

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

Openito Public

A	ro	r the Zulu C	alendar year, or tax year beginning	, 2010, and ending			
B	_ Che	eck if applicable	C		D Em	oloyer iden	tification number
	Add	dress change	JOHN SHELDON BEVINS FOUNDATION		_ 92	2 <u>-</u> 0144	005
<u>_</u>	Nai	me change	P.O. BOX 241766		E Tele	phone num	ber
Ļ	=	ial return	ANCHORAGE, AK 99524-1766		{		
⊢	₹	minated					
⊨	╡	nended return				oup Exer mber	nption -
7		plication pending counting Me		11. 05			rganization is not
G		ebsite: >					thedule B (Form
٠,		_	us (ck only one) $- X $ 501(c)(3) 501(c) () \triangleleft (insert no.)	4947(a)(1) or 527 990,	990-EZ	, or 990-	PF).
K			f the organization is not a section 509(a)(3) supporting organ			mally no	t more than
, r	_		rm 990-EZ or Form 990 return is not required though Form 9				
	or	ganization c	hooses to file a return, be sure to file a complete return	30-14 (e-postcara) may be requ	med (s	ce manu	choris) but it the
T				eints are \$200 000 or more or	if total		
_	as	sets (Part II	6c, and 7b, to line 9 to determine gross receipts. If gross rec , line 25, column (B) below) are \$500,000 or more, file Form	990 instead of Form 990-EZ	-	▶\$	144,972.
₹F	art		nue, Expenses, and Changes in Net Assets or Fu				r Part I.)
		Check	if the organization used Schedule O to respond to any questi	on in this Part I			$ \mathbf{X} $
_	Ī	1 Contribu	itions, gifts, grants, and similar amounts received			1	
		2 Program	service revenue including government fees and contracts		Ī	2	
	1	_	ship dues and assessments		ľ	3	
	ŀ		ent income		Ì	4	14,322.
			mount from sale of assets other than inventory	5a 130,	844	- 	
			ost or other basis and sales expenses	5b 103,]	
			oss) from sale of assets other than inventory (Subtract line 5b from line 5a)	See Schedule O	+00.	5 c	27,655.
	1	=	and fundraising events	See Schedule B)	, 36 	21,033.
	R	-	3	00) . 6a		1	
	R E V		ncome from gaming (attach Schedule G if greater than \$15,00			· -	
!	Ė		ncome from fundraising events (not including \$	of contributions		* ;;	
(i)	E N U E	of such	ndraising events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)	sum 6b		×, ~	
Ç	-		rect expenses from gaming and fundraising events	6c		* 3, s	
Z			· · · · · · · · · · · · · · · · · · ·				
Z		d Net inco	ome or (loss) from gaming and fundraising events (add lines subtract line 6c)	6a and	l	6d	
SCANNED			ales of inventory, less returns and allowances	7 a			
			ost of goods sold	7 b		' i	
NOF	1		-	L		7-	
		' - '	rofit or (loss) from sales of inventory (Subtract line 7b from I	·-		7c	-194.
63	-		evenue (describe in Schedule O)	See Schedule O		8	
O _	+-		venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	41,783.
2011			and similar amounts paid (list in Schedule O)	See Schedule O		10	25,000.
₩	- -		s paid to or for members RECI	EIVED		11	
•	<u> </u>		s, other compensation, and employee benefits	<u> </u>		12	
	ב <u>ו</u>		ional fees and other payments to independent on tractors	SO		13	4,767.
	N 1	-	ncy, rent, utilities, and maintenance. $oximes_{oximes_{1}}$ MAY 2	(O) i		14	
	E 1	15 Printing	, publications, postage, and shipping	<u></u>]α.		15	
	1	16 Other e.	xpenses (describe in Schedule O)	EN, See Schedule O		16	203.
_			kpenses. Add lines 10 through 16			17	29,970.
	1	18 Excess	or (deficit) for the year (Subtract line 17 from line 9)			18	11,813.
	A 1	19 Net ass	ets or fund balances at beginning of year (from line 27, colui	nn (A)) (must agree with end-	of-vear		
N E	Š	figure re	eported on prior year's return)	, , , , , , , , , , , , , , , , , , ,	, 5001	19	442,460.
Т	뒭 2	20 Other c	hanges in net assets or fund balances (explain in Schedule (D)		20	
	3 2	21 Net ass	ets or fund balances at end of year Combine lines 18 through	h 20		21	454,273.
Ε	BAA	For Paperw	ork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2010)

Par	Balance Sheets. (see the Inst Check if the organization used Sche	tructions for Part II.)	estion in this Part I	ι			_]
	Oncole in the original and a second				Beginning of year	ar	(B) End of year	_
22	Cash, savings, and investments				442,460		454,273	-
23	Land and buildings					23		_
24	Other assets (describe in Schedule O))			24		_
25	Total assets.				442,460	. 25	454,273	<u>.</u>
26	Total liabilities (describe in Schedule O)	***************************************)		0	. 26	0	<u> </u>
	Net assets or fund balances (line 27 of c				442,460	. 27	454,273	·
Pai	制制数 Statement of Program Serv					_	Expenses	
	Check if the organization used Sci		uestion in this Par	<u>t III_</u>	<u> </u>	(Req	uired for section c)(3) and 501(c)(4)	
What	is the organization's primary exempt purpose? See	Schedule 0	osas In a claar an	d cor		orgai	nizations and section	
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, and other	relevant informati	on fo	r each		(a)(1) trusts, optional thers)	
_	ram title TO PROVIDE GENERAL SUPPOR	T TO THE NATURE CO	NCEDIANCY AT	A C E	77	101 0	mers)	_
28	PROGRAM.	I TO THE MATORE CO	NOEKAVNCI VI	TVOL	~			
	I ROGRAM.							
	(Grants \$) If thi	s amount includes foreign gr	ants check here		╌╌╌╌	28 a	12,500	
29	TO PROVIDE GENERAL SUPPOR			ATTC	N OF BEAR		22,000	÷
	MANAGEMENT.							
	(Grants \$) If the	s amount includes foreign gr	ants, check here			29 a	12,500	<u>.</u> _
30								_
		s amount includes foreign gr	ants, check here		<u> </u>	30 a		_
31	Other program services (describe in Sch	•						
20		is amount includes foreign gr	ants, check here			31 a	25 000	
	Total program service expenses (add line line) List of Officers, Directors,		lavasa Lukuski			32	25,000	
'F.a	Check if the organization used So				en it not compensated	(see	the instructions for Part IV.)	7
	Check if the organization used of	(b) Title and average hours			(d) Contributions	to	(e) Expense accoun	_
	(a) Name and address	per week devoted	not paid, enter -		employee benefit plai	ns and		
	LIA BEVINS	to position President		0.	deferred compensa	0.		_
	D. BOX 241766	1.00		١٠٠		υ.	ľ	•
	CHORAGE, AK 99524-1766	1.00		}				
	ERLING MILLER	Secretary		0.		0.	 	<u> </u>
	D. BOX 822	1.00		٠.		٠.	Ĭ	•
	LO, MT 59847							
	SAN RUDDY	Director		0.		0.	0	١.
	W. 5TH AVE., SUITE 550	1.00						
AN	CHORAGE, AK 99501						<u> </u>	_
- -								
			<u> </u>					—
			·				<u> </u>	_
								_
_							 	
			1					
BA		TEEA0812L (<u> </u>		Form 990-EZ (20	10)
	·-						(20	,

92-0144005

Page 2

Form 990-EZ (2010) JOHN SHELDON BEVINS FOUNDATION

Page 3

Pai	Other Information (Note the statement requirements in the instructions for Part V.) See Sch. Check if the organization used Schedule O to respond to any question in this Part V.	edul	e 0	<u> </u>
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of		Yes	No
24	each activity in Schedule O.	33		<u>X</u> _
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>X</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
i	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X_
1	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		_X_
	Enter amount of political expenditures, direct or indirect, as described in the instructions 0.	271		احدا
	Did the organization file Form 1120-POL for this year?	37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	of f 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	,		
39	Section 501(c)(7) organizations Enter			įį
	a Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities N/A			
40	section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►			[·
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	,	, .	
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		Х_
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	'	, *	
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	,		:
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		X
42	a The organization's books are in care of ► JULIA BEVINS Located at ► P.O. BOX 241766 ANCHORAGE AK ZIP + 4 ► 99524			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country.	,	ار راهور راهور	7-84
		.		.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	40.		X
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		▶ [N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	Yes	No X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	44b 44c	+	X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	1	 	
BA	Schedule O	44 d		(2010)
		J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		/

							Yes	No
45 Is any	related organization a controlled entity	of the organization withi	n the meaning o	f section 512(b)(13)?	45		X
a Did th	ne organization receive any payment from	n or engage in any trans	action with a co	ntrolled entity v	within the mean	ing Wall	7,	
	ction 512(b)(13)? If 'Yes,' Form 990 and s	<u>-</u>	·		·	st) 45a	राज्य ा	X 820 vr
46 Did the	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete	ctly, in political campaig Schedule C, Part I	n activities on be	ehalf of or in o	oposition to	46	direction.	X
Part VI	Section 501(c)(3) organizations	and section 4947(a)(1) nonexer	npt charitab	le trusts onl	y. All sec	tion	
	501(c)(3) organizations and sec 47-49b and 52, and complete th	tion 494/(a)(1) non le tables for lines 50	exempt chari 0 and 51.	table trusts	must answer	question	S	
	Check if the organization used Schedul	e O to respond to any o	uestion in this P	art VI				
							Yes	No
	ne organization engage in lobbying activit		•			47		<u>X</u>
	e organization a school as described in se					48		<u>X</u>
	ne organization make any transfers to an	•	related organiza	tion?		49a		<u>X</u>
	s, was the related organization a section	_				496		
50 Comp empl	plete this table for the organization's five oyees) who each received more than \$10	nignest compensated e 0,000 of compensation	mployees (other from the organiz	than officers, o ation. If there	directors, truste is none, enter 'l	es and key None '		
		(b) Title and average hours per week	(c) Compensation	on (d) Contrib	outions to employee	(e) Exp		
(a)	Name and address of each employee paid more than \$100,000	devoted to position			d compensation	other allo		<u>. </u>
None_]						
		ļ						
 -								
					1			
	·							
		1		1				
		1		ļ				
f Total	number of other employees paid over \$	100,000						
51 Com	plete this table for the organization's five	highest compensated ii	ndependent cont	ractors who ea	ch received mo	re than \$10	0,000	of
com	Densation from the organization of there (a) Name and address of each independent contacts.			(h) Tuno	-1	(a) Came		
None	(a) Name and address of each independent con-	tractor paid more than \$100,000	<u>'</u>	(b) Type	or service	(c) Comp	ensatio	<u></u>
TIONE _								
				··		L		
				<u>-</u> -				
	I number of other independent contractor	5 ,	• •	>				
52 Did t	number of other independent contractor the organization complete Schedule A? Notable trusts must attach a completed Sch	Note All section 501(c)	• •	►and 4947(a)(1)	nonexempt	► X Yes		
52 Did tochar	he organization complete Schedule A? Natable trusts must attach a completed Sclies of perjury, I declare that I have examined this return	Note All section 501(c)(c)	3) organizations	and to the best of i				No
52 Did tochar	he organization complete Schedule A? Nitable trusts must attach a completed Sci	Note All section 501(c)(c)	3) organizations	and to the best of i				No
52 Did to char. Under penalt true, correct,	he organization complete Schedule A? Natable trusts must attach a completed Sclies of perjury, I declare that I have examined this return	Note All section 501(c)(c)	3) organizations	and to the best of i	my knowledge and be			No
52 Did tochar	the organization complete Schedule A? Notable trusts must attach a completed Schedules of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office).	Note All section 501(c)(c)	3) organizations indules and statements, of which preparer has	and to the best of any knowledge	my knowledge and be			No
52 Did to char. Under penalt true, correct. Sign	the organization complete Schedule A? Notable trusts must attach a completed Schedule of Declaration of Preparer (other than other tha	Note All section 501(c)(c)(c)(c)(d) hedule A n. including accompanying sche cer) is based on all information A	3) organizations indules and statements, of which preparer has	and to the best of any knowledge	my knowledge and be		<u> </u>	No
52 Did to char. Under penalt true, correct. Sign	he organization complete Schedule A? Notable trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule A? Notable trusts must attach a complete Declaration of preparer (other than officer Signature of officer Type or print name and title Print/Type preparer's name	Note All section 501(c)(c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	3) organizations dules and statements, of which preparer has	and to the best of rany knowledge Date	my knowledge and be		; [No
52 Did to char. Under penalt true, correct. Sign	he organization complete Schedule A? Notable trusts must attach a completed Scluses of perjury, I declare that I have examined this return and complete Declaration of preparer (other than officer Signature of officer JULIA BEVINS Type or print name and title Print/Type preparer's name Sandra J. Stevens	Rote All section 501(c)(c)(c)(c)(c)(d) n. including accompanying sche cer) is based on all information Bering Breparer's signature Jendia J. Attira	3) organizations dules and statements, of which preparer has	and to the best of any knowledge Date	my knowledge and be ### ST // ST ident Check XO if F	elief, it is	· [No
52 Did t char. Under penalt true, correct. Sign Here Paid Preparer	he organization complete Schedule A? Notable trusts must attach a completed Schedule Declaration of preparer (other than gffind Signature of officer JULIA BEVINS Type or print name and title Print/Type preparer's name Sandra J. Stevens Firm's name Sandra J. Stevens	Note All section 501(c)(c) hedule A n. including accompanying schecer) is based on all information Bevill Breparer's signature Landia J. Ottoric ens., CPA	3) organizations dules and statements, of which preparer has	and to the best of rany knowledge Date	my knowledge and be ### ST // ST ident Check XO if F	PTIN		No
52 Did t char. Under penalt true, correct. Sign Here	he organization complete Schedule A? Notable trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule A? Notable trusts must attach a completed Schedule A? Notable trusts must attach a complete Declaration of preparer (other than office and complete Declaration of preparer (other than officer and complete Declaration officer and complete Declaration of preparer (other than officer and complete Declaration officer	Bevis Breparer's signature Pendua J. Deturn Breparer's Signature Pendua J. Deturn Annual Companying Sche Bevis Bevis Bevis CPA Annual CPA Annual CPA Annual CPA	3) organizations dules and statements, of which preparer has	and to the best of rany knowledge Date	ident Check xo if self-employed N	Prin N/A		
52 Did t char Under penalt true, correct. Sign Here Paid Preparer Use Only	he organization complete Schedule A? Notable trusts must attach a completed Schedule Declaration of preparer (other than gffind Signature of officer JULIA BEVINS Type or print name and title Print/Type preparer's name Sandra J. Stevens Firm's name Sandra J. Stevens	Bering Signature Reparer's signature Reparer's CPA an Way 85255	3) organizations dules and statements, of which preparer has	and to the best of rany knowledge Date	ident Check XO if F self-employed N	Prin N/A	024	

92-0144005

Page 4

Form 990-EZ (2010) JOHN SHELDON BEVINS FOUNDATION

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.

494/(ax I) nonexempt charitable trust.

OMB No 1545-0047

Openito Public

Employer identification number

Department of the Treasury Internal Revenue Service

(E)

Total

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

JOHN SHELDON BEVINS FOUNDATION 92-0144005 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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 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 June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 a X Type I d | 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 509(a)(2) 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) A family member of a person described in (i) above? X 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (IV) Is the (v) Did you notify (VII) Amount of support (vi) Is the organization in column (i) organized in the US? (described on lines 1.9 above or IRC section (see instructions)) e organization in column (i) of your support? organization organization in column (i) listed in your governing document? Yes No Yes Yes No No (A)NATURE CONSERVANCY ALASKA PROGRAM 70(b)(1)(A)(vi Х 12,500. CONTIL ASSC FOR BEAR RESEARCH & MINGT .70 (b) (1) (A) (vi Χ (D) 12,500.

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

Schedule A (Form 990 or 990-EZ) 2010

25,000.

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					-	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			5-e		- 1 mm 1	
6	Public support. Subtract line 5 from line 4	Y.		,			
Sec	tion B. Total Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	,				,	
12	Gross receipts from related activ	rities, etc (see ins	tructions).		•	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, c	or fifth tax year as	a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu		ercentage				
14	Public support percentage for 20	010 (line 6, colum	n (f) divided by li	ne 11, column (f))		14	%
15	Public support percentage from	2009 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test — 2010. If and stop here. The organization	the organization o qualifies as a pul	did not check the blicly supported o	box on line 13, ar organization	nd the line 14 is 3	3-1/3% or more,	check this box
t	33-1/3% support test — 2009. If and stop here. The organization	the organization o qualifies as a pul	did not check a be blicly supported o	ox on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more	, check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	es' test, check this	box and stop he	re. Explain in Pai	rt IV how
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organi	es' test, check this zation qualifies as	box and stop he a publicly suppo	re. Explain in Pairted organization	rt IV how the ►
18	Private foundation. If the organ	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	nis box and see in	nstructions
BAA					Sc	chedule A (Form	990 or 990-F7) 2010

Ramilla Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, and 3 received from disqualified persons		,				
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		r				
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						· · · · · ·
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)					<u> </u>	
14	First five years. If the Form 990 organization, check this box and	is for the organiz		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20			ne 13, column (f))	15	
	Public support percentage from			······································	· ·	16	%
	tion D. Computation of Inv					····	
17	Investment income percentage			•	ımn (f))	17	<u> </u>
18	Investment income percentage				•	18	%
	33-1/3% support tests – 2010. I is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests — 2009. I line 18 is not more than 33-1/39	%, check this box	and stop here. Th	ne organization qu	ualifies as a public	cly supported organ	3-1/3%, and ►
<u>20</u>	Private foundation. If the organ	ization did not chi	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	<u> </u>

Schedule A	(Form 990 or 9	90-EZ) 2010	O JOHN S	SHELDON I	BEVINS F	OUNDATION	·	92-014400	5 Page 4
Pari IV	Supplement Part II, line (See instruc	tal Inform 17a or 17	ation. Com b; and Par	plete this t III, line 1	part to pro 2. Also co	ovide the ex mplete this	cplanations re part for any a	equired by Part additional inforr	II, line 10; nation.
-									
									
								. 	
					·				
			- -					-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

JOHN SHELDON BEVINS FOUNDATION	92-0144005
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
THE PURPOSE OF THE ORGANIZATION IS TO MAKE DISTRIBUTIONS FROM T	HE EARNINGS EQUALLY
TO_THE_NATURE_CONSERVANCY_AND_THE_INTERNATIONAL_ASSOCIATION_FOR	BEAR RESEARCH AND
MANAGEMENT, SO LONG AS THEY CONTINUE TO EXIST AND SO LONG AS THE	EIR_MISSIONS_REMAIN
SUBSTANTIALLY THE SAME.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ontracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	ctly or
indirectly, on a personal benefit contract?	No
	-~

2010	Schedule O - Supplemental Information	Page 2
Client 62BFNDTN	JOHN SHELDON BEVINS FOUNDATION	92-0144005
4/30/11		10 01AM
Form 990-EZ, Part I, Line Net Gain (Loss) from No	e 5c oninventory Sales	
Publicly Traded Sec	urities	
Gross Sales Price: Cost or Other Basis		
	Total Gain (Loss) Publicly Traded Securiti	es <u>\$ 27,655.</u>
	Total Net Gain (Loss) From Noninventory Sal	es <u>\$ 27,655.</u>
Form 990-EZ, Part I, Line Other Revenue	e 8	
TC PIPELINES, LP	Total	\$ -194. \$ -194.
Form 990-EZ, Part I, Lin Grants and Similar Amo	e 10 ounts Paid In Excess of \$5,000	
Donee's Name: Cash Amount Given:	NATURE CONSERVANCY ALASKA PROG	\$ 12,500.
Donee's Name: Cash Amount Given:	INTL ASSOC OF BEAR MANAGEMENT	\$ 12,500.
Form 990-EZ, Part I, Lin Other Expenses	e 16	
Foreign Taxes Office Expenses	Tota	\$ 143. 60. \$ 203.
ł		

•

TAXABLE REALIZED GAINS/LOSSES by ACCOUNT

From 01/01/2010 to 12/31/2010

Bevins Foundation

			Gains/Losses				
Description	Date Acquired	Date Sold	Units	Tax Basis	Sale Proceeds	Gain/Loss Short Term	Gain/Loss Long Term
#XXXXXX990 - Bevins Foundation Apple, Inc Asset Total	10/02/2009	10/22/2010	25 000	4,639 49 4,639 49	7,693 12	00 0	3,053.63
Asiainfo Linkage Asset Total	07/10/2009	11/19/2010	200 000	3,187.42	3,566.41	00.00	378 99 378 99
Burlington Northern Santa Fe Corporation Asset Total	08/18/2009	02/16/2010	20 000	4,068.97	2,000 00 5	931 03	00 00
Claymore MAC Global Solar Energy ldx ETF	12/11/2009 12/11/2009 12/28/2009	12/23/2010 12/23/2010 12/23/2010	100 000 550 000 100 000	981 29 5,397 07 1,038 45	734 00 4,086 42 742 99	0 00 0 00 -295 46	-247 29 -1,310 65 0 00
Asset Total Ecolab, Inc.	03/30/2006	04/05/2010	100 000	3,864 95	5,563 41	295 46	567 94
Edison International Asset Total	12/19/2008	05/12/2010	100 000	3,180 89	3,417 15	00 0	236 26 236 26
EOG Resources Asset Total	09/10/2009	11/04/2010	100 000	7,581.27	8,731.13	00.00	1,149 86

January 24, 2011

TAXABLE REALIZED GAINS/LOSSES by ACCOUNT

From 01/01/2010 to 12/31/2010

Bevins Foundation

			Gains/Losses				
Description	Date Acquired	Date Sold	Units	Tax Basis	Sale Proceeds	Gain/Loss Short Term	Gain/Loss Long Term
Frontier Communications	07/02/2010	07/02/2010	0 652	4 98	4.78	-0 20	00 0
	07/02/2010	08/04/2010	74 000	564 99	553 15	-11 84	00 0
Asset Total			I	569.97	557 93	-12 04	00 0
Goldman Sachs Group Sr Note 6 6% due 01/15/2012	03/31/2009	09/21/2010	10,000 000	10,150 50	10,660 00	00 0	209 50
Asset Total			'	10,150 50	10,660 00	00 0	509.50
Hawaiian Electric Industries, Inc	02/18/2000	10/18/2010	400 000	5,799 50	9,093 22	00 0	3,293 72
	03/06/2003	10/18/2010	200 000	4,11100	4,546 61	00 0	435 61
Asset Total			I	9,910 50	13,639 83	00 0	3,729 33
Johnson & Johnson	12/03/2009	12/13/2010	100 000	6,460 98	6,174.91	00 0	-286 07
Asset Total			ı	6,460 98	6,174 91	00 0	-286 07
Merrill Lynch Telecom HOLDRS	04/01/2003	05/10/2010	200 000	4,537 33	4,683 95	00 0	146 62
Asset Total			ı	4,537 33	4,683 95	00.00	146 62
Oracle Corporation	03/25/2009	07/14/2010	98 000	1,788 68	2,345 90	00 0	557 22
Asset Total			ſ	1,788 68	2,345 90	00 0	557 22
Parker Hannifin Corporation	02/06/2009	10/05/2010	20 000	2,062 49	3,561 06	00 0	1,498 57
Asset Total			I	2,062 49	3,561.06	00 0	1,498 57
Paychex, Inc	04/21/2009	11/30/2010	100 000	2,720 97	2,848 06	00 0	127 09
Asset Total			I	2,720 97	2,848 06	00 0	127 09

TAXABLE REALIZED GAINS/LOSSES by ACCOUNT

From 01/01/2010 to 12/31/2010

Bevins Foundation

			Gains/Losses				
Description	Date Acquired	Date Sold	Units	Tax Basis	Sale Proceeds	Gain/Loss Short Term	Gain/Loss Long Term
POWERSHARES WILDERHILL CLEAN E	03/07/2006	11/24/2010	200 000	4,053 95	1,979 98	00 0	-2,073 97
Asset Total			·	4,053 95	1,979 98	00 0	-2,073 97
Procter & Gamble Company	06/23/2000	04/05/2010	100.000	2,762 25	6,364 95	00 0	3,602 70
	06/23/2000	11/24/2010	100 000	2,762 25	6,247 25	00 0	3,485.00
	06/30/2000	11/24/2010	20.000	2,229 75	3,123.62	00 0	893.87
Asset Total			•	7,754 25	15,735 82	00 0	7,981 57
Union Pacific Corporation	03/08/2005	04/05/2010	100 000	3,324 97	7,328 89	00 0	4,003 92
Asset Total			•	3,324 97	7,328 89	00 0	4,003 92
United Parcel Service, Inc	05/25/2001	04/05/2010	100 000	5,887.00	6,405 91	00 0	518 91
Asset Total			•	5,887 00	6,405 91	00 0	518 91
Vanguard Emerging Mkts Stock ldx	01/08/2004	12/06/2010	347 367	4,334 98	10,416 00	00 0	6,081 02
Asset Total				4,334 98	10,416 00	00 0	6,081 02
VANGUARD INFO TECH ETF	04/05/2010	12/06/2010	100 000	5,692 98	6,099 91	406 93	00 0
Asset Total			•	5,692 98	6,099 91	406 93	0.00
Account Total			,	103,189.35	130,844.30	1,030.46	26,624.49
Total			! !	103,189.35	130,844.30	1,030.46	26,624.49

TAXABLE REALIZED GAINS/LOSSES by ACCOUNT

From 01/01/2010 to 12/31/2010

Bevins Foundation

	Short Term	Long Term
Sale Proceeds	12,400.83	118,443 47
Tax Basis	11,370 37	91,818.98
Gain/Loss	1,030.46	26,624.49

Previous quarter's realized gains/losses may have been updated since the earlier report was produced (e.g. Landmark Leasing bond). This document should be used for tax reporting purposes