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Department of the Treasury

Return of Private Foundation

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

2010

OMB No 1545-0052

Interr	al Rev		be able to use a copy of this			
For	calen	dar year 2010, or tax year beginning NOV	1, 2010	, and ending	OCT 31, 2011	
G	heck	all that apply Initial return	Initial return of a fo	rmer public charity	Final return	
		Amended return	Address chang	ge 🔲	Name change	
Nai	ne of	foundation			A Employer identification	number
1		LAVA LAKE INSTITUTE				
		FOR SCIENCE AND CONSE	RVATION, INC		90-0132172	
Nur	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		22431-B160 ANTONIO PA	RKWAY #443		(208) 788-	1710
City	orte	own, state, and ZIP code			C If exemption application is p	ending, check here
		RANCHO SANTA MARGARIT	A, CA 92688	-2804	D 1. Foreign organizations	, check here
H (heck	type of organization X Section 501(c)(3) ex	empt private foundation		Foreign organizations me check here and attach co	eting the 85% test, mputation
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		E If private foundation stat	tus was terminated
I Fa	ıır ma	irket value of all assets at end of year 🚺 Accounti	ng method Cash	X Accrual	under section 507(b)(1)	
(fi	om l		ther (specify)	<u>. </u>	F If the foundation is in a (60-month termination
	\$	11,378. (Part I, colu	mn (d) must be on cash t	oasis)	under section 507(b)(1)	
Pá	ırt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expenses per books	Income	income	(cash basis only)
	1	Contributions, gifts, grants, etc , received	34,200.	·····		
	2	Check if the foundation is not required to attach Sch B			<u> </u>	
	3	Interest on savings and temporary cash investments	23.	23.	23.	STATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)			· · · · · · · · · · · · · · · · · · ·	<u> </u>
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10				
eun	b	Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain			0.	
	9	Income modifications Gross sales less returns				
	10a	and allowances		· · · · · · · · · · · · · · · · · · ·		
		Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other Income RECEIVED	24 222	2.2	22	
	12	Tutal Add lines Impogn 11	34,223.	23.	23.	0.
	13	Compensation of officers directors, rustees, etc. Other employee starties and wages 4 2012	0. 0 10,639.	0.	0.	10,639.
	14		<u>0</u> 10,639.	<u> </u>	· · · · · · ·	10,039.
Ś	15	Pension plans, employee-benefits Legal fees	8			
nse	16a		1 704	0.	0.	4,704.
Expenses	b		4,704.	<u> </u>	0.	4,704.
Ę		Other professional fees				
<u>\$</u>		Interest	1 060	0.	0.	1,069.
itra	18	Taxes STMT 3	1,069.	0.	66.	1,009.
Ë	19	Depreciation and depletion	2,362.	0.	0.	2,362.
퉏	20	Occupancy	2,302.	<u> </u>		2,302.
ΨÞ	21	Travel, conferences, and meetings			· ······	
an	22	Printing and publications Other expenses STMT 4	13,366.	23.	1,070.	12,273.
ing	23		13,300.	23.	1,070.	12,213.
Operating and Administrative	24	Total operating and administrative	32,206.	23.	1,136.	31,047.
ŏ		expenses. Add lines 13 through 23	1,000.	23.	1,130.	1,000.
_	25	Contributions, gifts, grants paid	1,000.			1,000.
	26	Total expenses and disbursements.	33,206.	23.	1,136.	32,047.
	-	Add lines 24 and 25	33,200.	23.	1,130.	32,047.
	1	Subtract line 26 from line 12	1,017.			
	1	Excess of revenue over expenses and disbursements	1,01/•	0.		<u> </u>
	1	Net investment income (if negative, enter -0-)		0.	0.	<u> </u>
	<u> </u>	Adjusted net income (if negative, enter -0-)	<u> </u>	[1 0.	t

LHA For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010)

FOR SCIENCE AND CONSERVATION, INC

90-0132172

Page 2

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	(2) 200		
		Savings and temporary cash investments	8,956.	10,754.	10,754.
)	Accounts receivable ►			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			······································
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis 3,883. Less accumulated depreciation STMT 5 3,259.	1 760	604	C 2 4
			1,760.	624.	624.
	15	Other assets (describe			
	ì		10 716	11 270	11 270
_	T	Total assets (to be completed by all filers)	10,716.	11,378.	11,378.
	17	Accounts payable and accrued expenses	278.		
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jat	21	Mortgages and other notes payable		11.	
_	22	Other liabilities (describe STATEMENT 6)	88.		
			366.	11.	
_	23	Total liabilities (add lines 17 through 22)	300.	110	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
a C	١	Unrestricted			
ala	25	Temporarily restricted			
Ð	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ę					
or Fund Balanc		and complete lines 27 through 31.	0.	0.	
Net Assets	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds	10,350.	11,367.	
et/	29	Total net assets or fund balances	10,350.	11,367.	
Z	30	I Utal list assets of fully paramets	20,0001		
	31	Total liabilities and net assets/fund balances	10,716.	11,378.	
_	<u> </u>				
F	art	Analysis of Changes in Net Assets or Fund Ba	alances		···
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	10,350.
2	Ente	r amount from Part I, line 27a		2	1,017.
3	Othe	er increases not included in line 2 (itemize)	****	3	0.
4	Add	lines 1, 2, and 3		4	11,367.
5		reases not included in line 2 (itemize)			0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	11,367.
					Form 990-PF (2010)

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)					low ac - Purch - Dona	iase	(c) Date acquired (mo , day, yr)		(d) Date sold (mo , day, yr)
1a										
b NC	ONE				<u> </u>					
<u>c</u>					ļ					
<u>d</u> e					 					
(e) Gross sales price		epreciation allowed (or allowable)	10,	t or other basis xpense of sale		(h) Gain or (loss) (e) plus (f) minus (g)				
a										
<u>b</u>	ļ				_					
<u> </u>	ļ					-				
<u>d</u>	 	– .	-							<u> </u>
Complete only for assets show	ING GAIN IN CO	olumn (h) and owned by	the foundation	on 12/31/69			(1)	Gains (C	ol (h) gain	minus
	1) Adjusted basis	T	cess of col (I)				(k), but r	not less thai	n -0-) or
(i) F M V as of 12/31/69		as of 12/31/69		col (j), if any	İ			Losses	(from col (h))
8						-				
b										· · · · · · · · · · · · · · · · · · ·
<u>C</u>	 									
<u>d</u>	 						·		 .	
<u>e</u>					$\overline{}$					
2 Capital gain net income or (net c	apital loss)	If gain, also enter If (loss), enter -0	r in Part I, line ' - in Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo	·	•								
If gain, also enter in Part I, line 8			(0)]					
If (loss), enter -0- in Part I, line 8	3				للِ	3				
Part V Qualification \							ent inc	ome		
(For optional use by domestic privat	te foundatior	ns subject to the section 4	4940(a) tax on	net investment in	icome)				
If section 4940(d)(2) applies, leave t	this and blac									
i soonon asaololis abbiles, leave i	uns part biar	nk								
			nount of any ve	ear in the hase nei	rıod?					Yes X No
Was the foundation liable for the sec	ction 4942 ta	ax on the distributable am	• •	•	riod?					Yes X No
Was the foundation liable for the sec if "Yes," the foundation does not qua	ction 4942 ta alify under se	ax on the distributable amection 4940(e). Do not co	mplete this pa	<u>rt</u>		-				Yes X No
Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in (a)	ction 4942 ta alify under se	ax on the distributable am ection 4940(e) Do not co in for each year, see instri (b)	omplete this pa uctions before	rt making any entri	es (c)			 -	Distrit	(d)
Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn	ction 4942 ta alify under se each colum	ax on the distributable am ection 4940(e) Do not co in for each year, see instri (b) Adjusted qualifying dis	omplete this pa uctions before tributions	<u>rt</u>	es (c)				Distrit (col (b) div	(d) pution ratio rided by col. (c))
Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009	ction 4942 ta alify under se each colum	ax on the distributable am ection 4940(e). Do not co in for each year, see instri (b). Adjusted qualifying dis	emplete this paractions before tributions 3,447.	rt making any entri	es (c)	1	1,254	•	Distrit (col (b) div	(d) pution ratio rided by col (c)) 2.972010
Was the foundation liable for the sec If "Yes," the foundation does not qua- 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008	ction 4942 ta alify under se each colum	ax on the distributable amection 4940(e). Do not confor each year, see instruction. (b) Adjusted qualifying dis	emplete this paractions before tributions 3,447.	rt making any entri	es (c)	1	1,254 5,013	•	Distrit (col (b) div	(d) putton ratio rided by col (c)) 2.972010 14.553162
Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008 2007	ction 4942 ta alify under se each colum	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis	amplete this paractions before tributions 2,955.	rt making any entri	es (c)	1	1,254 5,013 7,317	•	(col (b) div	(d) Dutton ratio rided by col (c)) 2.972010 14.553162 4.546919
Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008 2007 2006	ction 4942 ta alify under se each colum	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis	tributions 3,447. 2,955. 8,739. 8,460.	rt making any entri	es (c)	1	1,254 5,013 7,317 313	•	(col (b) div	(d) pution ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045
Was the foundation liable for the sec f "Yes," the foundation does not qua I Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008 2007	ction 4942 ta alify under se each colum	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis	amplete this paractions before tributions 2,955.	rt making any entri	es (c)	1	1,254 5,013 7,317	•	(col (b) div	(d) pution ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045
Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008 2007 2006 2005	ction 4942 ta alify under se each colum	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis	tributions 3,447. 2,955. 8,739. 8,460.	rt making any entri	es (c)	1	1,254 5,013 7,317 313	•	(col (b) div	(d) pution ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440
Was the foundation liable for the sec If "Yes," the foundation does not qua- 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008 2007 2006 2005	ction 4942 ta alify under se each colum ling in)	ax on the distributable amection 4940(e) Do not confor each year, see instruction Adjusted qualifying dis	mplete this pa uctions before tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	•	(col (b) div	(d) pution ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440
Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008 2007 2006	each colum	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis 7 7 6 8	mplete this pa uctions before tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	•	(col (b) div	(d) pution ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576
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Was the foundation liable for the sectif "Yes," the foundation does not quate a first the appropriate amount in the section of the appropriate amount in the section of the appropriate amount in the section of the sec	each columning in)	ax on the distributable ametrion 4940(e). Do not confor each year, see instruction of the distributable ametric (b). Adjusted qualifying distributable ametric (b). Adjusted qualifying distributable ametric (b). 7 6 8 e period - divide the total of the following ametric (b).	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2	(col (b) div	(d) putton ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576
Was the foundation liable for the sectif "Yes," the foundation does not qual Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2009 2008 2007 2006 2005 Total of line 1, column (d) 3 Average distribution ratio for the	each columning in)	ax on the distributable ametrion 4940(e). Do not confor each year, see instruction of the distributable ametric (b). Adjusted qualifying distributable ametric (b). Adjusted qualifying distributable ametric (b). 7 6 8 e period - divide the total of the following ametric (b).	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2	(col (b) div	(d) pution ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576 53.835715
Was the foundation liable for the sectif "Yes," the foundation does not qual Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister the net value of noncharital	each columning in)	ax on the distributable ametrion 4940(e). Do not confor each year, see instruction of the distributable ametric (b). Adjusted qualifying distributable ametric (b). Adjusted qualifying distributable ametric (b). 7 6 8 e period - divide the total of the following ametric (b).	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2	(col (b) div	(d) pution ratio rided by col (c)) 2.972010
Was the foundation liable for the sectif "Yes," the foundation does not qual Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed the foundation has been in existed Multiply line 4 by line 3	each columning in) 5-year base ence if less to	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis 7 7 6 8 e period - divide the total of han 5 years	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2 3	(col (b) div	(d) Sulton ratio Inded by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576 53.835715 11,636. 626,432.
Was the foundation liable for the sectif "Yes," the foundation does not qual Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed the foundation has been in existed Multiply line 4 by line 3	each columning in) 5-year base ence if less to	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis 7 7 6 8 e period - divide the total of han 5 years	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2	(col (b) div	(d) Sulton ratio Inded by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576 53.835715 11,636. 626,432.
Was the foundation liable for the section of the se	each columning in) 5-year base ence if less to	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis 7 7 6 8 e period - divide the total of han 5 years	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2 3 4 5	(col (b) div	(d) putton ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576 53.835715 11,636. 626,432.
Was the foundation liable for the section of the se	each columning in) 5-year base ence if less to	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis 7 7 6 8 e period - divide the total of han 5 years	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2 3	(col (b) div	(d) pution ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576 53.835715
Was the foundation liable for the sectif "Yes," the foundation does not quate a first the appropriate amount in the section of the appropriate amount in the section of the appropriate amount in the section of the sec	each columning in) 5-year base ence if less to ble-use asserted.	ax on the distributable amection 4940(e) Do not confor each year, see instruction (b) Adjusted qualifying dis 7 7 6 8 e period - divide the total chan 5 years ets for 2010 from Part X,	tributions 3,447. 2,955. 8,739. 8,460. 7,197.	rt making any entri Net value of no	es (c)	1	1,254 5,013 7,317 313	2 3 4 5	(col (b) div	(d) putton ratio rided by col (c)) 2.972010 14.553162 4.546919 218.722045 28.384440 269.178576 53.835715 11,636. 626,432.

b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	, , ,,		0.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
-	Add lines 1 and 2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6	Credits/Payments				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
g	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
1	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶	11			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in		Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		16		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or		"	
	distributed by the foundation in connection with the activities.				
c	Did the foundation file Form 1120-POL for this year?		10	1	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
•	(1) On the foundation \blacktriangleright \$ 0 . (2) On foundation managers \blacktriangleright \$ 0 .				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•			
6	managers > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	If "Yes," attach a detailed description of the activities.		—		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	or			
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, .	3		X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>x</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X
J	If "Yes," attach the statement required by General Instruction T.				
£	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
u	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	a law			
		i iaw	6	х	
,	remain in the governing instrument?		7	X	
′	Did the foundation have at least \$5,000 in assets at any time during the year?		-'-		
٥.	If "Yes," complete Part II, col. (c), and Part XV.				
88	Enter the states to which the foundation reports or with which it is registered (see instructions)				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	X	
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
			rm aan	DE	2010)

FOR SCIENCE AND CONSERVATION, INC

Pá	ert VII-A	Statements R	Regardi	ing Activi	ties (continu	ed)							
11	At any time	during the year, did t	the founda	ition, directly o	r indirectly, ow	n a controlled e	ntity within the me	eaning of					
	section 512	(b)(13)? if "Yes," atta	ach schedu	ule (see instruc	ctions)						11		X
12	Did the fou	idation acquire a dire	ect or indir	ect interest in	any applicable	insurance contra	ict before						
	August 17,	2008?									12		X
13	Did the fou	ndation comply with t	the public	inspection req	uirements for it	ts annual returns	and exemption a	pplication?			13	X	
	Website ad	iress WWW .	.LAVA	LAKEIN	STITUTE	•ORG							
14	The books	re in care of 🕨 K	KATHL	EEN BE	AN			Teler	ohone no	(208)	788	-17	10
	Located at	▶215 N. M	MAIN	STREET	#204,	HAILEY	, ID			ZIP+4 ▶83	333	-	
15	Section 494	7(a)(1) nonexempt c	charitable f	trusts filing Fo	rm 990-PF in lie	eu of Form 1041	- Check here						
	and enter tl	e amount of tax-exer	empt intere	st received or	accrued during	the year			▶	15	N	/A	
16	At any time	during calendar year	r 2010, did	the foundatio	n have an inter	est in or a signat	ure or other autho	ority over a b	ank,			Yes	No
	securities,	or other financial acco	ount in a fo	oreign country	?						16		X
	See page 2	of the instructions f	for excepti	ons and filing	requirements for	or Form TD F 90	-22 1 If "Yes," ent	er the name	of				
	the foreign	country											
Ρį	ert VII-B	Statements R	Regardi	ing Activi	ties for Wh	nich Form 4	1720 May Be	Require	ed				
	File Form	4720 if any item is	is checke	ed in the "Ye	es" column, u	ınless an exc	eption applies.					Yes	No
18	During the	ear did the foundatio	ion (either d	directly or indi	rectly)								
	(1) Engage	in the sale or exchar	inge, or lea	sing of proper	ty with a disqu	alified person?			Ye	s X No			
	(2) Borrov	money from, lend m	noney to, c	or otherwise ex	ctend credit to (or accept it fron	1)						
	a disqu	alified person?								s X No			
	(3) Furnisi	goods, services, or t	r facilities to	o (or accept th	em from) a disc	qualified person	?			s X No			
	(4) Pay co	mpensation to, or pay	ay or reimb	urse the exper	nses of, a disqu	alified person?			Ye	s X No			
	(5) Transf	er any income or asse	ets to a dis	qualified pers	on (or make an	y of either availa	ble						
	for the	benefit or use of a dis	isqualified	person)?					Ye	s X No			
	(6) Agree	o pay money or prop	perty to a g	overnment of	ficial? (Exception	on. Check "No"							
	if the fo	undation agreed to n	make a gra	nt to or to em	ploy the official	for a period after	r						
	termin	ition of government s	service, if t	terminating wi	thin 90 days)				Ye	s X No			
t	If any answ	er is "Yes" to 1a(1)-(6	6), did any	of the acts far	I to qualify und	er the exception	s described in Reç	gulations		_			
	section 53	1941(d)-3 or in a curr	rrent notice	regarding dis	aster assistanc	e (see page 22 o	of the instructions)?		N/A	1b_		
	Organizatio	ns relying on a curren	ent notice re	egarding disas	ter assistance	check here							
C	Did the four	idation engage in a pi	prior year ir	n any of the ac	ts described in	1a, other than e	xcepted acts, that	were not co	rrected				
	before the f	rst day of the tax yea	ar beginnin	ıg ın 2010?							10	ļ	X
2	Taxes on fa	llure to distribute inco	come (secti	on 4942) (doe	es not apply for	years the found	ation was a privat	e operating t	oundation				
	defined in s	ection 4942(j)(3) or 4	4942(j)(5))									
a		of tax year 2010, did t	the founda	ition have any	undistributed i	ncome (lines 6d	and 6e, Part XIII)	for tax year(
	before 2010)?							Ye	s X No			
	If "Yes," list	the years ▶		,		·							
t		iy years listed in 2a fo											
	valuation of	assets) to the year's	s undistribi	uted income?	(If applying sec	tion 4942(a)(2)	to all years listed	, answer "No	" and attach	/-			
		see instructions)								N/A	2b		ļ
C	If the provis	ions of section 4942	2(a)(2) are	being applied	to any of the ye	ears listed in 2a,	list the years here)					
	<u> </u>				_ ,				•		1		
32		idation hold more tha	ıan a 2% dı	rect or indirec	t interest in any	/ business enter	prise at any time		 1 .	T.		1	
	during the									s X No			
b		it have excess busine		-									
		69, (2) the lapse of th											
	_	acquired by gift or be						10d? <i>(Use</i> S	chedule C			•	
), to determine if th								N/A	3b		-
		idation invest during									4a	<u> </u>	X
b		idation make any inve						ize its charita	ble purpose	tnat	1		v
	had not bee	n removed from jeop	pardy befor	<u>re the first d</u> ay	<u>of the tax year</u>	beginning in 20	107				4b		<u> X</u>

" LAVA LAKE INSTITUTE	m.r.o.: 73.70		00 01201	70	
Form 990-PF (2010) FOR SCIENCE AND CONSERVA			90-01321	12	Page 6
Part VII-B Statements Regarding Activities for Which F	form 4/20 May be F	tequirea (contin	uea)	-	1-
5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section	1045/4\\2		s X No		
(2) Influence the outcome of any specific public election (see section 4955), o					
any voter registration drive?	i to carry on, andony or man		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes:	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ier the exceptions described i	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
$oldsymbol{c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?	N	I/A L YE	s L No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5 <i>(d</i>).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		- T		
a personal benefit contract?		Ye	es X No	_	.,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ_	6b	X
If "Yes" to 6b, file Form 8870			₽		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		magaga Uighl		7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, roundation wa	inagers, nigni	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
i List an onicers, un ectors, trustees, roundation managers and then					
List all Officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other wances
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred compensation	acco	unt, other
	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acco	unt, other
	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acco	unt, other
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address SEE STATEMENT 7	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	acco	unt, other wances
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to	acco	O.
(a) Name and address SEE STATEMENT 7	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to	acco allo	O.
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .
(a) Name and address SEE STATEMENT 7 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position luded on line 1). If none,	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco allo	O .

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

FOR SCIENCE AND CONSERVATION, INC

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1		
SEE STATEMENT 8		13,496.
2		
SEE STATEMENT 9		3,335.
3		
<u> </u>		
SEE STATEMENT 10	-	3,626.
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2	Amount
1 NONE		
		0.
2		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	_ _	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	11,813.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	11,813.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	11,813.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	177.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	11,636.
6	Minimum investment return. Enter 5% of line 5	6	582.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		-
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	32,047.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	32,047.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,047.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for the	e section

Form **990-PF** (2010)

Part XIII Undistributed Income (see		N/A		
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2010			<u> </u>	
a Enter amount for 2009 only			1	
b Total for prior years				<u> ,</u>
g rotal for prior years				
3 Excess distributions carryover, if any, to 2010	<u> </u>	7-11.		
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from	······································			
Part XII, line 4 > \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior	der enderhetenstlete ener	1		
years (Election required - see instructions)	<u></u>			
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount	<u> </u>			
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		<u> </u>		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011.	<u></u>			
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
U LACE33 HUIII 2003		1	1	1

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Form 990-PF (2010) FOR SCIENCE AND CONSERVATION. Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating 09/23/05 foundation, and the ruling is effective for 2010, enter the date of the ruling X 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (b) 2009 (c) 2008 (d) 2007 (e) Total (a) 2010 income from Part I or the minimum investment return from Part X for 182 0 0 0 182. each year listed 0 0. 0 155. 155. b 85% of line 2a c Qualifying distributions from Part XII. 72,955 78,739 217,188. 32,047 33,447. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of 0. 0 0 0 0 exempt activities e Qualifying distributions made directly for active conduct of exempt activities 32,047. 33,447 72,955 78,739 217,188. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter 9,703 11,801 11,378 10,716. 43,598. (1) Value of all assets (2) Value of assets qualifying 10,716 9,703 11,801 11,378 43,598. under section 4942(I)(3)(B)(I) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 375 388 167 577 1,507. listed c "Support" alternative test - enter (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 0. 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in 0. section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization 23 323 39 37 (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) SEE STATEMENT 11 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed N/A b The form in which applications should be submitted and information and materials they should include N/A c Any submission deadlines N/A d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors N/A

FOR SCIENCE AND CONSERVATION, INC

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient Name or hydroces	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 12				1,000.
·				
	•			
				1 000
Total		T	► 3a	1,000.
b Approved for future payment SEE STATEMENT 12				
			<u> </u>	
Total			▶ 3b	0.

Form 990-PF (2010) Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code				
a			 		
b			├		
<u> </u>	ļ	<u> </u>	 		
d		·			
e		-			
5					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			ŀ		23.
Investments					23.
4 Dividends and interest from securities		, , , , , , , , , , , , , , , , , , ,			
5 Net rental income or (loss) from real estate					
a Debt-financed property			 		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal					
property 7 Other work and a second					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other]	[
than inventory	ļ				
9 Net income or (loss) from special events		<u> </u>	 		
10 Gross profit or (loss) from sales of inventory	ļ		-		
11 Other revenue	1				
<u> </u>			 	-	
b					
c					
·	~		 -		
8		0.	 	0	23
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<u> </u>	l	12	23. 23.
(See worksheet in line 13 instructions to verify calculations)				13 _	
	- Also A so	liab-rant of Fr		4 Dumassa	
Part XVI-B Relationship of Activities to	tne Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom			contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than t	by providing tu	inds for such purposes)			ARVENIE RAD
3 INTEREST EARNED ON TEMP	ORARY	CASH BALANCE	AW	AITING DISBUR	SEMENT FOR
PROGRAM EXPENDITURES.					
					
					
					
				 -	
		<u> </u>		_	
023621 12-07-10					Form 990-PF (2010)

Form 990	-PF (2010) FOR S	CIENCE AN	ND CONS	ERVATION,	INC	90-013	32172	Pa	ge 13
Part X		-	sfers To a	and Transaction	ns and Re	lationships With Nonch	aritable)	
	Exempt Organ								
	the organization directly or indi							Yes	No
	Code (other than section 501(c				rganizations?	1			
	sfers from the reporting found	ation to a noncharita	able exempt or	ganization of			!	1	v
	Cash						1a(1)	$\vdash \vdash \vdash$	$-\frac{X}{X}$
	Other assets						1a(2)		
	r transactions	able evenet ereenis					15/1		Х
	Sales of assets to a noncharita Purchases of assets from a no	•					1b(1)	 	X
	Rental of facilities, equipment,		organization				1b(2) 1b(3)		$\frac{X}{X}$
-	Reimbursement arrangements						1b(4)		$\frac{x}{x}$
	Loans or loan guarantees	1					1b(5)		$\frac{x}{x}$
	Performance of services or me	emhershin or fundra	isina salicitatia	nne			1b(6)		<u>X</u>
	ring of facilities, equipment, ma						10		X
					ld always sho	w the fair market value of the goods		ets	
			-			transaction or sharing arrangement		010,	
	mn (d) the value of the goods,						,		
(a) Line no	(b) Amount involved			e exempt organization	(d)	Description of transfers, transactions, ar	d shanng ar	rangeme	nts
		<u> </u>	N/A						
			• • • •					-	
			<u> </u>			···			
							_		
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						<u> </u>			
		 _		·					
	ļ. <u> </u>								
	<u></u>	<u> </u>							
	e foundation directly or indirec	=			ganizations d	escribed		177	٦
	ction 501(c) of the Code (othe		:)(3)) or in sect	tion 527?			Yes	LX	No
<u>b</u> !f 'Y	es," complete the following sch			(b) Type of organizati	100	(c) Description of relation			
	(a) Name of org	Janization		(b) Type of Organizati	1011	(c) Description of relation	- Isliib		
	N/A								
		-		<u> </u>		· 			
				<u> </u>					
	Under penalties of perjury, I declare	e that I have examined t	this return, includ	ing accompanying schedule	es and statemen	its, and to the best of my knowledge and	pelief, it is tr	ue, corre	ct,
Sign	and complete Declaration of prepa	arer (other than taxpayer	r or fiduciary) is b	ased on all information of w ا	hich preparer ha				
Here	1344	5. /Zean		₩9/	17/2017	· PRESIDENT			
	Signature of officer or tru			Date		Title			
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check X If PTII	1		
			4	0.0.	04.	colf- amployed			
Paid	STEVEN POP	ELAR	Yever	- KKelon	9/11/	112			
Prepa			PELAR,	CPA		Firm's EIN ▶			
Use O			•		_				
	Firm's address ► 23	456 MADER	RO STE	200					
	MI	SSION VIE		Phone no (94)	9) 91	6-1	102		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

LAVA LAKE INSTITUTE

FOR SCIENCE AND CONSERVATION, INC

Employer identification number

90-0132172

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

LAVA LAKE INSTITUTE

FOR SCIENCE AND CONSERVATION, INC

Employer identification number 90-0132172

Part I	Contributors (see instructions)	_
(a)	(b)	
No.	Name, address, and ZIP + 4	Aggre

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRIAN & KATHLEEN BEAN P.O. BOX 2249 HAILEY, ID 83333	\$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	THE CONSERVATION FUND 1655 N. FORT MEYER DR. STE 1300 ARLINGTON, VA 22209-3199	\$ <u>13,900.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Onncash Onncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

of Part II

Name of organization LAVA LAKE INSTITUTE Employer identification number

90-0132172

FOR SCIENCE AND CONSERVATION, INC

Part II	Noncash Property (see instructions)	
---------	-------------------------------------	--

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

	990, 990-EZ, or 990-PF) (2010)		Page of of F
1e of organi 377 - T. A			Employer identification number
	KE INSTITUTE ENCE AND CONSERVATION	INC	90-0132172
nt III	Exclusively religious, charitable, etc., in	ndividual contributions to section 5 e columns (a) through (e) and the follows, charitable, etc., contributions of	01(c)(7), (8), or (10) organizations aggregating owing line entry. For organizations completing
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.			
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gift	Delaki-sahir adamandanan kahandana
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om art I			
No. om int I			

2010 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	.	673.	673.		2,586.	4, 586.	3,259.	
	Current Year Deduction		\$6	. 99		1,070.	1,070.	1,136.	
·	Current Sec 179 Expense								
	Beginning Accumulated Depreciation		. £07.	607.		1,516.	1,516.	2,123.	
	Basis For Depreciation	***	673.	673.		3,210.	3,210.	3,883.	
	Reduction In Basis								
	Section 179 Expense								
990-PF	Bus % Excl								
	Unadjusted Cost Or Basis		673.	673.		3,210.	3,210.	3,883.	
	Ooc>		жж ₇			HY43			
ŀ	- Life	-				36M			
	Method	··-	15008						
i	Date Acquired	-	07/03/06 150DB 5.00			05/31/09			
FORM 990-PF PAGE 1	Description	COMPUTER EQUIPMENT	1 GPS HANDHELD SYSTEM	* 990-PF PG 1 TOTAL - COMPUTER EQUIPMENT	SOFTWARE	3	* 990-pp bg 1 Total soptware	* GRAND TOTAL 990-PF PG 1 DEPR & AMORT	
ORM 95	Asset No		++			7			
D4 1									

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

(D) - Asset disposed

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH IN	IVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
US BANK			_	23.
TOTAL TO FORM 990-PF, PART I,	, LINE 3, CO	LUMN A	=	23.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
ACCOUNTING	4,704.	0.	0	4,704.
TO FORM 990-PF, PG 1, LN 16B	4,704.	0.	0	4,704.
FORM 990-PF	TAX	ES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
PAYROLL TAX EXPENSE	1,069.	0.		1,069.
TO FORM 990-PF, PG 1, LN 18	1,069.	0.		1,069.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
BANK CHARGES CONFERENCES DUES & SUBSCRIPTIONS OUTSIDE SERVICES OFFICE SUPPLIES PARKING TRAVEL-FARES & RELATED EXPENSES	55. 128. 114. 859. 899. 3.	0. 0. 0. 0.	(((32. 128. 114. 1
EMPLOYEE BENEFITS	88.			88.

LAVA LAKE INSTITUTE FOR SCIENCE	AND CONS			90-0132172
WORKERS COMPENSATION INSURANCE	199.	0.	0	
OUTREACH/EDUCATION PROGRAMS POSTAGE	32. 94.	0. 0.	0	
PRONGHORN ANTELOPE MIGRATION	J 4 •	•	Ū	. , , , ,
SURVEY	1,161.	0.	0	- ·
OUTREACH/EDUCATION - WEBSITE	711.	0.	0	
RIPARIAN BIRD SURVEY	3,150.	0.	0	•
SAGE GROUSE RESEARCH	90.	0.	0	
DEER MIGRATION STUDY	4,094.	0.	0	•
AMORTIZATION	1,070.	0.	1,070	. 0.
TO FORM 990-PF, PG 1, LN 23	3,366.	23.	1,070	12,273.
FORM 990-PF DEPRECIATION OF ASSE	COST OR	ACCUMU		STATEMENT 5 BOOK VALUE
—————				
GPS HANDHELD SYSTEM WEBSITE		673. 210.	673. 2,586.	0. 624.
TOTAL TO FM 990-PF, PART II, LN 14	3,	883.	3,259.	624.
FORM 990-PF OTH	HER LIABILI	TIES		STATEMENT 6
DESCRIPTION		BOY A	MOUNT	EOY AMOUNT
DUE TO LAVA LAKE LAND LLC				
DOD TO ENVIL DIME DIME DE			88.	11.

TO FORM 990-PF, PART IX-A, LINE 1

	IST OF OFFICERS, D		STATI	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRIAN BEAN 215 N. MAIN STREET #204 HAILEY, ID 83333	PRESIDENT 0.00	0.	0.	0.
KATHLEEN BEAN 215 N. MAIN STREET #204 HAILEY, ID 83333	SECRETARY 0.00	0.	0.	0.
STEVEN POPELAR 23456 MADERO STE 200 MISSION VIEJO, CA 92691	TREASURER 0.00	0.	0.	0.
CRAIG CROVES 520 E. BABCOCK STREET BOZEMAN, MO 59715	DIRECTOR 0.00	0.	0.	0.
MAURICE HORNOCKER P.O. BOX 929 BELLEVUE, ID 83313	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY OF D	OIRECT CHARITABLE A	ACTIVITIES	STAT	EMENT 8
ACTIVITY ONE				
SCIENTIFIC RESEARCH: CONDUCT AN AND SCIENTIFIC SURVEYS TO FURTH THE INSTITUTE'S REGION INCLUDIN RESEARCH, RIPARIAN BIRD STUDY, PRONGHORN ANTELOPE MIGRATION ST	IER ECOLOGICAL KNOV IG ASPEN CHANGE DET SAGE GROUSE BIRD S	VLEDGE OF TECTION STUDY,		

13,496.

EXPENSES

BRIAN BEAN KATHLEEN BEAN

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	9
ACTIVITY TWO			
PLANNING AND LAND REFINE, UPDATE AND FOR CONSERVATION P RESEARCHERS AND SC ALLIANCE; COLLABOR ORGANIZATIONS TO A	PICIPATE IN AND CONDUCT CONSERVATION PROTECTION EFFORTS WITHIN THE REGION; MAINTAIN ECOLOGICAL GIS MAPPING DATABASE PURPOSES AND FOR THE USE OF COOPERATING EIENTISTS; PARTICIPATE IN THE PIONEERS LATED WITH LOCAL CONSERVATION COMPLISH CONSERVATION WITHIN THE PIONEER SOF THE MOON LANDSCAPE.		
		EXPENSES	
TO FORM 990-PF, PA	ART IX-A, LINE 2	3,3	35.
			
FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	10
	Dollard of Discor omacing in the contract of t		
OUTREACH/EDUCATION PRESENTATIONS BY I TOURS IN THE PIONE WILDLIFE CORRIDORS PARTICIPATE IN WIL PARTICIPATED IN CR CONDUCT FIELD TOUR	I: CONDUCT OUTREACH EFFORTS AND EDUCATIONAL INSTITUTE STAFF; ORGANIZE AND HOST FIELD ER MOUNTAINS TO RAISE AWARENESS ABOUT AND THE ECOLOGY OF THE PIONEER MOUNTAINS; LOLIFE AND CONSERVATION CONFERENCES; RATERS OF THE MOON CHRISTMAS BIRD COUNT; RS AND LECTURES TO RAISE AWARENESS ABLE AGRICULTURE AND LAND CONSERVATION; I ORGANIZATION'S WEBSITE.		
PRESENTATIONS BY I TOURS IN THE PIONE WILDLIFE CORRIDORS PARTICIPATE IN WIL PARTICIPATED IN CR CONDUCT FIELD TOUR REGARDING SUSTAINA	I: CONDUCT OUTREACH EFFORTS AND EDUCATIONAL INSTITUTE STAFF; ORGANIZE AND HOST FIELD ER MOUNTAINS TO RAISE AWARENESS ABOUT AND THE ECOLOGY OF THE PIONEER MOUNTAINS; DLIFE AND CONSERVATION CONFERENCES; RATERS OF THE MOON CHRISTMAS BIRD COUNT; AS AND LECTURES TO RAISE AWARENESS ABLE AGRICULTURE AND LAND CONSERVATION;	EXPENSES	
OUTREACH/EDUCATION PRESENTATIONS BY I TOURS IN THE PIONE WILDLIFE CORRIDORS PARTICIPATE IN WIL PARTICIPATED IN CR CONDUCT FIELD TOUR	I: CONDUCT OUTREACH EFFORTS AND EDUCATIONAL INSTITUTE STAFF; ORGANIZE AND HOST FIELD SER MOUNTAINS TO RAISE AWARENESS ABOUT AND THE ECOLOGY OF THE PIONEER MOUNTAINS; DLIFE AND CONSERVATION CONFERENCES; RATERS OF THE MOON CHRISTMAS BIRD COUNT; AS AND LECTURES TO RAISE AWARENESS ABLE AGRICULTURE AND LAND CONSERVATION; I ORGANIZATION'S WEBSITE.		

				STATEMENT 12
FORM 990-PF PART XV, LN 3 SUPPLEMENTARY INFORMATION	ORMATION			
NAME AND ADDRESS	RELATIONSHIP TO FOUNDATION MANAGER OR CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
a PAID DURING THE YEAR				
IDAHO DEPARTMENT OF FISH & GAME 324 S 417 E, SUITE 1 JEROME, ID 83338	NO RELATION	NOT FOUNDATION	NOT FOUNDATION SAGE GROUSE LEK SURVEYS	1,000
TOTAL				1,000
b APPROVED FOR FUTURE PAYMENT				
NO GRANTS APPROVED FOR FUTURE PAYMENT IN YEAR ENDED 10/31/11				0
TOTAL				0

Depreciation and Amortization 990-PF (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

23

Name(s) shown on return				Busin	ess or ac	tivity to whi	Identifying number		
LAV	A LAKE INSTITUTE								
FOR	SCIENCE AND CONSER	VATION,	INC	FOF	RM 9	90-P	F PAGE	1	90-0132172
Par	Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty, c	omplete Part	V before y	ou complete Part I.
1 M	aximum amount (see instructions)							1	500,000.
2 To	2 Total cost of section 179 property placed in service (see instructions)								
									2,000,000.
	eduction in limitation. Subtract line 3 fi			er -0-				4	
_	llar limitation for tax year Subtract line 4 from line				e instruct	ions		5	
6	(a) Description of property			(b) Cost (business use only)			(c) Elected	cost	
]			
							·		
7 11	sted property. Enter the amount from	line 29				7			
	otal elected cost of section 179 proper		ın column (c), lines 6 and	1 7			8	
	9 Tentative deduction. Enter the smaller of line 5 or line 8							9	-
	Carryover of disallowed deduction from line 13 of your 2009 Form 4562							10	-
	usiness income limitation. Enter the sr	•			ero) or l	ne 5		11	
	ection 179 expense deduction. Add lir							12	7
	arryover of disallowed deduction to 20					13			
	Do not use Part II or Part III below for								
Par					ıde list	ed prope	ertv.)		
	pecial depreciation allowance for quali								
	•	illed property (oti	ici tilali iiste	o property, p	naoca i	11 30, 1100	o donning	14	
	the tax year 15 Property subject to section 168(f)(1) election							15	
	ther depreciation (including ACRS)	Ction						16	
Par		t include listed or	onerty.) (Se	e instructions	:)			1_ 1_	
1 421	, Mit in to the president (20 the	· moides notes pr		ection A					
17 M	ACRS deductions for assets placed in	seniice in tay ve	are heginnii	no before 201	10			17	66.
	•	_	-	_		hack hara	▶□	7	L
10 11	ou are electing to group any assets placed in serv Section B - Assets	Placed in Servic	e Durina 20	010 Tax Year	Usina	the Gen	eral Deprecia	ation Syst	em
-		(b) Month and	(c) Basis fo	or depreciation		Recovery	(e) Convention		(g) Depreciation deduction
	(a) Classification of property	year placed in service		investment use e instructions)	'	репод	(e) Convention	(i) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property	1		-	1				-
c	7-year property	1							
d	10-year property	1							
e	15-year property	1							
-	20-year property	1	_						
<u> </u>	25-year property	1	_		1 2	5 yrs.		S/L	
9	20 year property	/	_		1	7.5 yrs	MM	S/L	
h	Residential rental property	,				7.5 yrs.	MM	S/L	
		 				9 yrs.	MM	S/L	
i	Nonresidential real property	,			+	, <u>o j</u> ,	MM	S/L	
	Section C - Assets P	laced in Service	During 201	0 Tax Year L	Jsing t	he Alter			stem
20-		T						S/L	
20a	Class life	1			+ -	2 yrs.		S/L	
<u>b</u>	12-year	 	 			0 yrs.	MM	S/L	
Dave	40-year		<u> </u>			,1	141141	<u>, 0/ L</u>	
Par								21	
	sted property. Enter amount from line		on 10 and 0	O in column /	'a) and	line 21			
	otal. Add amounts from line 12, lines and on the appropriate lines						r.	22	66.
	ILE THE ALL OF THE APPROPRIATE HITES	or your returns t	~	_,,,,			· · · · · · · · · · · · · · · · · · ·		I

23 For assets shown above and placed in service during the current year, enter the

LAVA LAKE INSTITUTE 90-0132172 Page 2 FOR SCIENCE AND CONSERVATION, INC Form 4562 (2010) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes L No 24b If "Yes," is the evidence written? No Yes (b) (c) (e) **(f)** (g) (d) Elected Date Business/ Basis for depreciation Depreciation Recovery Method/ Type of property Cost or section 179 placed in investment (business/investment Convention deduction period (list vehicles first) other basis use percentage use only) cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L· % S/L· % S/L· % 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (d) (e) (c) (a) (b) Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No No Yes No Yes No Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization (a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
Amortization of costs that begins duri	ng your 2010 tax year:	<u> </u>	-		
Amortization of costs that began befo	43	1,07			
Total. Add amounts in column (f). See	44	1,07			

Form 8868 (Rev. 1-2011)						Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this bo	ox			X			
Note. Only complete Part II if you have already been granted an a				868.					
If you are filing for an Automatic 3-Month Extension, complete									
Part II Additional (Not Automatic) 3-Month E			opies n	eeded).					
Name of exempt organization			1		ntification r	number			
Type or LAVA LAKE INSTITUTE	a# ' *								
print FOR SCIENCE AND CONSERVATION	FOR SCIENCE AND CONSERVATION, INC								
Number, street, and room or suite no. If a P.O. box, so									
due date for 22431-B160 ANTONIO PARKWAY									
eturn See City, town or post office, state, and ZIP code. For a fo	oreign add	iress, see instructions.							
nstructions RANCHO SANTA MARGARITA, CA	9268	8-2804							
Enter the Return code for the return that this application is for (file	a separa	te application for each return)				0 4			
					······································				
Application	Return Application				İ	Return			
s For	Code	Is For				Code_			
Form 990	01								
Form 990-BL	02	Form 1041-A				80			
Form 990-EZ	01	Form 4720				09			
Form 990-PF	04	Form 5227				10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11			
Form 990-T (trust other than above)	06	Form 8870				12			
STOP! Do not complete Part II if you were not already granted	an autor	<u>natic 3-month extension on a previou</u>	ısly file	d Form 8	868.				
KATHLEEN BEAN		"004 TD (2					
The books are in the care of \triangleright 215 N. MAIN STI	REET		3333	3					
Telephone No. ► (208) 788-1710		FAX No. ►			-	_			
If the organization does not have an office or place of business			_		. •				
If this is for a Group Return, enter the organization's four digit									
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of al	memb	ers the ex	<u>ktension is f</u>	or.			
4 I'request an additional 3-month extension of time until SI	EPTEM.	BER 15, 2012.	OCM	21	2011				
	For calendar year, or other tax year beginning NOV 1, 2010, and ending OCT 31, 2011								
	If the tax year entered in line 5 is for less than 12 months, check reason.								
Change in accounting period									
7 State in detail why you need the extension	CTTE	A COMPLETE AND ACCID	ን አጥፑ	ጥል⊻	ומווחים				
ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN HAS NOT YET BEEN RECEIVED. AN ADDITIONAL EXTENSION OF TIME IS									
REQUESTED.	ADDI	TIONAL EXTENSION OF	1111	<u> </u>					
	6060 -	ester the tentative toy loop any							
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or bubb, e	enter the tentative tax, less any	8a	\$		0.			
nonrefundable credits See instructions.		refundable gradite and estimated	- Oa	Ψ					
b If this application is for Form 990-PF, 990-T, 4720, or 6069, tax payments made. Include any prior year overpayment al									
	8b	\$		0.					
previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pa	00								
EFTPS (Electronic Federal Tax Payment System). See instru	8c	\$		0.					
		nd Verification	1 50	-					
Under penalties of perjury, I declare that I have examined this form, includ			ie best o	f my know	ledge and be	lief,			
t is true, correct, and complete, and that I am authorized to prepare this fo	orm			,		•			
Signature ▶ Title ▶ 1	TREAS	URER	Date	>					