecia	(f) Method	
b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	(b) Month and year placed	(c) Basis for (business/i	or depreciation	(d)	Recovery period	(e) Convention	(f) Method	
b c d e f g	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  20-year property  Residential rental property	(b) Month and year placed in service	(c) Basis for (business/i	or depreciation	25 27 27	Recovery period  5 yrs.  5 yrs.	(e) Convention	(f) Method	
b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	(b) Month and year placed in service	(c) Basis for (business/i only - see	or depreciation nvestment use e instructions)	29 27 27	5 yrs. .5 yrs. .5 yrs.	(e) Convention  MM  MM  MM  MM	(f) Method  S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  20-year property  Residential rental property	(b) Month and year placed in service	(c) Basis for (business/i only - see	or depreciation nvestment use e instructions)	29 27 27	5 yrs. .5 yrs. .5 yrs.	(e) Convention  MM  MM  MM  MM	(f) Method  S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F	(b) Month and year placed in service	(c) Basis for (business/i only - see	or depreciation nvestment use e instructions)	29 27 27 39	S yrs. S yrs. S yrs.	(e) Convention  MM  MM  MM  MM	S/L	(g) Depreciation deduction
b c d e f g h	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year	(b) Month and year placed in service	(c) Basis for (business/i only - see	or depreciation nvestment use e instructions)	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs.	(e) Convention  MM  MM  MM  MM  MM  MM  Thative Depreced	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year	(b) Month and year placed in service	(c) Basis for (business/i only - see	or depreciation nvestment use e instructions)	25 27 27 39 sing th	S yrs. S yrs. S yrs.	(e) Convention  MM  MM  MM  MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c Pa	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year	(b) Month and year placed in Service  (b) Month and year placed in service  / / / / / / / / / / / / / / / / / /	(c) Basis for (business/i only - see	or depreciation nvestment use e instructions)	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs.	(e) Convention  MM  MM  MM  MM  MM  MM  Thative Depreced	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c Pa	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  Summary (See instructions.)  Listed property.	Placed in Service  (b) Month and year placed in Service  // / // // // Placed in Service	c) Basis for (business/lonly - see	or depreciation nvestment use a instructions)  9 Tax Year U	25 27 27 39 sing th	5 yrs. 5 yrs. 5 yrs. 9 yrs. 9 yrs.	(e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c Pa 21   22	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  40-year  It IV Summary (See instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines	Placed in Service  (b) Month and year placed in service  / / / / Placed in Service  / 28 14 through 17, lin	c) Basis for (business/lonly - see	or depreciation nvestment use a instructions)  9 Tax Year U	29 27 27 39 sing th	6 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs.	(e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction
b c f g h i C Pa 21 1 22 1	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  fort IV Summary (See Instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines  Enter here and on the appropriate lines	Placed in Service  (b) Month and year placed in service  /  / / / / / Placed in Service  /  28 14 through 17, lines of your return. Page 18	c) Basis for (business/lonly - see	or depreciation nvestment use a instructions)  9 Tax Year U	29 27 27 39 sing th	6 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs.	(e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c Pa 21   [23]	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  40-year  40-year  It IV Summary (See instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines	/ / / / / / / / / / / / / / / / / / /	c) Basis for (business/lonly - see	or depreciation nvestment use a instructions)  9 Tax Year U	29 27 27 39 sing th	6 yrs. 5 yrs. 5 yrs. 9 yrs. 0 yrs.	(e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction

## LAVA LAKE INSTITUTE

FOR SCIENCE AND CONSERVATION, INC

90-0132172 Page 2

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes \_ No (b) (c) (e) (i) (d) Date Business/ Elected Basis for depreciation Type of property Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first ) deduction period other basis Convention use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: % S/L -% S/L -% S/L · 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for

those vehicles.

30	Total business/investment miles driven during the	(a Veh	-	(Ł Veh	•	(d Veh	-	(d Veh	•	(e Veh	•	(t	f) nicle
31	year (do not include commuting miles)  Total commuting miles driven during the year												
	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No								
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	ls another vehicle available for personal use?												

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

P	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<u>42</u>	Amortization of costs that begins during	your 2009 tax year:				
					_	
43	Amortization of costs that began before	your 2009 tax year			43	1,070.
44	Total. Add amounts in column (f). See th	e instructions for whe	ere to report		44	1,070.