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DLN: 93493114000383

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)

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

OMB No 1545-0047

Open to Public

A Fo	r the 2	2010 ca	lendar year, or tax year begir	nning 10-01-2010 and ending 09-30-20	11		•
	-	plicable	C Name of organization PACIFIC HISTORIC PARKS				identification number
	Iress cha	-	Doing Business As			99-0194	501
	ne chan	_				E Telephone	number
_	ıal retur mınated		Number and street (or P O box 94-1187 KA UKA BLVD	if mail is not delivered to street address)	Room/suite	(808)95	4-8777
_	ended r	eturn pending	City or town, state or country, a WAIPAHU, HI 96797	nd ZIP + 4		G Gross receip	ots \$ 14,961,204
			F Name and address of p	orincipal officer	H(a) is this a	group return for affil	ıates?
			BRAD WALLIS 94-1187 KA UKA BLVD		13 (13 4	group recurrior um	
			WAIPAHU,HI 96797		If "No		t (see instructions)
I Ta	x-exem	pt status	▼ 501(c)(3)	◀ (insert no)	H(c) Group	p exemption n	umber F
J W	ebsite	:► ww	W PACIFICHISTO RICPARK	S O RG			
K Forr	n of org	anızatıon	Corporation Trust Associ	ation Other ►	L Year of for	mation 1979	M State of legal domicile HI
	rt I		mary		I .		-
Activities & Governance	I P -	NFORM.	ATION, OBJECTS, AND DO I AND DISTRIBUTE INFORM	PROGRAMS, TO ASSIST IN THE GAT CUMENTS, TO ASSIST IN THE ACQUI MATION CONCERNING THE NATIONA discontinued its operations or disposed	ISITION OF NC AL PARK SERVI)N-FEDERAL CE	LANDS, AND TO
න් ර			•	erning body (Part VI, line 1a)		3 % OF ILS HEE.	21
ĕ				rs of the governing body (Part VI, line 1			21
Ę.				in calendar year 2010 (Part V, line 2a)		5	65
ă			mber of volunteers (estimate			6	45
	7a ⊤	otal unr	elated business revenue fron	n Part VIII, column (C), line 12		7a	53,677
	Ь∧	let unrel	lated business taxable incom	e from Form 990-T, line 34		7b	40,071
						r Year	Current Year
<u>o</u>	8		- ,	, line 1 h)		1,085,147	825,286
Revenue	9 10	_	·	, line 2g)		15,141 165,215	565,890 768,622
歪	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	1,579,966	2,630,848
	12		, ,	11 (must equal Part VIII, column (A), li	ne	1,0,0,000	2,000,010
						2,845,469	4,790,646
	13			art IX, column (A), lines 1-3)		0	0
	14		·	rt IX, column (A), line 4) oyee benefits (Part IX, column (A), lines		0	0
\$	15	5-10)	s, other compensation, empi	oyee benefits (Fart 1x, Column (A), mies	'	1,313,889	2,418,962
Expenses	16a	Profes	sional fundraising fees (Part 1	(X, column (A), line 11e)		0	0
ਡੌ	ь	Total fur	ndraising expenses (Part IX, column	(D), line 25) • 141,283			
	17		expenses (Part IX, column (A		2,356,294	2,761,328	
	18		expenses Add lines 13-17 (i		3,670,183	5,180,290	
Net Assets or Fund Balances	19	Revent	Je less expenses Subtract II	ne 18 from line 12		-824,714 of Current ear	-389,644 End of Year
58.04 19.04	20	Total a	ssets (Part X, line 16)			12,660,783	12,561,028
A B	21		iabilities (Part X, line 26) .			2,882,415	3,965,825
žÏ	22	Net as	sets or fund balances Subtra	ct line 21 from line 20		9,778,368	8,595,203
	t II		ature Block				
	ledge a			nined this return, including accompanying ste. Declaration of preparer (other than offic			
		****	**		20	13-04-24	
Sign Here		BRAD	ture of officer WALLIS PRES/CEO		Da		
			or print name and title	I	Τ.	Charle & 15	<u> </u>
	ı	Print/Type preparer's				Check if self- employed •	PTIN

HONOLULU, HI 96813

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 1001 BISHOP ST STE 2760

Preparer

Use Only

Phone no (808) 791-1414

	3111	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	√
1	Briefl	y describe the organization's mission	
		RT THE NATIONAL PARK SERVICE IN THE PROTECTION, DEVELOPMENT, PRESERVATION, AND II E PACIFIC AND OTHER PACIFIC HISTORIC SITES	NTERPRETATION OF
2	the pr	e organization undertake any significant program services during the year which were not listed on for Form 990 or 990-EZ?	Yes ▼ No
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program es?	Yes V No
4	Descr Section	s," describe these changes on Schedule O ibe the exempt purpose achievements for each of the organization's three largest program services by ex in 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun tions to others, the total expenses, and revenue, if any, for each program service reported	
4a	INTER WITH DATE PACIF PARK HARB OF OUT OVER ATTER PACIF EXPLA) (Expenses \$ 4,057,182 including grants of \$) (Revenue \$ IC HISTORIC PARKS FUNDS INTERPRETATIVE PROGRAMS, EDUCATION, AND THE AUDIO PROGRAM THAT SUPPORT THE NATION. PRETATIVE OPERATIONS AT THE PARK (PEARL HARBOR) INCLUDE FUNDING FOR ALL FOREIGN LANGUAGE BROCHURES USED AT DETAILED INTERPRETATIVE MESSAGES INCLUDED FOR OUR VISITORS ON EACH TICKET SCHOOL GROUPS ARE ALSO ENCOURAGE TO VISIT THE USS ARIZONA MEMORIAL IN HONOLULU FOR AN INTERPRETIVE TOUR EDUCATION IS AN IMPORTANT MISSION OF IC NATIONAL MONUMENT PACIFIC HISTORIC PARKS SUPPORTS THE DEVELOPMENT OF EDUCATIONAL PROGRAMS IN COOPERAT SERVICE THE OBJECTIVE OF PHP IN SUPPORTING PARK SERVICE EDUCATIONAL PROGRAMS IS TO PROMOTE AN UNDERSTANDI OR AND THE SUBSEQUENT WAR IN THE PACIFIC, WHILE HELPING TO PROVIDE A GREATER APPRECIATION OF THE PEOPLE INVOL 125 VIDEO TELECONFERENCES TO SCHOOLS ACROSS THE NATION AND INTERNATIONALLY AND SIGNIFICANTLY SUPPORT A TWO IDED BY 100 TEACHERS FROM THE US, JAPAN, CHINA, MICRONESIA, HOLLAND, AUSTRALIA, THE PHILIPPINES AND OTHER COUN ACIFIC THE STORY OF PEARL HARBOR IS FILLED WITH INCREDIBLE TALES OF COURAGE AND PERSEVERANCE, AND THE WORLD IC AUDIO TOUR BRINGS THESE STORIES TO LIFE VISITORS RENT AN MP3 AUDIO HEADSET THAT TAKES THEM TO OVER 20 DES NATIONS OF THE VARIOUS ARTIFACTS AND DISPLAYS FOUND AT THE USS ARIZONA MEMORIAL AT NO COST TO THE SCHOOL OF RESERVATIONS THROUGH PHP CAN DOWNLOAD A TEXT VERSION OF PHP'S AWARD-WINNING AUDIO TOUR	THE SITE AND TICKETING SED TO RESERVE A TIME AND WORLD WAR II VALOR IN THE ION WITH THE NATIONAL NG OF THE ATTACK ON PEARL VED IN THAT CRITICAL PART ,000 SCHOOL CHILDREN, WEEK TEACHERS' WORKSHOP TRIES AFFECTED BY WWII IN WAR II VALOR IN THE FINATIONS AND PROVIDES
	(Code) (Expenses \$ 156,231 including grants of \$) (Revenue \$	`
4b	THE A MEMO DECE DURII) (Expenses \$ 156,231 including grants of \$) (Revenue \$ NNUAL DECEMBER 7TH CEREMONY IS HELD TO HONOR AND REMEMBER THE ATTACK ON PEARL HARBOR ON DECEMBER 7, 194: RIAL IS BUILT OVER THE REMAINS OF THE SUNKEN BATTLESHIP USS ARIZONA, THE FINAL RESTING PLACE FOR MANY OF THE 1, MBER 7, 1941 WHEN THEIR SHIP WAS BOMBED BY JAPANESE NAVAL FORCES THIS LOSS OF LIFE REPRESENTS OVER HALF OF THE WORST NAVAL DISASTER IN AMERICAN HISTORY SUPPORT INCLUDED PRINTING, PROGRAMS, VOLUNTEER RECRUITMENTICS FOR EVENTS INCLUDING LIGHTING, SOUND SYSTEMS, AND STAGING FUNDING WAS ALSO PROVIDED THIS YEAR IN THE SUPPORTES RELATED TO THE EVENTS OF DECEMBER 7, 1941	177 CREWMEN KILLED ON HE AMERICANS KILLED HT, EVENT MANAGEMENT AND
	(Code) (Expenses \$ 160,938 including grants of \$) (Revenue \$)
	PACIFIN TH KALAL IN K	IC HISTORIC PARKS SUPPORTS THREE OTHER NATIONAL PARKS KALAUPAPA NATIONAL HISTORICAL PARK, AMERICAN MEMORI E PACIFIC NATIONAL HISTORICAL PARK IN GUAM KALAUPAPA - INCLUDED IN THIS AREA ARE THE HISTORIC HANSEN'S DISEASE IPAPA AND AT KALAWAO, MADE FAMOUS THROUGH THIS WORK OF BELGIAN PRIEST JOSEPH DE VEUSTER (ST. DAMIEN) HANSE LAUPAPA AND ELSEWHERE KEEP THE HISTORY OF THE SETTLEMENT ALIVE THROUGH THEIR MEMORIES AND EXPERIENCES. THE RAL RESOURCES HAVE BOTH NATIONAL HISTORY OF THE SETTLEMENT ALIVE THROUGH THEIR MEMORIES AND EXPERIENCES. THE RAL RESOURCES HAVE BOTH NATIONAL HISTORY PROGRAM INTERPRETATIVE TRAINING FOR 19 S GUAM. LIKE MANY OTHER PACIFIC ISLANDS, GUAM CONTAINS A NUMBER OF HISTORICAL FEATURES ASSOCIATED WITH WO AMERICAN LIBERATION. THE PARK ITSELF CONSISTS OF SEVEN PHYSICALLY SEPARATED UNITS, EACH PROVIDING A DIFFERENT THEY ARE LOCATED IN OR NEAR THE VILLAGES OF ASAN, PITI, AND AGAT, ON THE WEST SIDE OF THE ISLAND FACING THE PHIL CONSISTS OF 109 LAND ACRES AND 445 WATER ACRES AND IS THE SITE OF THE NORTHERN LANDING BEACHES. IT WAS HERE CONSISTS OF 109 LAND ACRES AND 445 WATER ACRES AND IS THE SITE OF THE NORTHERN LANDING BEACHES. IT WAS HERE CONSISTS OF 109 LAND ACRES AND 445 WATER ACRES AND HONORY OF THE JAPANESE 320TH INDEPENDENT INFANTRY BAT CITURES AND SITES, ALL ASSOCIATED WITH JAPANESE DEFENSES, ARE LOCATED AT ASAN POINT AND ADELUP POINT ON GUAM IS COLVER OF THE SITE OF THE NORTHERN FOR THE PARK COLVER OF THE SITE OF THE MARIANAS PEOPLE WHO GAVE THEIR LIVE ARGON OF SCHOOL GROUPS TO VISIT THE PARK CALL RESEARCH SAIPAN - AMERICAN MEMORIAL PARK HONORS THE AMERICAN AND MARIANAS PEOPLE WHO GAVE THEIR LIVE ARGON OF WORLD WAR II OVER 5000 NAMES ARE INSCRIBED ON A MEMORIAL WHICH WAS DEDICATED JUNE 15, 1994, DURING WASION OF SAIPAN THE MEMORIAL RESTS AT THE PARKS COURT OF HONOR AND FLAG CIRCLE, WHERE THE U.S. FLAG PROUD OUNDED BY THE FLAGS OF THE U.S. ARMY, MARINE CORPS, NAVY AND COAST GUARD. IN SAIPAN, THE FOCUS FOR THE YEAR WASANS, RECOGNITION OF RETURNING VETERANS OF THE BATTLE THERE IN 1944, MONTHLY SPECI	(LEPROSY) SETTLÉMENTS AT N'S DISEASE PATIENTS LIVING PARK'S CULTURAL AND SIGNIFICANCE AT KALAUPAPA, PARK STAFF, AND SPECIAL RLD WAR II, ESPECIALLY THE INSIGHT INTO THE PACIFIC IPPINE SEA THE ASAN BEACH THAT THE 3RD MARINE TALION WAR-RELATED PHP FUNDED THESE RELATED TO THE NATIONAL RK SITES, EXHIBITS AND SED DURING THE MARIANAS THE 50TH ANNIVERSARY OF LLY FLIES 24 HOURS A DAY, WAS SUPPORT OF SPECIAL
4d		r program services (Describe in Schedule O)	
	(Exp	enses \$ including grants of \$) (Revenue \$)
4e	Tota	l program service expenses▶\$ 4,374,351	

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKHISE OF	reuun eu	SCHEUUICS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV \bigcirc I$	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 21			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2h	Vac	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
D	facilities 100			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of receives the organization is required to mointain by the states.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

	Jenon 711 Governing Doay and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21		
b	Enter the number of voting members included in line 1a, above, who are independent	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	. 6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	e 7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	he 9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal	 !		
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	140
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100	163	
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	n? 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rist to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	. 13	Yes	
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a 16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			•
17	List the States with which a copy of this Form 990 is required to be filed HI, AL, AK, AR, AZ, CA, CO, CT,			

- ND, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA,
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - Own website Another's website V Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 THE ORGANIZATION 94-1187 KA UKA BLVD WAIPAHU, HI 96797 (808) 954-8777

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	che		II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) NEIL A SHEEHAN CHAIRMAN	4 00	х						0	0	0
(2) NOEL W BRAGG VICE-CHAIR	8 00	Х						0	0	0
(3) KWAI S YOUNG SECRETARY	4 00	Х						0	0	0
(4) ALFRED B RODRIGUES TREASURER	6 00	х						0	0	0
(5) JEFF BELL DIRECTOR	4 00	х						0	0	0
(6) JAMES M BOERSEMA DIRECTOR	4 00	Х						0	0	0
(7) ROBERT Q BRUHL DIRECTOR	4 00	Х						0	0	0
(8) DWIGHT L COBB DIRECTOR	4 00	х						0	0	0
(9) JOACHIM P COX DIRECTOR	4 00	х						0	0	0
(10) COLETTE J HIGGINS DIRECTOR	4 00	х						0	0	0
(11) ROBERT G KINZLER DIRECTOR	4 00	х						0	0	0
(12) PATRICIA A LUCAS DIRECTOR	4 00	Х						0	0	0
(13) ALAN R MATTSON DIRECTOR	5 00	Х						0	0	0
(14) WARREN S NISHIMOTO DIRECTOR	4 00	Х						0	0	0
(15) MARJORIE Z NORDMAN DIRECTOR	4 00	х						0	0	0
(16) CLIF PURKISER DIRECTOR	4 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) Average hours per		tion (II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of othe compensation		ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relat organiza	:he on and ed
(17) A	ALBY L SAUNDERS CTOR	7 00	х						0		0		0
(18) (DIREC	GEORGE E SULLIVAN CTOR	19 00	х						0		0		0
(19) I	AMES K SYLVA CTOR	4 00	х						0		0		0
(20) A	AILEEN UTTERDYKE CTOR	7 00	х						0		0		0
(21) (DIRE	GEOFFREY M WHITE CTOR	4 00	х						0		0		0
	RICHARD RODBY CTOR EMERITUS	0 00	х						0		0		0
	THOMAS D SHAW DENT/CEO	40 00			х				146,875		o		16,103
1b	Sub-Total		٠	٠.	•	•		P					
c	Total from continuation sheets t	o Part VII, Sec	tion A			•	F		116.075		_		15.100
d							I X	•	146,875	0			16,103
2	Total number of individuals (inclu \$100,000 in reportable compens	_				ted a	ibove)	wno	received more tha	п			
										_		Yes	No
3	Old the organization list any form on line 1a? <i>If</i> "Yes," complete School					ey er •		ee, o	r highest compensa	ited employee	3		No
4	For any individual listed on line 1 organization and related organiza individual										4	Yes	
5	Did any person listed on line 1a r services rendered to the organiza									r individual for	5		No
	ection B. Independent Cont	ractors											
1	Complete this table for your five		sated ir	ndepe	ende	nt c	ontrac	tors	that received more	than			

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NO LIMITS AUDIOVISUAL INC 2201 S COUNTY ROAD 700 E SELMA, IN 47383	AUDIO VISUAL SERVICES FOR THEATER	120,567
7. Tatal number of independent contractors (including but not limited to those listed above)	who recoved make then	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

	90 (2010) AIII Statement of Revenue			Pa	age 9
Pans	Statement of Revenue		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or
gifts, grants ar amounts	1a Federated campaigns 1ab Membership dues 1b166,540c Fundraising events 1cd Related organizations 1d				514
Contributions, gifts, grants and other similar amounts	e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 1658,746 296,000 h Total. Add lines 1a-1f	825,286			
	Business Code 2a AUDIO TOUR INCOME 900099 c	565,890	565,890		
Program Serwce Revenue	d e f All other program service revenue				
Ğ	g Total. Add lines 2a-2f	565,890 235,826			235,826
	For a second sec	457			457
	(i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (i) Securities (ii) Other 8,455,435 7,922,639 7,922,639 532,796				
Other Revenue	d Net gain or (loss)	532,796			532,796
Other	b Less direct expenses b c Net income or (loss) from fundraising events				
	c Net income or (loss) from gaming activities	2,576,714			
	Miscellaneous Revenue Business Code 11a ATM TRANSACTION FEES GIFT SHOP SALES-NET 453220	30,648 23,029	2,576,714	30,648 23,029	
	c d All other revenue e Total. Add lines 11a-11d	53,677			
	12 Total revenue. See Instructions	4,790,646	3,142,604	53,677 orm 990 (2	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do no	other organizations must complete column (x) but are not required to c ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		5.77	, σ	20,720,022		
2	Grants and other assistance to individuals in the U S See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	163,328	140,462	3,267	19,599		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	1,714,635	1,468,483	183,206	62,946		
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	42,946	36,422	4,868	1,656		
9	Other employee benefits	375,124	326,096	38,262	10,766		
10	Payroll taxes	122,929	106,560	12,293	4,076		
а	Fees for services (non-employees) Management						
b	Legal	29,344		29,344			
С	Accounting	18,552		18,552			
d	Lobbying						
е	Professional fundraising services See Part IV, line 17						
f	Investment management fees	67,003		67,003			
g	Other	12,709	8,424	4,285			
12	Advertising and promotion	158,751	133,505	22,736	2,510		
13	Office expenses	133,757	121,470	8,229	4,058		
14	Information technology						
15	Royalties						
16	Occupancy	231,247	186,962	23,391	20,894		
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	132,933	53,254	74,084	5,595		
20	Interest	43,497		43,497			
21	Payments to affiliates	477.074	442.400	24 775			
22	Depreciation, depletion, and amortization	177,274	142,499	34,775	2.027		
23 24	Insurance	53,605	46,304	4,464	2,837		
а	INTERPRETIVE & OUTREACH	653,042	653,042				
b	NEW VISITOR CENTER	575,529	575,529		_		
c	REPAIRS AND MAINTENANCE	173,263	157,986	11,526	3,751		
d	MISCELLANEOUS	133,249	91,587	40,255	1,407		
e	BANK SERVICE CHARGES	94,663	93,023	470	1,170		
f	All other expenses	72,910	32,743	40,149	18		
25	Total functional expenses. Add lines 1 through 24f	5,180,290	4,374,351	664,656	141,283		
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			426,443	1	538,672			
	2	Savings and temporary cash investments		304,188	2	1,065,817				
	3	Pledges and grants receivable, net			396,063	3	113,703			
	4	Accounts receivable, net	24,575	4						
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of								
		Schedule L				5				
	6	persons described in section 4958(c)(3)(B), and contributing en	ervables from other disqualified persons (as defined under section 4958(f)(1)), sons described in section 4958(c)(3)(B), and contributing employers, and nsoring organizations of section 501(c)(9) voluntary employees' beneficiary anizations (see instructions)							
ste		Schedule L				6				
Assets	7	Notes and loans receivable, net				7				
⋖	8	Inventories for sale or use			520,275	8	593,077			
	9	Prepaid expenses and deferred charges			201,435	9	157,094			
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	4,121,614						
	b	Less accumulated depreciation	10b	753,678	3,135,559	10c	3,367,936			
	11	Investments—publicly traded securities			7,652,245	11	6,724,729			
	12	Investments—other securities See Part IV, line 11				12	_			
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets			14					
	15	Other assets See Part IV, line 11				15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,660,783	16	12,561,028			
	17	Accounts payable and accrued expenses .			407,881	17	550,677			
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
es es	21	Escrow or custodial account liability Complete Part IV of Schedule	∍D.			21				
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
Lial		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third parties		•	2,468,106	23	3,415,148			
	24	Unsecured notes and loans payable to unrelated third parties				24	_			
	25	Other liabilities Complete Part X of Schedule D			6,428	25	0			
	26	Total liabilities. Add lines 17 through 25			2,882,415	26	3,965,825			
~		Organizations that follow SFAS 117, check here ► 🗸 and comp	lete lir	nes 27						
e)		through 29, and lines 33 and 34.								
Balance	27	Unrestricted net assets			9,442,189	27	8,265,510			
Ba	28	Temporarily restricted net assets	336,179	28	329,693					
Fund	29	Permanently restricted net assets				29				
Fu		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d comp	olete						
ě		lines 30 through 34.								
	30	Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31				
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32				
Net	33	Total net assets or fund balances			9,778,368		8,595,203			
	34	Total liabilities and net assets/fund balances			12,660,783	34	12,561,028			

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4.7	790,646
2	Total expenses (must equal Part IX, column (A), line 25)	2			180,290
3	Revenue less expenses Subtract line 2 from line 1	3		-3	389,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,7	778,368
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-7	793,52
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8,5	595,203
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	✓ Separate basis Consolidated basis □ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493114000383

99-0194501

OMB No. 1545-004

OMB No 1545-0047

2040

Open to Public Inspection

SCHEDULE A

Name of the organization PACIFIC HISTORIC PARKS

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

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)

Employer identification number

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or 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 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II 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 it 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) (ii) organization in organization in Name of (described on col (ı) lısted ın A mount of col (ı) organized EIN col (i) of your supported lines 1 - 9 above your governing support ın the US? support? organization or IRC section document? (see instructions)) Yes Yes Yes No

Total

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.)

<u> </u>	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to 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)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	ot 2,575,328	2,829,312	1,281,537	1,085,147	825,286	8,596,61
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished i any activity that is related to the organization's tax-exempt purpose	n 7,987,375	6,911,028	5,511,174	4,809,415	3,165,633	28,384,62
3	Gross receipts from activities that are not an unrelated trade or	t					
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2,	10,562,703	9,740,340	6,792,711	5,894,562	3,990,919	36,981,23
	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 th amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						36,981,23
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	10,562,703	9,740,340	6,792,711	5,894,562	3,990,919	36,981,23
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	511,334	176,491	388,506	255,374	236,283	1,567,98
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	511,334	176,491	388,506	255,374	236,283	1,567,98
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	85,559	13,432	7,763	20,258	30,648	157,66
13	Total support (Add lines 9, 10c, 11 and 12)	11,159,596	9,930,263	7,188,980	6,170,194	4,257,850	38,706,88
14	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or f	ifth tax year as a	section501(c)(3) organization, ► 厂
Se	ction C. Computation of Pu						
15	Public Support Percentage for 201	LO (line 8 column (f) divided by line :	13 column (f))	· · · · · · · · · · · · · · · · · · ·	15	95 540 %
16	Public support percentage from 20	009 Schedule A, Pa	art III, line 15			16	91 880 %
	ction D. Computation of In						
17	Investment income percentage fo	r 2010 (line 10c co	lumn (f) divided b	v line 13 column	(f))	17	4 050 %
		•			(-77		
18	Investment income percentage from 33 1/3% support tests—2010. If t	om 2009 Schedule A	A, Part III, line 1	7		18	4 060 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493114000383

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

enal r	evenue Service P- Attach to Fo	orm 990. F See separate instructions.			Tilsher	don
	e of the organization FIC HISTORIC PARKS		Emp	loyer identificat	ion numbe	er
			99-	0194501		
Par	Organizations Maintaining Donor Ac		Funds	or Accounts.	Comple	te ıf the
	organization answered "Yes" to Form 99	(a) Donor advised funds	Т.	(b) Funds and ot	her accou	ınte
-	Total number at end of year	(a) Donor advised failes	<u>'</u>	(b) I alias alia oc	ner accou	illes
	Aggregate contributions to (during year)		+			
	Aggregate grants from (during year)		1			
	Aggregate value at end of year		1			
;	Did the organization inform all donors and donor advi		nor adv	ısed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	donor advisors in writing that grant fund			┌ Yes	┌ No
art	Conservation Easements. Complete	if the organization answered "Yes"	to Forn	n 990, Part IV,	lıne 7.	
	Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	Preservation of a	ı certifie	d historic structi	ire	
	T atal m as a f a a m. a m. at. a m. a a a a m. a m. a		<u> </u>	Held at the E	nd of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
_	Number of conservation easements on a certified his	• •	2c			
	Number of conservation easements included in (c) ac		2d			
	Number of conservation easements modified, transfe the taxable year •	rred, released, extinguished, or termina	ted by tr	ie organization d	uring	
l	Number of states where property subject to conserva	ation easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	-				
	Amount of expenses incurred in monitoring, inspecti			g the year ► \$ _		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection		┌ Yes	┌ No
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financi				
art	Organizations Maintaining Collectio Complete if the organization answered '		, or Ot	her Similar A	ssets.	
-	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu			e,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, education, or research			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
<u>!</u>	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		for finan			
	Revenues included in Form 990, Part VIII, line 1			► \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	. His	tori	<u>cal Tı</u>	reasu	<u>ires, or Ot</u>	<u>heı</u>	<u>r Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing	that ar	e a significai	nt us	se of its collection	า	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ms			
b	✓ Scholarly research e										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y furth	er the d	organization's	s ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	"Ye	es" to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	forc	ontribi	utions	or other asse	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollow	ving t	able						
							<u> </u>	_	Amou	ınt	
C	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	Ld			
е	Distributions during the year						<u> </u>	Le			
f	Ending balance						L:	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete									N E 1/	
4-	Degraphy of very balance	(a)Current Year	(b) Prior	Year	(c)1w	o Years Back	(a)	Three Years Back (e)Four Y	ears Back
1a	Beginning of year balance										
Ь	Contributions										
с	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	s						•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posses	ssion of the organiza	ition	that	are hel	d and a	dministered	for	the		
	organization by								[Yes	No
	(i) unrelated organizations							•	3a(i)		
	(ii) related organizations								3a(ii)		<u> </u>
ь 4	Describe in Part XIV the intended uses of th	•						•			
	t VI Investments—Land, Buildings					990 P:	art X line 1	n			
		o, una Equipme) Cost o	•	(b)Cost or oth		(c) Accumulated		
	Description of investment				is (inves		basis (other		depreciation	(d) Bo	ook value
1a	Land						1,213,	910			1,213,910
b	Buildings						1,293,	784	40,022		1,253,762
c	Leasehold improvements								·		
	Equipment						1,382,	892	713,656		669,236
	Other						231,0	_	·		231,028
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colun	nn (B), line	10(c).)			►		3,367,936
	·								Schedule D (I	Form 9	90) 2010

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,790,646
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,180,290
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-389,644
4	Net unrealized gains (losses) on investments	4	-793,521
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-793,521
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,183,165
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	4,269,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-521,344
3	Subtract line 2e from line 1	3	4,790,646
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,790,646
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	5,452,467
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	272,177
3	Subtract line 2e from line 1	3	5,180,290
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,180,290

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		THE COLLECTION OF PAINTINGS DEPICTING HISTORICAL EVENTS WHICH IS HELD FOR EDUCATIONAL, RESEARCH, AND CURATORIAL PURPOSES, ARE NOT RECOGNIZED AS ASSETS BECAUSE THEY HAVE NO ALTERNATIVE USES PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS OR AS RESTRICTED NET ASSETS IF THEY ARE PURCHASED WITH DONOR-RESTRICTED FUNDS CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS THE PROCEEDS, IF ANY, FROM DISPOSITION OF COLLECTION ITEMS ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES PART III, LINE 4 THE ORGANIZATION HAS COLLECTIONS OF ARTWORK THAT DEPICT EVENTS OF WORLD WAR II TO EDUCATE THE PUBLIC
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT IS REQUIRED TO ASCERTAIN THE EFFECT OF UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY EXAMINATION MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAX RETURNS ARE OPEN FOR EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE STATUTE OF LIMITATIONS (GENERALLY THREE YEARS) EXPIRES

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493114000383

Open to Public Inspection

Name of the organization						Employer identif	cation number
PACIFIC HISTORIC PARKS						99-0194501	
Part I General Inform	nation on Grant	ts and Assistance				.	
 Does the organization mathe selection criteria used Describe in Part IV the or Part II Grants and Other 	d to award the grant ganization's proced	s or assistance?	se of grant funds in the	United States			✓ Yes ☐
Form 990, Part I	V, line 21 for any	recipient that receive eeded.	ed more than \$5,000	. Check this box if i	no one recipient rece	eived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL PARK SERVICES			1,693,485	296,000	FAIR MARKET VALUE	AUDIO VISUAL EQUIPMENT	AID FOR EDUCATION AND MISSION-RELATED ACTIVITIES
2 Enter total number of sect	zion 501(c)(3) and c	Jovernment organizations					<u> </u> ▶ 1

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 MEETINGS ARE HELD WITH THE NATIONAL PARK SERVICE TO DETERMINE THE PROPOSED EXPENSES FOR THE UPCOMING YEAR APPROVAL OF THE AID REQUEST IS THEN PROVIDED AS EXPENSES ARE INCURRED THEY ARE SUBMITTED FOR PAYMENT UPON RECEIPT, EACH EXPENSE IS REVIEWED TO DETERMINE WHETHER OR NOT IT MEETS THE AUTHORIZED EXPENSES DETERMINED AT THE BEGINNING OF THE YEAR

DLN: 93493114000383

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name	of	the	orga	aniza	tion
PACIFIC	C H	ISTOF	RIC F	ARKS	

Employer identification number

99-0194501

Pa	Questions Regarding Compensation	<u>n</u>				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			1
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			1
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		y			
	Compensation committee		Written employment contract			1
	Independent compensation consultant		Compensation survey or study			1
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	oased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,	paid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described					1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section $53.4958-6(c)$?	ne rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) THOMAS D SHAW	(I) (II)	138,350 0	5,000 0		0	•	162,978 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2010

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DLN: 93493114000383

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization

Employer identification number

PACIF	TC HISTORIC PARKS				99-0194501			
Pa	rt I Types of Property			I.	33 013 1301			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		contribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
10	Securities—Closely held							
11	stock							
11	LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other \blacktriangleright (ELECTRONICS)	Х	10	296,000	FAIR MARKET VAL	UE		
26	O ther ►()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by for which the organization complete				29			
							Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years fi	om the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the entire I	nolding p	erıod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a	cceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use the contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		No
h	If "Yes," describe in Part II					Jeu		
33	If the organization did not report re	veniles i	n column (c) for a type of n	roperty for which column (a) is checked			
	describe in Part II		J.a (6) 101 a cype of p		, .5 0001.00,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS		THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED

Schedule M (Form 990) 2010

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization PACIFIC HISTORIC PARKS 99-0194501

ldentifier	Return Reference	Explanation
REASON FOR AMENDED RETURN	FORM 990, ITEM B	THE AMENDED 2010 FORM 990 IS REQUIRED TO REPORT THE FOLLOWING REVISIONS PAGE 1, ITEM C CHANGE OF ADDRESS PAGE 1, ITEM G, TOTAL GROSS RECEIPTS FROM \$15,011,468 TO \$14,961,204 PAGE 1, ITEM F, PRINCIPAL OFFICER CHANGED PRINCIPAL OFFICER (FROM NORDMAN TO WALLIS) PAGE 1, LINE 7A, TOTAL UNRELATED BUSINESS REVENUE FROM \$30,648 TO \$53,677 PAGE 1, LINE 7B, NET UNRELATED BUSINESS TAXABLE INCOME FROM \$28,648 TO \$40,071 PAGE 2, LINE 4A, REVENUE FROM \$3,165,633 TO \$3,142,604 PAGE 4, LINE 21 FROM "NO" TO "YES" (AND SCHEDULE I ADDED) PAGE 6, LINE 2 FROM "NO" TO "YES" (AND EXPLANATION ADDED TO SCHEDULE O) PAGE 6, LINE 20 CHANGE OF PARTY RESPONSIBLE FOR BOOKS AND CHANGE OF ADDRESS PAGE 9, LINE 10A, GROSS SALES OF INVENTORY FROM \$4,897,926 TO \$4,824,633 PAGE 9, LINE 10B, COST OF GOODS SOLD FROM \$2,298,183 TO \$2,247,919 PAGE 9, LINE 10C, NET INCOME FROM SALES, COLUMNS (A) AND (B) FROM \$2,599,743 TO \$2,576,714 PAGE 9, LINE 10F, NISCELLANEOUS REVENUE ADDED PAGE 9, LINE 11E, MISCELLANEOUS REVENUE, COLUMN (A) FROM \$30,648 TO \$53,677 PAGE 9, LINE 12, TOTAL REVENUE, COLUMN (B) FROM \$3,165,633 TO \$3,142,604 PAGE 9, LINE 12, TOTAL REVENUE, COLUMN (C) FROM \$30,648 TO \$53,677 PAGE 12, LINE 2C EXPLANATION ADDED TO SCHEDULE O SCHEDULE I ADDED SCHEDULE M, LINE 25, OTHER, COLUMN (D) CHANGE FROM "REPLACEMENT COST" TO "FAIR MARKET VALUE"
FORM 990, PART VI, SECTION A, LINE 2		BUSINES RELATIONSHIPS BETWEEN MEMBERS OF THE BOARD BOARD MEMBERS, JOACHIM COX, ALBY SAUNDERS AND AILEEN UTTERDY KE WORK INDEPENDENTLY TOGETHER AT THEIR RESPECTIVE BUSINESSES NONE OF THESE DIRECTORS CONTROL EACH OTHER IN ANY ASPECT OF THEIR BUSINESSES
FORM 990, PART VI, SECTION B, LINE 11		THE DRAFT OF FORM 990 IS GIVEN TO THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS THIS GIVES THEM THE OPPORTUNITY TO REVIEW AND ASK QUESTIONS PRIOR TO FINALIZING THE RETURN THE REVISED DRAFT IS THEN SUBMITTED TO THE FULL BOARD FOR COMMENTS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE WITH THE CONFLICT OF INTEREST IS SIGNED BY EACH BOARD MEMBER ANNUALLY AND PROVIDED TO THE ORGANIZATION FOR REVIEW OF ANY POTENTIAL DISCLOSURE
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMMITTEE VOTES ON THE PROPOSED COMPENSATION PACKAGE AND THE COMMITTEE'S RECOMMENDATION IS PRESENTED TO THE BOARD AS A WHOLE FOR APPROVAL THE PRESIDENT'S ACCOMPLISHMENTS ARE COMPARED WITH THEIR PRESET GOALS AND OVERALL PERFORMANCE OF DUTIES THE FINANCIAL CONDITION OF THE ORGANIZATION IS ALSO CONSIDERED THE PRESIDENT'S COMPENSATION AND BENEFITS ARE COMPARED TO ORGANIZATIONS DEEMED MOST SIMILAR TO PACIFIC HISTORIC PARKS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -793,521
FORM 990 - REVIEW PROCEDURES	FORM 990, PART XII, LINE 2C	THE DRAFT OF FORM 990 IS GIVEN TO THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS THIS GIVES THEM THE OPPORTUNITY TO REVIW AND ASK QUESTIONS PRIOR TO FINALIZING THE RETURN THE REVISED DRAFT IS THEN SUBMITTED TO THE FULL BOARD FOR COMMENTS PRIOR TO FILING

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Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493114000383

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)	•	See separate in	st ruct ions	s. 🕨 Attach t	to your tax re	et urn.		Attachment Sequence No 67
Name(s) shown on return PACIFIC HISTORIC PAR	KS		Business	or activity to w	hich this forn	n relates	I	dentifying number
- Maria Historia III	N.O		FORM 99	0 PAGE 10			9	9-0194501
•	To Expense (•	-					
	<u>ou have any li</u>					iplete Part I.		
1 Maximum amount See		_					1	500,000
2 Total cost of section 1		-		-			2	
3 Threshold cost of sect	ion 179 property	y before reducti	on in limit	ation (see instri	uctions) .		3	2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 If z	zero or les	s, enter -0-			4	
5 Dollar limitation for tax	year Subtract	line 4 from line	1 Ifzero	or less, enter -0)- If married	filing		
separately, see instruc	ctions						5	
6 (a)	Description of pi	roperty		(b) Cost (bu		(c) Elected co	st	
					,,			1
]
7 Listed property Enter	the amount from	line 29 .			. 7			
8 Total elected cost of s	ection 179 prop	erty Add amou	nts ın colu	ımn (c), lınes 6	and 7 .		8	
9 Tentative deduction E	nter the smaller	of line 5 or line	8.				9	
10 Carryover of disallowe	d deduction from	ı lıne 13 of your	2009 For	m 4562 .			10	
11 Business income limitation		•			ee instructions)		11	
12 Section 179 expense	deduction Add I	ines 9 and 10 l	out do not	enter more than	n line 11		12	
13 Carryover of disallowe		•			. 13			
Note: Do not use Part								l
						unclude listed pr	opert	y) (See instructions)
14 Special depreciation a tax year (see instructi	llowance for qua			-			14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15 Property subject to se	ction 168(f)(1) e	election .					15	
16 Other depreciation (inc							16	177,274
Part IIII MACRS De	preciation (I	Do not includ	e listed p	roperty.) (Se	e instructio	ns.)		,
			Se	ction A		•		
17 MACRS deductions for	assets placed ı	n service in tax	years beg	ginning before 2	010 .		17	
18 If you are electing t	o group any a	ssets placed	ın service	e during the ta	ax year into	one or more		
general asset accoι	ınts, check hei	re				▶□		
Section B—Ass	ets Placed in			<u>10 Tax Year</u>	Using the	General Depi	ecia	ation System
	(h) Mankhand	(c) Basis						
(a) Classification of	(b) Month and year placed in	deprecia (business/inv		(d) Recovery	(e) Convent	ion (f) Metho	a l	(g)Depreciation
property	service	use		period	` ′			deduction
		only—see inst	ructions)					
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property e 15-year property								
f 20-year property								
g 25-year property	1			25 yrs		S/L		
h Residential rental				27 5 yrs	мм	S/L		
property				27 5 yrs	мм	S/L		
i Nonresidential real				39 yrs	мм	S/L		
property					ММ	S/L		
Section	n C—Assets Plac	ced in Service D	uring 2010) Tax Year Using	the Alterna	tive Depreciation	Syst	em
20a Class life						S/L		
b 12-year				12 yrs		S/L		
c 40-year	<u>L</u>	<u> </u>		40 yrs	MM	S/L		
	y (see instruc							T
21 Listed property Enter							21	
22 Total. Add amounts fro and on the appropriate	lines of your ret	urn Partnershi	ps and S c	orporations—se	e instruction		22	177,274
23 For assets shown above portion of the basis att	•	_			23			

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

complete	only 24a, 24b, c	<u>rolumns</u>	<u>(a) thro</u>	ugh (c)	of Se	<u>ction</u>	A, a	all of	^r Sectio	n B,	<u>and Se</u>	ction (<u>C if ap</u>	plical	ble.
Section A—Depreciat	ion and Other I	nforma	tion (C	aution	: See	the i	nstru	ıctio	ns for	limits	for pa	sseng	er au	tomob	iles.)
24a Do you have evidence to	support the business/in	vestment ι	ise claimed	d? ┌ Yes	Гио			24b	If "Yes,"	ıs the	ev idence	written?	┌ Ye	sГN	o
Type of property (list Date	(c) Business/ placed in investment use percentage	Cost o	i) r other sıs	(busines	(e) r depreci ss/investi se only)		(f) Recov perio	ery	(g) Method Conventi		(h Deprec deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allowance		erty placed	in service o	during the	tax year	and u	ısed m	nore th							
50% in a qualified business u	• •								2	5					
26 Property used more than		business	use												
	%							-					+		
	%							_					_		
27 Property used 50% or l	ess in a qualified bu	siness us	e					•							
	%							_	′L -						
	%								<u>'L -</u> 'L -	_					
28 Add amounts in columi		nh 27 En	ter here a	and on li	ne 21	nage	1		28				+		
29 Add amounts in column					ZI,	page	_	• '	20		29				
29 Aud amounts in column		ction B			. on I	· · ·	· ·	shic	lec .		29				
Complete this section for v										or rela	ated per	son			
f you provided vehicles to your	employees, first answer	the questio	ns in Sectio	n C to see	e if you r	neet a	n exce	eption	to comp	leting tl	ns section	for thos	e vehic	les	
30 Total business/investr	nent miles driven du	rına the		a)		b)			c)		(d)	-	e) _		f)
year (do not include co			Vehi	cie 1	Veni	cle 2		veni	cle 3	V el	nicle 4	Vehi	cie 5	Veni	icle 6
21 Total commuting miles	duivan duuma tha w				1					-					
31 Total commuting miles	- ,				<u> </u>		+			+					
32 Total other personal(no							+								
33 Total miles driven during through 32		es 30													
34 Was the vehicle availa	ole for personal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty hours?							\perp		ļ	↓			Ь—		
35 Was the vehicle used powner or related person	• •	han 5% • •													
36 Is another vehicle avai	lable for personal us	se? .													
Section C Answer these questions to 5% owners or related perso	•	et an exc												not mo	re thar
37 Do you maintain a writt	en policy statement	that prob	nibits all i	personal	l use of	vehi	cles,	ınclu	ıdıng co	mmut	ing, by y	our/	Y	es	No
employees?				•		•	•	•		•		•			
38 Do you maintain a writt employees? See the in:							,	•		٠,	, ,				
39 Do you treat all use of															
40 Do you provide more the vehicles, and retain the			oyees, ol	otaın ınfo	ormatio •	n froi	m you	ır em	ployee:	s abou	it the us	e of th	a 🗌		
41 Do you meet the requir	ements concerning	qualified a	automobi	le demoi	nstratio	n us	e? (S	ee ın	structio	ons)					
Note: If your answer to	37, 38, 39, 40, or 4	11 is "Ye:	s," do not	t comple	te Sec	tion E	3 for t	he c	overed	vehicl	es				
Part VI Amortiza	ation													I	
<u>'</u>	(b)		10	.,			(4)		(e)			(f)		
(a)	Date		(c A mort				(d) Code		A mort		n	A mo	rtizatio	n for	
Description of costs	amortizatio begins	n	amo	unt		se	ection	า		od or entage	.	t	hıs yea	ar	
42 A mortization of costs t	-	ur 2010	tax vear	(see ins	tructio	ns)			1 20,00		1				
		1	,	,_ ,_ ,,	1	,			T		1				
43 A mortization of costs t	hat began before vo	ur 2010 t	ax vear							43					
	J		,	-				-							

44 Total. Add amounts in column (f) See the instructions for where to report

44