COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Heather McClenahan
2. Name of Organization(s) You are Representing at the Hearing: Los Alamos Historical Society
3. Business Address: 1050 Bathtub Row, P.O. Box 43, Los Alamos, NM 87544
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: 505-662-6272

Name/Organization_ Heather McClenahan/Los Alamos Historical Society
Title/Date of Hearing_ Subcommittee on National Parks, Forests and Public Lands legislative hearing
on HR 5987 (Hastings), To establish the Manhattan Project National Historic Park in Oak Ridge,
Tennessee, Los Alamos, New Mexico, and Hanford, Washington, and for other purposes/ June 28,
2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Masters Degree in 20th Century American History from the University of South Florida

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Co-author of the book, Of Logs and Stone: The Buildings of the Los Alamos Ranch School and Bathtub Row

Member of the Los Alamos County ad hoc committee on the development of the Manhattan Project National Historical Park, 2007-2009.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Executive Director, Los Alamos Historical Society

Property owner (as the Historical Society) of a historic house included in the proposed park boundary (wartime home of Dr. J. Robert Oppenheimer, scientific director of the Manhattan Project)

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

N/A

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization_ Heather McClenahan/Los Alamos Historical Society Title/Date of Hearing_ Subcommittee on National Parks, Forests and Public Lands legislative hearing on HR 5987 (Hastings), To establish the Manhattan Project National Historic Park in Oak Ridge, Tennessee, Los Alamos, New Mexico, and Hanford, Washington, and for other purposes/ June 28, 2012
In addition, for witnesses representing encopigations.
In addition, for witnesses representing organizations:
g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.
N/A
h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).
N/A
i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
N/A
j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.
N/A
k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

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Los Alamos Historical Society 990 forms from 2008, 2009, and 2010 attached to e-mail

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2010 calen	dar year, or ta	x year begir	nning 7/0	1	, 20	010, a	nd endin	g 6/	30	,	2011	
В	Check	if applicable:									D Employ	er Identific	ation Number	
	А	ddress change	LOS ALAM	OS HISTO	RICAL SO	CIETY,	INC				85-	02312	49	
	-	ame change	1050 BAT			·					E Telepho			
		_	LOS ALAM									-662-		
	-	nitial return		,							303	-002-	0212	
	\square	erminated												
	A	mended return									G Gross r			,475.
	Α	pplication pending			al officer:						a group retur		tes? Yes	X No
			SAME AS	C ABOVE							I affiliates incl ' attach a list.		ctions) Yes	No
I	Tax	-exempt status	X 501(c)(3)	501(c) () ∢ (in	sert no.)	4947(a)(1	1) or	527	II INO,	attacii a iist.	(See Ilistiu	ctions)	
J	We	bsite: ► WV	W.LOSALAN	OSHISTO	RY.ORG			•	•	H(c) Group	exemption nu	ımber ►		
K	Forr	n of organization:	Corporation	Trust	Association	Other ►		L Yea	ar of Format				al domicile:	
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	1		ibe the organiz	ation's miss	sion or most s	ignificant	activities:	Т∩	DBU/II	DE 7 M	MIISEIIM	FOR T	HE	
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Governance		T INDSERVE	TITON OF I		510111							. – – – -		
naı												. – – – -		
Ver	2	Check this be	ov 🕨 🗍 if the	organizatio	on discontinue	ad its oper	ations or o	dicnoc	od of mo	ro than 3	25% of its	not acco		
ဗိ	3		oting members									3	:15.	12
Activities &	4		dependent vot									4		0
ies	5		r of individuals									5		0
∑	6		r of volunteers									6		0
Act			ed business re									7a		0.
-			d business tax									7 b		0.
		Net uniciated	a business taxe	able income	HOIII I OIIII J	50°1, IIIIC	J -1				Prior Year	7.5	Current \	
	8	Contributions	and grants (F	Part \/III line	\ 1b\						147,4	77		, 263.
e	9		vice revenue (F									27.		,091.
Revenue			ncome (Part V								9,1	51		, 951.
ev Sev	10										88,8			, 954.
-	11		e (Part VIII, co								252,9			, 259.
	12		e — add lines 8							1	232,3	702.	221	, 233.
	13		imilar amounts									_		
	14		I to or for mem	•							105.1			
Ø	15	Salaries, oth	er compensati	on, employe	e benefits (P	art IX, coli	umn (A), li	ines 5	-10)		125,1		134	,761.
Expenses	16 a	Professional	fundraising fee	es (Part IX,	column (A), I	ine 11e)					15,4	15.		
ber	b	Total fundrai	sing expenses	(Part IX, co	lumn (D), line	e 25) ►								
Ă			ses (Part IX, c								74,4	.10	94	,886.
	18		es. Add lines								214,9			647.
	19	•	es. Add illies s expenses. Si	•	•						37,9			2,388.
- O-	19	Revenue les	s expenses. St	abtract fille	io iroin line i	<u> </u>							End of Y	
ts o	20	Total accets	(Dort V line 1	6)						Бедіппп	ng of Curren 839, 4		=::: :	
Net Assets Fund Balanc	20 21		(Part X, line 1	•							27,8			,875. 6,661.
et A			es (Part X, line	,										
	22		r fund balance	s. Subtract I	ine 21 from li	ine 20					811,6	01.	809	,214.
Pa	art II	Signatu	re Block											
Unc	ler pena	alties of perjury, I o	declare that I have e parer (other than off	examined this re	turn, including acc	companying s	chedules and	stateme	ents, and to	the best of	my knowledge	and belief	, it is true, corre	ct, and
COII	ipiete. i	Deciaration of prep	darer (other than on	icer) is based of	T all illiornation o	и миси ргера	rei ilas ally ki	nowieuc	je.					
		P												
Sig	gn	Signati	ure of officer							Da	ate			
He	re													
		Туре о	r print name and tit	le.										
		Print/Type	oreparer's name		Preparer's sign	ature		I	Date		Check	if P1	ΓIN	
Pa	id	JAMES	A DINKEL		JAMES A	DINKE	L		11/08/	11	self-employe	_ 1	/A	
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	e Or	sls.c			MER DR S		15					► N1 / 7\		
J 3	. J	Firm's addr				OTIE Z	, ,				Firm's EIN		(())	1 2
_					NM 87544						Phone no.	(505)		
Ma	y the	IKS discuss th	nis return with	tne preparei	r shown abov	e? (see in	structions))					X Yes	No

	n 990 (2010)						SOCIE'	TY,	IN	NC					85-02	31249)	F	age 3
Pai	rt IV Che	cklist	of Red	quired	Sche	dules											1	Yes	No
1	Is the organ	ization	describe	ed in se	ction 50)1(c)(3)	or 4947	(a)(1)) (otl	her than	a priva	te found	lation)?	If 'Yes,	' complet	e	1	X	110
2	Schedule A. Is the organ															T	2	Λ	X
3	Did the orga	nizatio	n engag	e in dire	ect or in	idirect r	oolitical o	ampa	aign	activitie	s on be	half of o	or in opr	osition	to candid	lates	3		Х
4	Section 501 in effect dur	(c)(3) o	rganizat	ions. D	id the o	organiza	ation eng	age ir	n lol	bbying a	ctivities	, or hav	e a sect	ion 501	(h) election	on	4		Х
5	Is the organ assessment	Ü				•										f	5		
6	Did the orga provide advi Part I	nization ice on t	n mainta he distri	ain any bution (donor a	idvised tment o	funds or	any s	simi sucl	ilar funds h funds (s or acc or accou	ounts w unts? <i>If</i>	here doi	nors ha	ve the rig	ht to e D,	6		Х
7	Did the orga	nizatio t, histor	n receive	e or hol areas o	d a con r histori	servation c struct	on easen ures? <i>If</i>	nent, <i>'Yes,'</i>	incli ' <i>cor</i>	luding ea <i>mplete S</i>	sement Schedule	s to pre D, Par	serve op	oen spa	ce, the		7		X
8	Did the orga complete So	nizatio chedule	n mainta <i>D, Part</i>	ain colle ///	ections o	of works	s of art, l	histori	ical	treasure	es, or ot	her simi	lar asse	ets? <i>If</i> '\	/es,'		8	Χ	
9	Did the orga or provide c Schedule D,	redit co	unseling	g, debt	manage	ement, o	credit rép	oair, c	or de	ebt nego	tiation s	services	? If 'Yes	s,' comp	olete [°]		9		X
10	Did the orga	nizatio lete Sci	n, direct hedule [ly or thi	rough a	related	l organiza	ation,	, hol	ld assets	in term	n, perma	anent, o	r quasi-	endowme	nts? <i>If</i>	10		X
11	If the organi or X as app	ization's licable.	s answe	r to any	of the	followir	ng question	ons is	s 'Ye	es', then	comple	te Sche	dule D,	Parts V	I, VII, VII	I, IX,			
i	a Did the orga D, Part VI	nizatio	n report	an amo	ount for	land, b	uildings	and e	equip	pment in	Part X	, line 10	? If 'Yes	s,' com _l	olete Sch	edule	11 a	Χ	
ı	b Did the orga assets repor	nizatio rted in l	n report Part X, I	an amo	ount for If 'Yes,	investr ,' comp	nents— c lete Sch	other s edule	secu D, I	urities in <i>Part VII</i> .	Part X,	line 12	that is !	5% or n	nore of its	total	11 b		X
•	c Did the orga assets repo	nizatio rted in l	n report Part X, I	an amo	ount for If 'Yes,	investr ,' comp	nents— p lete Sch	orogra edule	am r D, I	related ir <i>Part VIII</i>	Part X	, line 13	3 that is	5% or r	more of it	s total	11 c		X
(d Did the orga in Part X, lir	nizatio ne 16?	n report <i>If 'Yes,'</i>	an amo	ount for te Sche	other a	ssets in Part IX.	Part 2	X, li	ine 15 th	at is 5%	6 or mor	re of its	total as	sets repo	rted	11 d	Χ	
•	e Did the orga	nizatio	n report	an amo	ount for	other li	abilities	in Pa	rt X	, line 25	? If 'Ye:	s,' comp	olete Scl	hedule l	D, Part X.		11 e		X
1	f Did the orga the organiza	nization ation's I	n's sepa iability f	rate or or unce	consolio rtain tax	dated fi k position	nancial s ons unde	staten er FIN	nent 48	ts for the (ASC 74	e tax ye: :0)? <i>If</i> '\	ar includ Yes,' col	de a foot mplete S	tnote th S <i>chedul</i>	at addres e <i>D, Part</i>	ses X	11 f		Х
12 8	a Did the orga Schedule D,																12a		Х
	b Was the org if the organi	ization	answere	d 'No' t	o line 1.	2a, the	n comple	eting S	Sche	edule D,	Parts X	(I, XII, a	nd XIII i	is optioi	nal		12b		X
	Is the organ								-							ľ	13		X
	Did the orgaDid the orga business, ar						_									F	14a 14b		X
	Did the orga	nizatio	n report	on Par	t IX. col	umn (A	(). line 3.	more	e tha	an \$5.00	0 of ara	ants or a	ssistano	ce to an	ıv organiz	ation	15		X
16	Did the orga individuals I						•									ľ	16		X
	Did the orga column (A),																17		X
	Did the orgalines 1c and															Г	18		X
	Did the orga	nizatio	n report	more th	nan \$15	,000 of	gross in	come	froi	m gamir	ng activi	ties on I	Part VIII	, line 9	a? If 'Yes	;,'	19		X
20	aDid the orga		,													F	20		X
	b If 'Yes' to lir filers that op	ne 20a,	did the	organiz	ation at	tach its	audited	finan	ncial	l stateme	ents to t	his retur	rn? Note	e. Some	Form 99	0	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
t	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
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	28 a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
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? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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		Х

BAA Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	able gaming		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta (gambling) winnings to prize winners?. 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	able gaming10		
(gambling) winnings to prize winners? 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	10		
ments, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		:	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	0		
	? <u>2</u> I)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			
22 2.3 3.5 3.3 3.4 3.1 dator have annotated basiness gross morne of \$1,000 or more during the year		ı	Χ
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	31)	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other auth financial account in a foreign country (such as a bank account, securities account, or other financial account	nority over, a unt)? 4a	1	Х
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 Acco	ounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		+	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		+	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5	;	
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?	ganization 6a	1	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible?	or gifts were		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor?	Is and		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		+	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was referred 8282?		:	Х
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 contra	act? 70		Χ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.			Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8 as required?	8899 7 9	1	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	file a	n	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess but the supporting organization organization or a donor advised fund maintained by a sponsoring organization, have excess but the support of the	ons. Did the usiness		
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		+	-
b Did the organization make a distribution to a donor, donor advisor, or related person?)	
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
a Initiation fees and capital contributions included on Part VIII, line 12			
11 Section 501(c)(12) organizations. Enter:			
a 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.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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?		1	
Note. See the instructions for additional information the organization must report on Schedule O.			
b 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			
		1	X
14a Did the organization receive any payments for indoor tanning services during the tax year?			

Form 990 (2010) LOS ALAMOS HISTORICAL SOCIETY, INC Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 1 a 12 **b** Enter the number of voting members included in line 1a, above, who are independent 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?... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ 3 of officers, directors or trustees, or key employees to a management company or other person?..... Χ Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?.... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Χ governing body?..... 7 a Χ 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8_b Is there any officer, director or 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. . 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10 a Does the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?..... 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Χ **13** Does the organization have a written whistleblower policy?..... 13 Χ 14 Does the organization have a written document retention and destruction policy? . . . 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? Χ 15a Χ **b** Other officers of key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ 16a taxable entity during the year?... b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 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. X Upon request Another's website Own website

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

SEÉ SCHEDULE O

statements available to the public.

LOS ALAMOS HISTORICAL_SOCIETY_1050_BATHTUB_ROW, LOS_ALAMOS_NM____87544_505-662-6272__

BAA Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII...

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. 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.

X Check this box if neither the organization	n nor any	relate	d or	gan	izat	ion co	mpe	ensated any current of	fficer, director, or trus	tee.
(A)	(B)				2)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	Po Individual trustee or director	institutional trustee	Check	all Key employee	ap Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) CAROLE STEWARD TREASURER	0							0.	0.	0.
(2) J ARTHUR FREED MEMBER AT LARGE	0							0.	0.	0.
(3) DENNY ERICKSON SECRETARY	2							0.	0.	0.
(4)_KATE_O'DONNELL MEMBER AT LARGE	0							0.	0.	0.
(5)_ RON_WILKINS PRESIDENT	2							0.	0.	0.
(6)_MICHAEL_WHEELER MEMBER AT LARGE	0							0.	0.	0.
(7) SHAY BURNS KENDRICKS MEMBER AT LARGE	2							0.	0.	0.
(8)_ JOHN_RUMMINER VICE_PRESIDENT	0							0.	0.	0.
(9) SHARON SNYDER MEMBER AT LARGE	2							0.	0.	0.
(10) TODD URBATSCH MEMBER AT LARGE	0							0.	0.	0.
(11) ARTHUR MONTOYA MEMBER AT LARGE	2							0.	0.	0.
(12) WENDY HOFFMAN MEMBER AT LARGE	0							0.	0.	0.
(13)										
(14)										
(15)	-									
(16)										
(17)										

Part VII Section A. Officers, Directors, Trust		ley				es,	alli			loyee		111)
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average hours			_				Reportable compensation from	Reportable compensation from	amo	Estimated ount of ot	l her
	per week (describe hours for related organi- zations in Sch O)	Indiv or di	Institutional trustee	Officer	Key	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	cor	npensation of the from the	on
	hours for related	idua	ution	œ.	emp	est c	ner	((,	or	ganizatio nd relate	n
	organi- zations	or its	nal t		employee	e Juno:					ganizatio	
	in Sch O)	stee	ruste		m	ens						
			96			ated						
40												
(18)												
(10)												
_(19)												
(20)												
(21)												
2=2												
(22)												
(23)												
(24)												
(25)												
(26)												
_(27)												
_(28)												
_(29)												
							▶	0	0			
1 b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, Section							^	0.	0.			0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited										shla aa	mnono	
from the organization • 0	u to trio	se II	sted	abo	ove	WII	o rec	ceived more man	\$100,000 iii reporta	able co	mpens	alion
Trotti tile organization											Yes	No
2 Did the averagination list and forman officer divestor							: حاید ـ				163	140
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such ii</i>										. 3		Х
4 For any individual listed on line 1a, is the sum of re	nortable	cor	mna	neat	lion	and	l oth	er compensation	from			
the organization and related organizations greater the	han \$15	0,00	0'?	If 'Y	es'	com	plet	e Schedule J for		_		
such individual										. 4		X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompens	atio	n fro	om a	any	unre	elate	ed organization or	individual	. 5		Х
Section B. Independent Contractors	ompiet	- 00	neu	uie .	5 101	Sui	спρ	ersorr		. J		71
1 Complete this table for your five highest compensat	ed inde	pend	dent	con	itrac	ctors	tha	t received more th	nan \$100,000 of			
compensation from the organization.								Г	·			
(A) Name and business addres	6							(B) Description (of convious		(C)	'n
iname and pusiness addres	<u>ی</u>							De2CHPHOH (JI SEI VICES	Compe	ensatio	л I ———
									+			
2 Total number of independent contractors (including	hut not	limi	ted:	to th	1050	lict	- Pd	hove) who recoiv	ed more than			
\$100,000 in componentian from the organization		111111	icu	io ii	1036	, 1131	.cu c	ADOVE) WITH TECETV	ca more train			

Pai	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 91,833 f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in Ins 1a-1f: \$ h Total. Add lines 1a-1f Business Code 2a MEMBERSHIP DUES & ASSESSMENTS b LANB LECTURES c RESEARCH FEES	145,263. 27,324. 4,800. 1,175.	27,324. 4,800. 1,175.		
OGRAM SER	d TOURS e EXHIBIT INCOME f All other program service revenue	792.	792.		
PRC	3 Investment income (including dividends, interest and other similar amounts)	34,091. 14,425.			14,425.
	Income from investment of tax-exempt bond proceeds Royalties				
	b Less: cost or other basis and sales expenses	1,526.			1,526.
OTHER REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18				
	b Less: direct expenses b c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	30,933.			30,933.
	Miscellaneous Revenue Business Code 11 a INSURANCE PROCEEDS b	1,021.	1,021.		307333.
	d All other revenue e Total. Add lines 11a-11d	1,021.			
	12 Total revenue. See instructions.	227,259.	35,112.	0.	46,884.

Part IX Statement of Functional Expenses

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).

-	All other organizations must compl		(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	124,058.	124,058.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	10,703.	10,703.		
	Fees for services (non-employees):				
a	a Management				
	Legal	1,200.	1,200.		
(Accounting	5,984.		5,984.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,389.		2,389.	
	g Other	157.	157.		
12	Advertising and promotion	9,228.	9,228.		
13	Office expenses	2,848.		2,848.	
14	Information technology	8,015.	8,015.		
15	Royalties				
16	Occupancy	4,006.	4,006.		
17	Travel	237.	237.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	1,161.		1,161.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,320.	15,320.		
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f	3,380.	683.	2,697.	
	expenses on Schedule O.)	0.004	0 (04		
	SYMPOSIUM EXHIBITS	8,694. 5,341.	8,694. 5,341.		
			·		
	EQUIPMENT PURCHASE	4,580.	4,580.		
	POSTAGE AND SHIPPING	3,330.	3,330.		
	LANB LECTURES	3,246. 15,770.	3,246. 14,355.	1,415.	
	All other expenses	229,647.	213,153.	1,415.	0
	Total functional expenses. Add lines 1 through 24f	۷۷۶, 64/.	213,153.	10,494.	0.
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				Form 990 (2010)

Part X Balance Sheet

	II L A	Balance Sheet			(A)		(B)
					Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			561.	1	562.
	2	Savings and temporary cash investments			248,051.	2	111,473.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, truste II of Sch	es, key employees, nedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contraponsoring organizations of section 501(c)(9) voluntal organizations (see instructions)	ed under ibuting e ry emplo	section 4958(f)(1)), employers and yees' beneficiary		6	
A S	7	Notes and loans receivable, net		-		7	
A S E T S	8	Inventories for sale or use			91,121.	8	90,609.
T S	9	Prepaid expenses and deferred charges		-		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1				
	h	Less: accumulated depreciation	10h	204,175.	205,398.	10 c	191,910.
		Investments – publicly traded securities		· · · · · · · · · · · · · · · · · · ·	227,482.	11	373,460.
		Investments – other securities. See Part IV, line 11		F		12	07071001
	13	Investments – program-related. See Part IV, line 11.		F		13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11		66,861.	15	66,861.	
	16	Total assets. Add lines 1 through 15 (must equal line		839,474.	16	834,875.	
	17	Accounts payable and accrued expenses		2,540.	17	4,990.	
	18	Grants payable		·	18	·	
	19	Deferred revenue			19		
Ļ	20	Tax-exempt bond liabilities				20	
A B	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21	
I L I T	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per of Schedule L.	stees, ke sons. Co	ey employees, omplete Part II		22	
E S	23	Secured mortgages and notes payable to unrelated th	ird parti	es	25,333.	23	20,671.
	24	Unsecured notes and loans payable to unrelated third			•	24	•
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			27,873.	26	25,661.
N E T		Organizations that follow SFAS 117, check here ▶	X and	complete lines			
Ť		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets			811,601.	27	809,214.
S S E T S	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
O R		Organizations that do not follow SFAS 117, check he	re 🟲	and complete			
F U N D		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
B Ā	31	Paid-in or capital surplus, or land, building, or equipment			31		
A	32	Retained earnings, endowment, accumulated income,				32	
BALANCES	33	Total net assets or fund balances		⊢	811,601.	33	809,214.
S RΔ	34	Total liabilities and net assets/fund balances			839,474.	34	834,875.

BAA Form **990** (2010)

Form 990 (2010) LOS ALAMOS HISTORICAL SOCIETY, II	m 990 (2010)	LOS ALAMOS	HISTORICAL	SOCIETY,	INC
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85-0231249

Page **12**

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI			<u></u>	. X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	27,2	59.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	29,6	47.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81	L1,6	01.			
5								
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(9,2	14.			
Par	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				. П			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ			
k	b Were the organization's financial statements audited by an independent accountant?		. 2b		Χ			
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	he audit,	. 2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
C	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issuseparate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single 	. 3a		Χ			
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audi	it . 3b					
BAA			Form	990 (2	2010)			

TEEA0112L 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number Name of the organization LOS ALAMOS HISTORICAL SOCIETY, INC 85-0231249 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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.) 5 6 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 7 Χ in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 II Type III - Functionally integrated Type I С Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... <u>11 g</u> (i) A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of (vi) Is the organization in column (i) (i) Name of supported organization (ii) EIN (vii) Amount of support (see instructions)) your governing document? organized in the U.S.? your support? Yes No Yes No Yes (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.').	163,908.	455,472.	143,073.	147,477.	172,587.	1,082,517.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	163,908.	455,472.	143,073.	147,477.	172,587.	1,082,517.
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)						0.
	Public support. Subtract line 5 from line 4						1,082,517.
Sec	tion B. Total Support	ı					
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	163,908.	455,472.	143,073.	147,477.	172,587.	1,082,517.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,002.	16,106.	4,966.	9,150.	15,951.	59,175.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						1,141,692.
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	•					94.8%
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			15	95.4 %
16 a	33-1/3% support test — 2010. If the and stop here. The organization	the organization d qualifies as a pub	id not check the b licly supported or	ox on line 13, ar ganization	nd the line 14 is 33	3-1/3% or more, c	theck this box
k	33-1/3% support test — 2009. If the and stop here. The organization	the organization d qualifies as a pub	id not check a box licly supported or	c on line 13 or 16 ganization	a, and line 15 is a	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	e. Explain in Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiza	d' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization	IV how the▶
18		zation did not che	ck a box on line 1	3, 16a, 16b, 17a			
BAA					Scl	nedule A (Form 99	90 or 990-EZ) 2010

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.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6						
	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						
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV.)						
13							
	Part IV.)	is for the organiza	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 50°	1(c)(3)
14	Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 50	1(c)(3)
14 Sec	Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here blic Support P	Percentage				
14 Sec 15	Part IV.). Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support P 10 (line 8, column	Percentage n (f) divided by lir	ne 13, column (f))			15 %
14 Sec 15 16	Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2	blic Support P 10 (line 8, column 2009 Schedule A,	Percentage n (f) divided by lin Part III, line 15.	ne 13, column (f))			
14 Sec 15 16 Sec	Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	blic Support P 10 (line 8, columi 2009 Schedule A, estment Incor	Percentage n (f) divided by lir Part III, line 15 ne Percentage	ne 13, column (f))			15 % 16 %
14 Sec 15 16 Sec 17	Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 2	blic Support P 10 (line 8, column 2009 Schedule A, estment Incor or 2010 (line 10c,	Percentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide	ne 13, column (f))	mn (f))		15 %
14 Sec 15 16 Sec 17 18 19 a	Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 1 investment income percentage from 3 33-1/3% support tests — 2010. If is not more than 33-1/3%, check	blic Support P 10 (line 8, column 2009 Schedule A, estment Incor or 2010 (line 10c, rom 2009 Schedul the organization this box and sto	Percentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide le A, Part III, line did not check the phere. The organ	d by line 13, column (f)) by the transfer of	mn (f))and line 15 is mor	e than 33-1/3 orted organiz	15 % 16 % 17 % 18 % %, and line 17 ation
14 Sec 15 16 Sec 17 18 19 a	Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 20 Tion D. Computation of Inv Investment income percentage for Investment income percentage for 33-1/3% support tests — 2010. If	blic Support P 10 (line 8, column 2009 Schedule A, estment Incor or 2010 (line 10c, rom 2009 Schedul the organization this box and sto	Percentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide le A, Part III, line did not check the phere. The organ	d by line 13, column (f)) by the transfer of	mn (f))and line 15 is mor	e than 33-1/3 orted organiz	15 % 16 % 17 % 18 % %, and line 17 ation

Schedule A	(Form	990 or	990-E2	Z) 2010	LOS	S ALA	MOS	HIS	TORI	CAL	SOC	IETY	7, I	NC		85	5-023	31249	9	F	Page 4
Part IV	Supp Part I (See	lemer	ital In	forma or 17b	tion. ; and	Comp Part	lete III, lir	this page 12	part to 2. Als	o pro	vide nple	the e	expla s pa	anati ırt for	ons r	equire additi	ed by ional	Part inforr	II, Iine nation	10;	
	`			,																	
	. – – –																				
										- — — .											

SCHEDULE D (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection Employer identification number

TOC ATAMOS HISTORICAT SOCIETY

95-0231249

	ALAMOS HISTORICAL SUCIEII, I		au Chaileu Francis	03-0231249
Pai	tl Organizations Maintaining Donor the organization answered 'Yes' to	o Form 990, Part IV, line	er Similar Funds e 6.	s or Accounts. Complete if
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	e assets held in donc e legal control?	or advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for purpose conferring impermissible private bene			
Par	t II Conservation Easements. Comple	ete if the organization a	nswered 'Yes' to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all t	hat apply).	
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of a	an historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservati	on contribution in th	e form of a conservation easement on the
				Held at the End of the Tax Year
	a Total number of conservation easements			
ŀ	Total acreage restricted by conservation easer	ments		2b
(Number of conservation easements on a certif	fied historic structure included	d in (a)	2c
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, a	and not on a historic	2d
3	Number of conservation easements modified, tax year ►	transferred, released, extingu	uished, or terminated	by the organization during the
4	Number of states where property subject to co	nservation easement is locat	ed ►	
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitorints it holds?	ng, inspection, handl	ling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing	conservation easem	ents during the year
7	Amount of expenses incurred in monitoring, in ▶ \$	nspecting, and enforcing cons	ervation easements	during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of secti	on Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	s conservation easements in its to the organization's financial	revenue and expense statements that des	statement, and balance sheet, and cribes the organization's accounting for
Pai	t III Organizations Maintaining Colle	ctions of Art, Historical	Treasures, or O	ther Similar Assets.
	Complete if the organization answ	wered 'Yes' to Form 990), Part IV, line 8.	
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	s held for public exhibition, ed	ducation, or research	e statement and balance sheet works of a in furtherance of public service, provide,
ŀ	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	ld for public exhibition, educa	tion, or research in t	furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of a amounts required to be reported under SFAS	116 (ASC 958) relating to the	se items:	
a	a Revenues included in Form 990, Part VIII, line	1		
	Assets included in Form 990, Part X			

Part III Organizations Mainta	ining Colle	ctions of A	ırt, Histori	cal Treasures, or	Other Similar As	sets (cc	<u>ontinu</u>	ed)
3 Using the organization's acquisiti items (check all that apply):	ion, accessior	, and other re	ecords, chec	k any of the following	that are a significant	use of its	collect	tion
a X Public exhibition		d	Loan or	exchange programs				
b X Scholarly research		е	Other					
c X Preservation for future gener	rations							
4 Provide a description of the orga Part XIV.	nization's coll	ections and e	explain how t	they further the organi	ization's exempt purpo	ose in		
5 During the year, did the organiza assets to be sold to raise funds r	rather than to	be maintaine	d as part of	the organization's coll	lection?			No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangem unt on Forr	ents. Com n 990, Par	plete if ore t X, line 2	ganization answer 1.	red 'Yes' to Form	990, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?					er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV a	nd complete	the following	g table:				
. De visario a beleve					1.	Amount		
c Beginning balance d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an a						Yes		No
b If 'Yes,' explain the arrangement		iii 550, i ait 7	Λ, ΙΙΙΙΟ ΖΙ Ι					
Part V Endowment Funds. Co		ne organiza	ation answ	vered 'Yes' to Form	m 990. Part IV. lin	e 10.		
	(a) Current		(b) Prior year	(c) Two years back			our years	s back
1 a Beginning of year balance	1							
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	-		neld as:					
a Board designated or quasi-endov			%					
b Permanent endowment ►	_							
c Term endowment ►	~~~~°							
3a Are there endowment funds not i	in the possess	ion of the org	ganization th	at are held and admir	nistered for the	г		
organization by:							Yes	No
(i) unrelated organizations						- ''+		
(ii) related organizations								
b If 'Yes' to 3a(ii), are the related of	•					. 3b		
4 Describe in Part XIV the intended Part VI Land, Buildings, and								
·					(a) A soumulated	(d) [Pools vo	ماليم
Description of investment		(a) Cost or ot (investm		(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) B	Book va	lue
1 a Land								
b Buildings	[254,297.	74,949.		179,	348.
c Leasehold improvements	[21,406.	11,253.		10,	153.
d Equipment	[
e Other				120,382.	117,973.		2,	409.
Total. Add lines 1a through 1e (Colum	ın (d) must eq	ual Form 990	, Part X, col	umn (B), line 10(c).)		-	191,	910.
RΛΛ					Scho	dula D (E	orm aa	n) 2010

Schedule **D** (Form 990) 2010

Part VII Investments—Other Securities. See F	orm 990, Part X, Iir	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	n: et value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
(A)			
(B)			
(C)			
<u>(D)</u>			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H)			
(l) Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments—Program Related. (See	Form 990 Part X	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuatio	in.
(1)	(a) Book value	Cost or end-of-year marke	
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. (See Form 990, Part X,	line 15)		
, , ,	scription		(b) Book value
(1) HISTORICAL ARTIFACT	SCIPTION		66,861.
(2)			00,001.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10))) // 15)		CC 0C1
Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part		············	66,861.
(a) Description of liability	(b) Amount		
(1) Federal income taxes	(b) Amount		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	. 🏲		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

85-0231249

Schedule D (Form 990) 2010 LOS ALAMOS	HISTORICAL SOCIET ontinued)	Y, INC	85-023124	9 Page 5
Part XIV Supple	mental Information (a	ontinued)			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
LOS ALAMOS HISTORICAL SOCIETY, INC	85-0231249
FORM OOD DART WILLING 11D FORM OOD DEVIEW DROCESS	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	

2010	SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT 1271	LOS ALAMOS HISTORICAL SOCIETY, INC	85-0231249
11/08/11		10:24AM
FORM 990, PA OTHER CHAN	ART XI, LINE 5 GES IN NET ASSETS OR FUND BALANCES	
ROUNDING	\$ TOTAL \$	1. 1.
		1.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

nternal Reve	enue Service	File a sep	arate appli	cation for each return.			
If you	are filing for an	Automatic 3-Month Extension, con	nplete only	Part I and check this box			▶ 🛚 🗶
If you	are filing for an	Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of thi	s form	n).	
Do not co	omplete Part II ur	nless you have already been grante	d an autom	atic 3-month extension on a previously f	iled F	orm 8868.	
request a Associate	n extension of tir ed With Certain P	ne to file any of the forms listed in	Part I or Paust be sent	d a 3-month automatic extension of time 3-month extension of time. You can eleart II with the exception of Form 8870, In to the IRS in paper format (see instructing Charities & Nonprofits.	forma	ition Returr	n for Transfers
Part I	Automatic 3-	Month Extension of Time. C	nlv subm	nit original (no copies needed).			
				-month extension — check this box and o	lamos	ete Part I d	onlv ►
	corporations (incl ax returns.	luding 1120-C filers), partnerships,	REMICS, a	nd trusts must use Form 7004 to request	tan e.	xtension o	f time to file
	Name of exempt	organization			Employer identification number		
Type or							
orint	LOS ALAM	OS HISTORICAL SOCIETY,	INC		85-	0231249	9
File by the due date for	Number, street, a	and room or suite number. If a P.O. box, see in	structions.				
iling your eturn. See	1050 BAT	HTUB ROW					
nstructions.	City, town or pos	t office, state, and ZIP code. For a foreign addr	ess, see instru	ctions.			
	LOS ALAM	IOS, NM 87544					
Enter the	Return code for	the return that this application is fo	r (file a sep	parate application for each return)			01
Applications S For	on		Return Code	Application Is For			Return Code
Form 990			01	Form 990-T (corporation)			07
orm 990	-BL		02	Form 1041-A			08
orm 990	-EZ		03	Form 4720			09
orm 990	-PF		04	Form 5227			10
orm 990	-T (section 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	-T (trust other that	an above)	06	Form 8870			12
Teleph If the If this check	none No. <u>505</u> organization doe is for a Group R	s not have an office or place of bus eturn, enter the organization's four	FAX No siness in the digit Group		this is	s for the wh	hole group,
unti The ►	extension is for calendar yea X tax year begi	` '	anization re		al retu	urn	
	Change in accou	nting period 	220 or 6060	anter the tentative tax less any	<u> </u>		
non	refundable credit	s. See instructions	<u> </u>	any refundable credits and estimated tax	3a	\$	0.
pay	ments made. Incl	ude any prior year overpayment all	owed as a	credit	3b	\$	0.
				vith this form, if required, by using	3c		0.
	If you are going t instructions.	o make an electronic fund withdraw	vai with this	Form 8868, see Form 8453-EO and For	tu sg	79-EU for	

Form **990-EZ**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

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

Öpen to Public Inspection

Contract population	Α	For th	ne 2009 calendar year, or tax year beginning 7/01 , 2009, and	ending	6/30			2010
Solution	В	Check	f applicable C			D Empl	oyer ıd	entification number
None change Principle Pr		Addres	s change Please LOS ALAMOS HISTORICAL SOCIETY, INC		- 1	85	-023	31249
Institute return Specific S		Name (hange label or D O ROY 13		Į.			
Termination Section Selection Section		Initial r	eturn type. LOS ALAMOS, NM 87544		- 1	50	5-66	52-6272
**Section 301(c/3) organizations and 4947(a/11) nonexempt charitable trusts must afface a completed Schedule A Form 990 or 590 E.D. Website: * WilWi LOSALAMOSHISTORY .ORG		Termin	ation Specific			30	5 00	0212
**Section 901(c)(3) organizations and 4947(e)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website: ** WRW. LOSALAMOSHISTORY. ORG Website: ** WRW. LOSALAMOSHISTORY. ORG Tax-exempt tatals (beck one yee) IX 90(0 (3) * (inset re) (skt/o)(1) or (specify) **		Amend						emption
Website: WWW_LOSALAMOSHISTORY_ORG	\perp	Applica						
Website:		•	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts				Ш	Cash X Accrual
Website: ► WWW. LOSALAMOSHISTORY, ORG 3 * (miscrine) 4947(s(1) or 527 990-EZ, or 990-FZ 990-EZ, or 990-EZ 990-			must attach a completed Schedule A (Form 990 or 990-EZ).			· · · ·		
Tax-esembly tables (clock) only only 1 301(c) (3) = (instration) 484(a)(1) or 157 990-EZ, or 990-FY								
Testing trains class clarks and other part Section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form \$90-EZ or Form \$90 return is not required, but if the organization chooses to file a return, be sure to the a complete return	-			- I იი	quired to a	311acn : 190-PF)	cnea	ule B (Form 990,
\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a complete return. Add times 5, bb, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 \$ \$ 380, 637. Ball 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 1 Contributions, gifts, grants, and similar amounts received 1 147, 477. 2 7,527. 3 Membership dues and assessments 4 4 9,151. \$ 1 477,477. 2 7,527. \$ 1 147,477. \$ 1								
L Add lines Sh. 6b. and 7b, to line 9 to determine gross receipts, if \$500,000 or more, frile Form 990 Sabo, 637.								
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.) Contributions, grits, grants, and similar amounts received 1						to me		piete return
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, grits, grants, and similar amounts received 1	L	Add I	ines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file	Form 99	0		▶ Ś	380.637
1 147,477. 147,477. 3 3 3 3 3 3 3 3 3				nces (S	ee the i		<u> </u>	
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5 SEE STATEMENT 1 5 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ critical incomplete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ critical incomplete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ critical incomplete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ critical incomplete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ critical incomplete applicable parts of Schedule 6) If any amount is from gaming, check here b Less cost of goods sold c Response of Incomplete applicable parts of Schedule (9) If any amount is from gaming, check here b Less cost of goods sold c Gross profit or (loss) from space al events and activities (Subtract line 7b from line 7a) 8 Other revenue (describe * SEE STATEMENT 2 9 Total revenue Add lines 1 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (altach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, lutitities, and maintenance 15 Printing, publications, postage, and shipping 16 Other responses (describe * SEE STATEMENT 3 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at the displace of the instructions for Part II) 20 Other changes in net assets or fund balances (attach explanation) 21 Net asset					200 1110 1	136140		147,477
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Form	990-EZ (2009) LOS ALAMOS HIST	ORICAL SOCIETY, IN	<u>C</u>		-023	31249 Page 2				
Par	Statement of Program Sei	vice Accomplishments	(See the instruction	ons.)		Expenses				
What i	s the organization's primary exempt purpose? SEI	E STATEMENT 6			5016	uired for section c)(3) and (4)				
Desc	ribe what was achieved in carrying out the	e organization's exempt purp	oses In a clear and co	ncise manner,	orga	c)(3) and (4) nizations and section (a)(1) trusts, optional				
progr	ribe the services provided, the number of ram title	persons benefited, or other i	relevant information for	each	for o	thers)				
					1					
					20-	100 560				
	(Grants \$) If th	is amount includes foreign gr	rants, cneck nere		28 a	188,569.				
29										
	(Grants \$) If th	is amount includes foreign gr	rants, check here	>	29 a					
30										
					}					
]					
	(Grants \$) If th	is amount includes foreign gr	rants, check here		30 a					
31	Other program services (attach schedule	e)								
	(Grants \$) If th	is amount includes foreign gi	rants, check here	▶ □	31 a					
32	Total program service expenses (add li	nes 28a through 31a)		•	32	188,569.				
Par	List of Officers, Directors	Trustees, and Key Em	ployees. List each or	ne even if not con	npens	ated (See the instrs.)				
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account				
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances				
DAD	DADA TANCE	to position VICE PRESIDENT	0.	uererreu compensa	0.	0.				
	BARA LANGE				υ.	0.				
	D. BOX 32598	2.00								
	TA FE, NM.87594									
	LLIS HOLLAND	REC SEC'Y	0.		0.	0.				
215	RIO BRAVO	2.00								
LOS	ALAMOS, NM 87544									
DEN	NY ERICKSON	PRESIDENT	0.		0,	0.				
	BRIGHTON LANE	2.00								
	ALAMOS, NM 87544									
	RY CAMPBELL	PAST PRESIDENT	0.		0.	0.				
	RIM ROAD	2.00			٥.	٠.				
		2.00								
	ALAMOS, NM 87544	mpna cupen								
	WILKINS	TREASURER			0.	0.				
	O LOS PUEBLOS	2.00		}						
	ALAMOS, NM 87544									
	IN HOPKINS	MEMBER AT LARGE			0.	0.				
	1 41ST ST	2.00								
LOS	ALAMOS, NM 87544									
	Y BURNS KENDRICKS	MEMBER AT LARGE	0.		0.	0.				
	O CANYON RD	2.00	1	1						
	ALAMOS, NM 87544			1		1				
	Y MACHEN	MEMBER AT LARGE	0.		0.	0.				
	0 IST ST	2.00			٠.	· ·				
	ALAMOS, NM 87544	2.00								
		MEMBER AT LARGE	0.		0.	0.				
	RON SNYDER		1		0.	٠.				
	2 PLATINUM_DR.	2.00								
	RANCHO, NM 87124									
	H_PLASSMANN	MEMBER AT LARGE	1		0.	0.				
	CHAMISA	2.00								
LOS	ALAMOS, NM 87544									
	HUR MONTOYA	MEMBER AT LARGE	0.		0.	0.				
	S MONTE REY DR	2.00		J		J				
	ALAMOS, NM 87544]								
	NIS REISENWEAVER	MEMBER AT LARGE	0.		0.	0.				
	2 45TH ST	2.00	1	1	- •					
	ALAMOS, NM 87544	2.00								
BAA		TEEA0812L 0	01/30/10			Form 990-EZ (2009)				
		12100121				()				

	990-EZ (2009) LOS ALAMOS HISTORICAL SOCIETY, INC			35-023124			age_
ar	V Other Information (Note the statement requirements in the instrs for F	² art	V.)	SEE ST.	ATEME		8
						Yes	No
;	Old the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach	a de	tailed de	scription of	33		Х
	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conform	ed c	opy of th	e changes	34		X
					-	, ` .	
	f the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), buttach a statement explaining why the organization did not report the income on Form 990-T.	it not	reported or	n Form 990-1,			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject	t to	section 6	033(e) notice	,		,
	reporting, and proxy tax requirements?				35 a		X
	f 'Yes,' has it filed a tax return on Form 990-T for this year?				35 b		
	Oid the organization undergo a liquidation, dissolution, termination, or significant disposition o year? If 'Yes,' complete applicable parts of Schedule N	f net	assets o	during the	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a		0.			
	Did the organization file Form 1120-POL for this year?		_		37 b		Х
	Old the organization borrow from, or make any loans to, any officer, director, trustee, or key e	mplo	ovee or w	vere		شند	.d.~.m
	any such loans made in a prior year and still outstanding at the end of the period covered by	his	return?		38 a		X
•	f 'Yes,' complete Schedule L, Part II and enter the total				1.4	. X. Y	-
	amount involved	38 ь		N/A	<u>1</u>	12.1	
					149	,	1
		39 a		N/A	– '~		Ϊ.
		39 b		N/2	<u>4</u>		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the		under.	0	, <u>48</u> ,	3	J(n),
	section 4911 ► 0., section 4912 ► 0.; section 4955	_		0.	- 78		
)	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 495	8 ex	cess ben	efit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with	a di	squalified	d person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Fo Yes, complete Schedule L, Part I	JIMS	S 10 OCC	750.EZ, II	40 b		X
•						18.7%	
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	•		0	. 1	35	4.
1:	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed	_		_	1, 1,		1 3
I	by the organization	▶.		0	. % . `	, f ⁴ ,	1 8
•	All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T	l tax			40 e	، سنت	X
	List the states with which a copy of this return is filed NONE				400		_ A
2 a	The organization's books are in care of LOS ALAMOS HISTORICAL SOCIETY		Telephone r	10. ► 505-6	662-6	272	
	Located at ► 1921 JUNIPER-FULLER LODGE, LOS ALAMOS NM		ZIP +				
					ſ	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature of	r oth	er author	rity over a	42 b	162	No X
	financial account in a foreign country (such as a bank account, securities account, or other fin	anci	ai accoul	11)	420	1 , 10	<u></u>
	If 'Yes,' enter the name of the foreign country.				125		1 3/14
					1	2.	أبر
						;	`^ <i>\</i>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fina	ncial	Accounts		8.	: 11	2 60
_	See the instructions for exceptions and filing requirements for Form ID F 30-22.1, Report of a Foreign Bank and Fin a At any time during the calendar year, did the organization maintain an office outside of the U		Accounts		42 c		X
C	If 'Yes,' enter the name of the foreign country	J :			420		_ A
	in res, enter the name of the foreign country						
						. —	
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Che	eck I	nere	اماد			N/I
	and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 43			N/I
						Yes	No
	Did the expension mountain any dense advised funds? If IVes I Ferm 000 must be expension	1 ,	toad				
	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed of Form 990-EZ	1115	teau		44		X
,	ls any related organization a controlled entity of the organization within the meaning of section	n 51	2(b)(13)?	If 'Yes '			
	Form 990 must be completed instead of Form 990-EZ	., 51	_(0)(10)	, 63,	45		X
	777-00101 01/00110			F	orm 99 0)-EZ	(2009
A	TEEA0812L 01/30/10						•

ALAMOS,

May the IRS discuss this return with the preparer shown above? See instructions

NM 87544

Only

BAA

(505)

Phone no

662-3513

Form 990-EZ (2009)

►X Yes

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. No Yes 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 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Χ Х 48 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 49 a 49 a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee (a) Name and address of each employee paid more than \$100,000 benefit plans and deferred compensation account and other allowances NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign nature of off Here reasurer Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid 11-22-10 self-employed JAMES A DÍNKEL N/A Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 **JAMES** Α. DINKEL, P C parer's OPPENHEIMER DR SUITE 205 N/A Use

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

LOS	ALA	AMOS HISTOR	ICAL SOCIETY,	INC					85-02	31249			
Part	I F	Reason for Pu	blic Charity Statu	s (All organizations	must c	comple	te this	part.)	See ir	nstructi	ions		
The o	rganı	zation is not a pri	vate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	ЩA	church, conventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)((1)(A)(i)	•				
2	ЦA	school described	ın section 170(b)(1)(/	A)(ii). (Attach Schedule B	E)								
3	-		,	e organization described		•		•					
4	∐ A	medical research	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	.)(iii) En	iter the hos	spital's	•
5	\Box A	ame, city, and sta in organization op	erated for the benefit	of a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in s	ection	n
_		70(b)(1)(A)(iv). (C	. ,		L	4: 1	70/5//1	(A)(.)					
6 7	\overline{\bar{\pi}} A	n organization tha		governmental unit descri substantial part of its su art II)					t or from	the ger	neral public	desc	ribed
8	∐ A	community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	I)							
9	fr	om activities relate nvestment income	d to its exempt function	more than 33-1/3 % of its s as – subject to certain excess taxable income (less complete Part III)	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aro	SS	fter
10	A	n organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).				
11	$_{\rm n}$	nore publicly supp	orted organizations of	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2). See	of, or car section	rry out th 509(a)(3	ne purpose). Check t	s of or he box	ne or that
	а	Type I	b Type II	c Type III	l — Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е	⊥ tr	By checking this both an foundation material (a) (2)	ox, I certify that the or anagers and other tha	rganization is not controll in one or more publicly si	led direc	tly or in d organi	directly zations (by one describe	or more ed in sec	disquali ction 509	ified perso (a)(1) or s	ns oth ection	ner
f	lf	, , , ,	received a written det	termination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting (organizatio	n,	
g	S	Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	m any	of the fo	ollowing	persons	,7		
												Yes	No
	(i	i) a person who	directly or indirectly	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
	(i		nber of a person desc								11 g (ii)		
	•		,	n described in (i) or (ii) al	bove?						11 g (iii)		
h			-	the supported organization							<u></u>		
	(ı) N	lame of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	(v) Did y the organ col i your su	ization in	(vi) l organizat (i) organii U S	on in col	(vil) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
Total			在一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的							菱.			

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 LOS ALAMOS HISTORICAL SOCIETY, INC 85-0231249

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

Sec	tion A. Public Support	ed the box off file	5 5, 7, 01 8 01 T al	(1)						
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
beginning in)		(a) 2005	(0) 2000	(c) 2007	(d) 2000	(0) 2003				
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	177,324.	163,908.	455,472.	143,073.	147,477.	1,087,254.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.			
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.		i				0.			
4	Total. Add lines 1-through 3	177,324.	163,908.	455,472.	143,073.	147,477.	1,087,254.			
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)						0.			
6	Public support. Subtract line 5 from line 4						1,087,254.			
Sec	tion B. Total Support		_							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	177,324.	163,908.	455,472.	143,073.	147,477.	1,087,254.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	9,226.	13,002.	16,106.	4,966.	9,150.	52,450.			
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)						0.			
11	Total support. Add lines 7 through 10						1,139,704.			
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	0.			
_	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)			
$\overline{}$	tion C. Computation of Pu						05.4.			
	Public support percentage for 20			ne 11, column (f)		14	95.4 % 95.6 %			
	Public support percentage from a 33-1/3 support test — 2009. If the	e organization did	not check the bo	ox on line 13, and	the line 14 is 33		heck this box			
t	and stop here. The organization 33-1/3 support test – 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box			
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explaın ın Part	IV how			
Ł	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r e. Explaın ın Part	IV how the			
_	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a						
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2009			

Page 3

Part III. | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Gross receipts from						
2	admissions, merchandise sold or services performed, or facilities furnished in a activity						
	that is related to the organization's tax-exempt purpose	!					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of						
	the amount on line 13 for the year						
C	: Add lines 7a and 7b		34.	or he of dead of the land	1 Jan Market		
8	Public support (Subtract line	· / / / / / / / / / / / / / / / / / / /	**			The state of the s	
	7c from line 6.)	鑫徽/水型。	17.6 vilve 21.18	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ない。	h - chale	X
Sec	tion B. Total Support				1		
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13		198 9年 - 大海衛星の	浴室题题:	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PARTICIONAL PROPERTY.	*
14		is for the organiz		<u> </u>			
	tion C. Computation of Pu						
15	Public support percentage for 20		.,	ne 13, column (f)).	15	%
16						16	%
	tion D. Computation of Inv						1
17	Investment income percentage f			-	umn (f))	. 17	
18	Investment income percentage to					<u> 18</u>	<u>%</u>
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	oox and stop here	. The organizatio	n qualifies as a p	ublicly supported	organization	
t	33-1/3 support tests - 2008. If t is not more than 33-1/3%, check	ne organization di k this box and sto	id not check a bo p here. The orgai	x on line 14 or 19 nization qualifies	a, and line 16 is as a publicly supp	more than 33-1/3 orted organization	on Name 18

Schedule A	(Form	n 990 or	990-6	EZ) 200	9 LO	SA	LAMOS	HIS	STOR	ICAL	SOC	IETY	, INC			85-0	2312	49	F	age 4
Part IV	Supp	oleme	ntal l	nforn	ation.	Con	nplete	this	part	to pro	ovide	the e	xplana	tions	requ	ired b	y Par	t II, lin	e 10;	
	Part	II, line	e 1/a	or 1/	b; and	l Par	t III, II	ne I	2. Pr	ovide	any	other	additio	nal ı	ntorm	ation	. See	instruc	ctions	· <u>-</u> -
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Open to Public Inspection

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

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

Name of the organization						Employer identifica	ition number		
LOS ALAMOS HISTORICAL SOC	IETY, INC					85-023124	9		
Part Fundraising Activities. Compl Form 990E2 filers are not requ	ete if the organ	nization ar	nswered 'Y	es' to Form 990, Part I	V, line	17.			
1 Indicate whether the organization r				owing activities Check	all that	apply.			
Mail solicitations				Solicitation of non-					
Internet and email solicitations				Solicitation of gove	-	_			
Phone solicitations	'			Special fundraising		granto			
H				Special fullulaising	EVEIRS				
In-person solicitations 2a Did the organization have written or	r oral agreeme	ant with an	w individu	al (including officers d	ractors	trustees or key			
employees listed in Form 990, Part	t VII) or entity	in connect	ion with p	rofessional fundraising	services	or ney	Yes No		
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or ent e organization	tities (fund	fraisers) p	ursuant to agreements	under w	hich the fundra	iser is to be		
		T			(v) Ar	nount paid to			
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	fundra	retained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
		<u> </u>	<u> </u>		<u> </u>				
		•							
Total 3 List all states in which the organization			>	had for the safe as he sa		1			
or licensing	ation is registei	red or lice	nsea to so	olicit funds or has been	notified	it is exempt fro	im registration		
		-							

Par	Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$								
RE			(a) Event #1 HERITAGE PARTN (event type)	(b) Event #2	(c) Other Events	(d) Tot (Add col	al Even	nts	
REVENUE	1	Gross receipts	30,430.				30,4	130.	
Ĕ	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)	30,430.				30,4	130.	
	4	Cash prizes							
_	5	Noncash prizes							
D I R E C T	6	Rent/facility costs							
	7	Food and beverages							
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses			L.,.				
S	10		_		•				
_	11	Net income summary. Combine lines 3,			•	L		430.	
Pai	rt III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported m	iore th	nan	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	al gamı (a) thr	ing ough	
Ë	1	Gross revenue							
D X	2	Cash prizes							
DIRECT	3	Non-cash prizes							
5	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes% No	Yes% No	Yes% No				
	7	Direct expense summary. Add lines 2 th	rough 5 in column (d)		•				
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7		<u> </u>			
۵	Ent	er the state(s) in which the organization of	perates gaming activitie	ac.		[7	YES		
		he organization licensed to operate gamin					a		
ı	b If ' N	No,' explain				dieri.	/ ; .		
								`` 	
		re any of the organization's gaming license	es revoked, suspended	or terminated during th	e tax year?	10	, '2", '		
'	D II	es,' explain'					1		
							كأشب	<u> </u>	
11		es the organization operate gaming activiti				11	+-	\vdash	
12	ls t adr	he organization a grantor, beneficiary or tr ninister charitable gaming?	rustee of a trust or a me	ember of a partnership	or other entity formed t	0 12			

Schedule G (Form 990 or 990-EZ) 2009 LOS ALAMOS HISTORICAL SOCIETY, INC. 85-02312	.49	P	² age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	⊣		
b An outside facility	_		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.		, ,	
Name: •	- :		
Address: <u></u>	_		
		1.70	
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a	4	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	1		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party.			
		z,	
Name. ▶	-	Sar .	
Address ►			
	. .		
16 Gaming manager information			
Name ▶			*`,
Name. ►	- 148	1. 1. 1. 1. 1.	1 7 4
Gaming manager compensation ► \$	***	· .	'
		1,1	
Description of services provided	-	12	
	1	-`	
Director/officer Employee Independent contractor	,	1:00	
17 Manufalana dadahadaan	,		
17 Mandatory distributions	1 1		**
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		†	T
organization's own exempt activities during the tax year. ►\$	1 4	. :	:
BAA TEEA3703L 02/05/10 Schedule G (Form 9	90 or 9	90-EZ	2009

FEDERAL STATEMENTS

PAGE 1

LOS ALAMOS HISTORICAL SOCIETY, INC

85-0231249

STATEMENT 1 FORM 990-EZ, PART I, LINE 5C NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 93,484.

100,641.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -7,157.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -7,157.

STATEMENT 2 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE

INSURANCE PROCEEDS STALE DATED CHECKS

\$ 3,639. 2,802. TOTAL \$ 6,441.

STATEMENT 3 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ACQUISITIONS ADVERTISING AND PROMOTION ANNUAL MEETING BANK CHARGES BUSINESS GIFTS	\$ 294. 11,275. 300. 2,013. 75.
CASUAL LABOR	100.
COMPUTER MAINTENANCE	2,277.
CONSERVATION SUPPLIES	2,529.
DEPRECIATION	16,539.
DOCENT	611.
DUES & SUBSCRIPTIONS .	853.
EQUIPMENT PURCHASE	75.
EQUIPMENT RENTAL	1,931.
EXHIBITS	3,717.
FUNDRAISING EXP	158.
HISTORY FAIR	100.
INFORMATION TECHNOLOGY	3,891.
INSURANCE	3,508.
INTEREST	1,395.
LANB LECTURES	3,908.
MEALS	96.
MEMBERSHIP MEMBER BETTER	360.
NEWSLETTER OFFICE EXPENSE	2,669.
OFFICE EXPENSE	3,790.
OTHER TAXES	10.
RE TAX - OPPIE HOUSE REPAIRS AND MAINTENANCE	760. 2,856.
RESEARCH	100.
SECURITY	324.
SECORITI STORAGE RENT	2,104.
SUPPLIES	619.
TRAVEL	614.
4.14.17.11.11.11.11.11.11.11.11.11.11.11.11.	014.

FEDERAL STATEMENTS

PAGE 2

LOS ALAMOS HISTORICAL SOCIETY, INC

85-0231249

STATEMENT 3 (CONTINUED) FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

WEBSITE EXPENSE

TOTAL $\frac{$}{$}$ $\frac{537}{70,388}$.

STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

FURNITURE AND FIXTURES HISTORICAL ARTIFACT INVENTORIES

BEGINNING ENDING

\$ 6,691. \$ 4,310.

66,861. 66,861.

90,221. 91,121.

TOTAL \$ 163,773. \$ 162,292.

STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES SECURED MORTGAGES AND NOTES PAYABLE

BEGINNING ENDING

\$ 3,145. \$ 2,540.
29,768. 25,333.

TOTAL \$ 32,913. \$ 27,873.

STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE A MUSEUM FOR THE PRESERVATION OF LOCAL HISTORY.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MUSEUM: ARTIFACT AND ARCHIVE COLLECTION, DISPLAYS OPEN TO GENERAL PUBLIC. RESEARCH FACILITIES AND SERVICES, SALES OF BOOKS AND OTHER EDUCATIONAL MATERIALS DEVOTED TO HISTORY & CULTURE OF LOS ALAMOS. PUBLICATION OF OF LOCAL HISTORICAL AND CULTURAL INFORMATION.

FEDERAL STATEMENTS

PAGE 3

LOS ALAMOS HISTORICAL SOCIETY, INC

85-0231249

STATEMENT 8			
FORM 990-EZ, PART V			
REGARDING TRANSFERS ASSOCIAT	ED WITH PERSONAL	L BENEFIT C	ONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return

Internal Revenue Service	1	File a separate applicat	ion for each return.		1		
 If you are filing for ar 	Automatic 3-Month	Extension, complete only Pa	rt I and check this box			► X	
		omatic) 3-Month Extension, c		nage 2 of the	s form)	-	
	•	dy been granted an automatic		-			
					100 1 01111 0000		
rai (1000) Automatic	: 3-Wonth Extens	ion of Time. Only submi	t original (no copies	needed).			
A	(1- F 000 T				I-t- Dod I		
	•	requesting an automatic 6-mo					
All other corporations (in income tax returns	cluding 1120-C filers)	, partnerships, REMICS, and	trusts must use Form 700	4 to request	an extension of	time to file	
the additional (not autom Form 990-T Instead, vol	natic) 3-month extension in the full th	ectronically file Form 8868 if on required to file Form 990-T on or (2) you file Forms 990- y completed and signed page -file for Charities & Nonprofit	BL, 6069, or 8870, group (2 (Part II) of Form 8868	matic extens le Form 8868 returns, or a For more de	ion of time to file 8 electronically if composite or contains on the elect	one of the (1) you want nsolidated ronic filing of	
	pt Organization				Employer identificati	on number	
Type or							
LOS ALA	MOS HISTORICA	L SOCIETY, INC			85-0231249		
		If a P O box, see instructions					
filing your return See P.O. BC	X 43						
instructions City, town or p		e For a foreign address, see instruction	ns				
LOS ALA	MOS, NM 87544						
		e application for each return)					
Form 990	[Form 990-T (corporation)	Г	Form 472	20		
Form 990-BL	-	Form 990-T (section 401(a)	or 408(a) trust)	Form 522			
X Form 990-EZ	-	Form 990-T (trust other tha		Form 606			
Form 990-PF	-	Form 1041-A	, above)	Form 887			
• If this is for a Group check this box the extension will continue to the extension will continue to the extension is for a Group check this box I request an automouth this is for a Group check this box The extension will continue this is for a Group check this box I request an automouth this is for a Group check this box The extension will continue this is for a Group check this box The extension will continue this is for a Group check this box The extension will continue this is for a Group check this box The extension is for a Group check this i	pes not have an office Return, enter the orga If it is for part of to ver atic 3-month (6 month)	FAX No or place of business in the Usanization's four digit Group Exhe group, check this box on some for a corporation required the exempt organization return for	Inited States, check this becomption Number (GEN) and attach a list with to file Form 990-T) extens	the names a			
► X tax year be	ginning7/01	, 20 <u>09</u> _, and ending	6/30 .20 10)			
2 If this tax year is fo					hange in account	ting period	
3a If this application is nonrefundable cred	s for Form 990-BL, 99	0-PF, 990-T, 4720, or 6069, e	nter the tentative tax, less	s any	3a \$	0.	
		990-T, enter any refundable ont allowed as a credit	redits and estimated tax p	payments	3ь\$	0.	
c Balance Due. Subti deposit with FTD co See instructions	ract line 3b from line oupon or, if required,	3a Include your payment with by using EFTPS (Electronic F	this form, or, if required, ederal Tax Payment Syst	em)	3c \$	0.	
Caution. If you are going payment instructions	to make an electron	c fund withdrawal with this Fo	orm 8868, see Form 8453	-EO and For	m 8879-EO for		
BAA For Privacy Act an	d Paperwork Reducti	on Act Notice, see instructio	ns.		Form 8868	(Rev 4-2009)	

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the

year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements 2008

OMB No 1545-1150

Open to Public Inspection

Α	For the 2008 calenda	r year, or tax year beginning 7/	01 , 2008 , and en	ding 6/30	, 2009
В	Check if applicable	С		Dε	mployer identification number
	Address change Use IRS	35-0231249			
	Name change label or print or	LID U BUA 13			elephone number
	Initial return type.	LOS ALAMOS, NM 87544		,	505-662-6272
<u> </u>	Termination See Specifi	303-002-0272			
\vdash	Amended return Instructions.	roup Exemption			
نــــــــــــــــــــــــــــــــــــــ	Application pending				umber •
	• Section 501(c)	(3) organizations and 4947(a)(1) nonex	cript criainable trasts	G Accounting meth	
	must at	tach a completed Schedule A (Form 9.	90 or 990-E2).	Other (specify)	
	Website: ► WWW.I	LOSALAMOSHISTORY.ORG			the organization is not h Schedule B (Form 990,
٠.	Organization type (check	1.1	no) 4947(a)(1) or 527	990-EZ, or 990-F	?F)
K		ganization is not a section 509(a)(3) si		gross receints are no	ermally not more than
11	\$25.000 A return is r	not required, but if the organization cho	poses to file a return, be sure to	o file a complete reti	urn
ī		7b, to line 9 to determine gross receip	<u> </u>		
L	instead of Form 990-l	EZ	7(5, 11 \$1,000,000 of More, me	FOITH 990	► \$ 238,325.
Pa	rt I Revenue.	Expenses, and Changes in Ne	t Assets or Fund Balance	es (See the instr	
L	1 Contributions, o	gifts, grants, and similar amounts rece	SECEIVED		1 114,297.
	2 Program servic	e revenue including government fees	ind-contracts		2 6,432.
		ies and assessments	101		3
	4 Investment inco		DEC 2 2 2009		4 5,965.
		from sale of assets other than inventor	CCC B A COUJ I. I .	2,502.	
	hless cost or of	ther hasis and sales expenses		3,502.	1 ,
R	c Gain or (loss) from	sale of assets other than inventory (Subtract I)	Com 5 Matt start SET ST	TATEMENT 1	-1,000.
E	6 Special events and	activities (complete applicable parts of Schedule	G) If any amount is from gaming, chec		
REVENU	a Gross revenue		of contributions		
Ü	reported on line	• • • • • • • • • • • • • • • • • • • •	6a	37,138.	\$,
_	1	enses other than fundraising expense		1,081.	1 1
		i) from special events and activities (Subtract line		1,001.	6c 36,057.
	I	inventory, less returns and allowances	7a	71,991.	30733.1
	b Less cost of go	•	7b	30,646.	1
		(loss) from sales of inventory (Subtrac		30,010.	7c 41,345.
	8 Other revenue (des	• •)	8
	· ·	(add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			
		ular amounts paid (attach schedule)			10
		o or for members			11
E		compensation, and employee benefits			12 136, 386.
EXPENSE	1	es and other payments to independent	contractors		13 11,033.
Ň	ł	nt, utilities, and maintenance	Contractors		14 15.
		ations, postage, and shipping			15 3,821.
S		scribe SEE STATEMENT 2		1	16 69,162.
	1	(add lines 10 through 16)			
_		cit) for the year (Subtract line 17 from	line 9)		18 -17,321.
A	1			الماد المعالم	
N S E E T	19 Net assets or fu	und balances at beginning of year (fror on prior year's return)	n line 27, column (A)) (must a	gree with end-of-year	805,243.
ŤĘ	20 Other changes	in net assets or fund balances (attach	explanation)		20
S		und balances at end of year. Combine		•	
P		Sheets. If Total assets on line 25, col		re file Form 990 inst	
•••		(See the instructions for Part II)		(A) Beginning of ye	
22	Cash, savings, and	,		475,742	
23				169,567	
24	•	ribe ► SEE STATEMENT 3	,	164,754	
25				810,063	
26		scribe ► SEE STATEMENT 4)	4,820	
27		balances (line 27 of column (B) must	agree with line 21)	805,243	
_					

	1990-EZ (2008) LOS ALAMOS HIST				-023	31249 Page 2					
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses					
Desc desc	is the organization's primary exempt purpose? SE stribe what was achieved in carrying out the ribe the services provided, the number of ram title	E STATEMENT 5 ne organization's exempt purp f persons benefited, or other	oses. In a clear and corelevant information for	oncise manner, each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)					
					101 0						
20						200 510					
	(Grants \$) If the	nis amount includes foreign gr	ants, check here		28 a	202,519.					
29			ļ								
30	(Grants \$) If the	nis amount includes foreign gr	ants, check here		29 a						
30					{						
					ł						
	(Grants \$) If th	nis amount includes foreign gr	onts shock have		30 a						
21	Other program services (attach schedule		ants, check here		30 a						
J.	• •	e) his amount includes foreign gr	ants chack hara	▶ □	31 a						
32	Total program service expenses (add li		ants, check here		32	202,519.					
Par			nlovees (List each o	ne even if not cor							
1 41	try List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account					
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and ation	and other allowances					
	RBARA LANGE	VICE PRESIDENT	0.		0.	0.					
). BOX 32598	2.00									
SAN	NTA FE, NM 87594										
PHY	YLLIS HOLLAND	REC SEC'Y	0.		0.	0.					
215	S RIO BRAVO	2.00									
LOS	ALAMOS, NM 87544]									
DEN	NY ERICKSON	PRESIDENT	0.		0.	0.					
	BRIGHTON LANE	2.00									
	ALAMOS, NM 87544										
	RRY CAMPBELL	PAST PRESIDENT	0.		0.	0.					
	5 RIM ROAD	2.00									
	S ALAMOS, NM 87544										
	WILKINS	TREASURER	0.		0.	0.					
	N WILKINS BO LOS PUEBLOS	2.00			Ο.	0.					
		2.00		}							
	S ALAMOS, NM 87544	MEMBER AT LARCE									
	IN HOPKINS	MEMBER AT LARGE			0.	0.					
	51_41ST_ST	2.00									
	S ALAMOS, NM 87544										
	AY BURNS KENDRICKS	MEMBER AT LARGE			0.	0.					
	O CANYON RD	2.00									
	S ALAMOS, NM 87544										
	DY MACHEN	MEMBER AT LARGE	•		0.	0.					
	0 1ST ST	2.00									
LOS	S ALAMOS, NM 87544										
SHA	ARON SNYDER	MEMBER AT LARGE	0.		0.	0.					
469	2 PLATINUM DR.	2.00]							
	RANCHO, NM 87124										
	TH PLASSMANN	MEMBER AT LARGE	0.		0.	0.					
	CHAMISA	2.00		•							
	S ALAMOS, NM 87544	1									
	THUR MONTOYA	MEMBER AT LARGE	0.		0.	0.					
	S MONTE REY DR	2.00			٠.]					
	S ALAMOS, NM 87544	2.00									
	NIS REISENWEAVER	MEMBER AT LARGE	0.		0.	0.					
		1			υ.	· ·					
	72 45TH ST	2.00									
TO?	S ALAMOS, NM 87544	TEE ADDIOL O	1/14/00	<u> </u>		Form 990-F7 (2008)					

	The Information (Note the Statement regulariment in General metaction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
24	each activity	33 34		X
34	, , , , , , , , , , , , , , , , , , , ,	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	1		
;	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements?	35 a 35 b		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	350		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions			, _;
ı	b Did the organization file Form 1120-POL for this year?	37 b	-	<u> </u>
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		<u>x</u>
!	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter	Í		
	a Initiation fees and capital contributions included on line 9 39a N/A			
	b Gross receipts, included on line 9, for public use of club facilities N/A			
40	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			,
	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			_
•	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 ь		Х
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		`,	
	d Enter amount of tax on line 40c reimbursed by the organization		şî.	
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE	40 e		X
	a The books are in care of ► LOS ALAMOS HISTORICAL SOCIETY Located at ► 1921 JUNIPER-FULLER LODGE, LOS ALAMOS NM ZIP + 4 ► 87544 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	62-6 42b	272 Yes	No X
,	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A
	Duning the second considerable of the Constant	Γ	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
3AA		m 990	-EZ (

Form 990-EZ (2008) LOS ALAMOS HISTORIC			85-0231			age 4				
Part VI Section 501(c)(3) organization and complete the tables for line	s only. All section tes 50 and 51.	501(c)(3) organiza	ations must answer qu SEE ST)				
46 Did the organization engage in direct or indire for public office? If 'Yes,' complete Schedule (ct political campaign ac C, Part I	ctivities on behalf of o	r in opposition to candidate	s 46	Yes	No X				
47 Did the organization engage in lobbying activit										
48 Is the organization operating a school as desc	ribed in section 170(b)	(1)(A)(ıı)? If 'Yes,' cor	nplete Schedule E	48		<u>X</u>				
49a Did the organization make any transfers to an	exempt non-charitable	related organization?	•	49 a		X				
b If 'Yes,' was the related organization(s) a sect	ion 527 organization?			49 b						
50 Complete this table for the five highest compereceived more than \$100,000 of compensation	nsated employees (oth from the organization	er than officers, direc If there is none, ente	tors, trustees and key emp	oyees) w _	ho each	h				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	pense nt and owances					
NONE										
		<u>-</u>								
	<u> </u>		- 							
Total number of other employees paid over \$100,000										

Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service NONE Total number of other independent contractors receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 12/14/09 Sign Signature of officer Here RONALD Type or print name and title Preparer's Identifying Number (See instructions) Check if self-employed Date Preparer's signature **Paid** 12-10-09 N/A Pre-DINKEL, C. Firm's name (or parer's yours if self-employed), address, and ZIP + 4 Use 555 OPPENHEIMER DR SUITE 205 ► N/A EIN (505) 662-3513 Only LOS ALAMOS, NM 87544 Phone no ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions

BAA

Form **990-EZ** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization			_						on number		
LOS ALAMOS HISTORICAL S	OCIETY,	INC					85-02	231249			
Part I Reason for Public Ch	arity Statu	s (All organizations	must d	comple	te this	part.)	(see	nstruct	ions)		
The organization is not a private four	dation becau	ise it is (Please check o	nly one	organiza	ation)						
1 A church, convention of chu	irches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)					
2 A school described in section	on 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)								
3 A hospital or cooperative ho	ospital service	e organization described	ın secti	on 170(l)(1)(A)(iii). (At	tach Scl	nedule H)		
4 A medical research organiz	-	-		-					-	spital's	
name, city, and state	,	,	•				- (,, , -			
5 An organization operated for	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). (Complete Part II)										
6 A federal, state, or local go											
in section 170(b)(1)(A)(vi).	in section 1/0(b)(1)(A)(vi). (Complete Part II)										
8 A community trust describe											
from activities related to its ex investment income and unre	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10 An organization organized a	•	•		•			• • •		•		
An organization organized a more publicly supported or describes the type of supp	ganizations of	described in section 509(a	a)(1) or	section	509(a)(2	ctions o 2). See	of, or ca section	rry out th 509(a)(3)	ne purpose). Check ti	s of one ne box	e or that
	Type II	c Type III				ed		d 🗍	Type III-	Other	
e By checking this box, I cert than foundation managers a 509(a)(2)	ify that the oi	rganization is not controll	led direc	tlv or in	directly	bv one	or more ed in se	dısqualı	fied perso	ns othe)r
f If the organization received check this box	a written det	termination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting o	organizatio	n,	
g Since August 17, 2006, has	the organiza	ition accepted any gift of	r contrib	ution fro	m any	of the fo	ollowing	persons	7		
										Yes	No
below, the governing	body of the s	controls, either alone or tupported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)		
(ii) a family member of a	person desc	cribed in (i) above?							11 g (ii)		
(iii) a 35% controlled entit	y of a persor	n described in (i) or (ii) al	bove?						11 g (iii)		
h Provide the following inform	nation about	the organizations the org	anızatıo	n suppo	rts						
(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the non in col d in your rning ment?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(VII) Amount of Sup		ort
			Yes	No	Yes	No	Yes	No			
			_	_			_	_			
				ĺ				ĺ			
											
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			†								
Total BAA For Privacy Act and Paperwork	Reduction	Act Notice, see the Instru	uctions	or Form	990.	5	Schedule	A (Forn	n 990 or 99	90-EZ)	2008

Part II 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) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2004 (d) 2007 (e) 2008 (b) 2005 (c) 2006 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 123,579 177,324 163,908 455,472 143,073. 1,063,356. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 143,073 123,579 177,324 163,908 455,472 1,063, 356. Total. Add lines 1-3 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 0. shown on line 11, column (f) Public support. Subtract line 5 1,063,356. from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2006 (d) 2007 (e) 2008 (a) 2004 (b) 2005 (f) Total beginning in) 123,579 177,324 163,908 455,472 143,073 1,063,356. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 4,966 9,226 5,206 13,002 16,106 48,506. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) 0. Total support. Add lines 7 1,111,862. through 10 12 0. Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.6% Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 94.8% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test** — **2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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Page 3

Schedule A (Form 990 or 990-EZ) 2008 LOS ALAMOS HISTORICAL SOCIETY, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec							
Sect	ion A. Public Support			 				
	dar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	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	Total, Add lines 1-5							
	Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)			<u> </u>				
Sec	tion B. Total Support	<u></u>	<u> </u>					
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	8	(f) Total
Cale	iuar year (bi liscai yi begiiiiiliig iii)	(a) 2004	(0)2000	(0) 2000	(d) 2007	(6) 2000		(i) rotar
_	• • • • • • • • • • • • • • • • • • • •						l l	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is							
10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support, (add ins 9, 10c, 11, and 12)			nd, third, fourth,	or fifth tax year a	s a section 5	501(c)(3	3) •
10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	501(c)(3	(i)
10 a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz stop here blic Support F	ation's first, seco			s a section 5	501(c)(3	(i) <u> </u>
10 a b 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz I stop here blic Support F	ation's first, seco	ne 13, column (f)		is a section 5		
10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	is for the organized stop here blic Support F 008 (line 8, column 2007 Schedule A	ation's first, seco Percentage n (f) divided by lii, Part IV-A, line 2	ne 13, column (f) 7g		is a section 5	15	%
10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Invitor 10 payments of the payments of the payments of the processing from the support percentage from tion D. Computation of Invitor 10 payments of the payments of	is for the organized stop here blic Support F 008 (line 8, column 2007 Schedule A	ation's first, seco Percentage n (f) divided by lii , Part IV-A, line 2 me Percentag	ne 13, column (f) 7g e)	as a section 5	15 16	<u>%</u>
10 a b 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from those the percentage from the support income percentage from the support p	is for the organized stop here blic Support F 008 (line 8, column 2007 Schedule Avestment Incor	ation's first, seco Percentage n (f) divided by lii , Part IV-A, line 2 me Percentag , column (f) divide	ne 13, column (f) 7g e ed by line 13, colu)	is a section 5	15 16	% %
10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support percentage from 10 Computation of Investment income percentage 11 Investment income percentage 133-1/3 support tests – 2008. If the	is for the organized stop here blic Support Figure 2007 Schedule Avestment Incompared for 2008 (line 10c, from 2007 Schedule organization did not present the contract of the	ation's first, seco Percentage n (f) divided by lii , Part IV-A, line 2 me Percentag , column (f) divided ite A, Part IV-A, lite check the box on	ne 13, column (f) 7g e ed by line 13, column ine 27h line 14, and line 15	umn (f))	3%, and line 1	15 16 17 18 7 is not	<u>%</u>
10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support percentage from Investment income percentage for Invest	is for the organization did not consume this box and stop here.	ation's first, seco Percentage n (f) divided by lii , Part IV-A, line 2 me Percentag , column (f) divide ille A, Part IV-A, li t check the box on . The organizatio id not check a bo p here. The organ	ne 13, column (f) 7g e ed by line 13, column ine 27h line 14, and line 15 n qualifies as a p x on line 14 or 19 nization qualifies	umn (f)) 5 is more than 33-1/2 bublicly supported 9a, and line 16 is as a publicly supp	3%, and line 1 organization more than 33 ported organi	15 16 17 18 7 is not 3-1/3%, zation	% % %

Schedule A	(Form 990	or 990-	EZ) 2008	LOS	ALAMOS	HIST	CORICAL	SOCIETY	, INC	85-0231249	Page 4
Part IV	Supplem	ental	Informat	tion. C	omplete	this p	art to pr	ovide the	explanat	85-0231249 on required by Part II, line 10; I information. (see instructions	
	Part II, II	ne 17a	or 17b;	or Pa	rt IİI, lıne	e 12. F	Providė a	any other a	additiona	I information. (see instructions	5)
			-								
											- -
				- <i></i>							-
						<u> </u>			. _		- -
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TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

	ime of the organization Employer identification number								
	OS ALAMOS HISTORICAL SOCIETY, INC						85-0231249		
Par	t I Fundraising Activities.	Complete if	the orga	ınızatıon	answered 'Yes' to	Form 9	90, Part IV,	line 17.	
1	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants								
	Phone solicitations				Special fundraising		grants		
	In-person solicitations				Special fullulaising	events			
	L '								
	Did the organization have written of employees listed in Form 990, Par								No
b	b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.								
	(i) Name of individual or entity (fundraiser) (ii) Activity		(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	or r	nount paid to etained by) iiser listed in col (i)	(vi) Amount p (or retained organization	by)
			Yes	No					
						<u> </u>			
		, , , - ,							
	· · · · · · · · · · · · · · · · · · ·		 						
			-	!					
				_					
							-		
		<u> </u>	I						
	Total				<u> </u>				
3	List all states in which the organiz or licensing.	ation is registei	red or lice	nsed to so	olicit funds or has been	notified	t is exempt fro	m registration	
									-

<u> Fai</u>	L III	reported more than \$15,000 on F	tne organization a form 990-EZ, line 6	nswered Yes to Fo a. List events with	aross receipts are	ater thar	า า \$5.00	0.
			(a) Event #1 HERITAGE PARTN	(b) Event #2 FUND RAISING	(c) Other Events	(d) To (Add col	tal Even	ıts
R			(event type)	(event type)	(total number)		, (c))	
#CZ#<#	1	Gross receipts	29,475.	7,663.			37,1	38.
Ĕ	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	29,475.	7,663.			<u>37,1</u>	.38.
_	4	Cash prizes						
D-RECT	5	Non-cash prizes						
	6	Rent/facility costs						
EXPENSES	7	Other direct expenses	1,081.			<u> </u>	1,0	81.
Ě	8	Direct expense summary Add lines 4- ti	hrough 7 in column (d)		•		1,0	81.
	9	Net income summary Combine lines 3 a					36,0	
Par	t III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye :	s' to Form 990, Par	t IV, line 19, or re	ported n	nore th	an ——
REVEZUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo		(d) Total gaming (Add col. (a) throu col. (c))		ng ough
Ë ——	1	Gross revenue						<u>-</u>
E	2	Cash prizes						
DIRECT	3	Non-cash prizes						
C S T E S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes% No			
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•			
8 Net gaming income summary Combine lines 1 and 7 in column (d)								
_							YES	NO
9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states?							a	
t) If 'N	lo,' Explain						
		re any of the organization's gaming license 'es,' Explain	es revoked, suspended	or terminated during the	e tax year?	10	а	
•	- -							
11	Doe	s the organization operate gaming activiti	es with nonmembers?				-	
12	ls ti adn	ne organization a grantor, beneficiary or tr ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed t	0 12		
BAA			TEEA3702L 0		Schedule G (Fo		990-EZ)	2008

Schedule G (Form 990 or 990-EZ) 2008 LOS ALAMOS HISTORICAL SOCIETY, INC 85	5-0231249		age 3
1 1		YES	NO
13 Indicate the percentage of gaming activity operated in. a The organization's facility b An outside facility 13a 13b 14 Provide the name and address of the person who prepares the organization's gaming/special events books a	% % nd records		
Name ►			
Address. •	· -		
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the a of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address			
Name •			
Address •			
To Carring manager information	*		
Name •			
Gaming manager compensation ► \$			· ·
Description of services provided			2
Director/officer Employee Independent contractor	,		,
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retastate gaming license?			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent	ın the		ł i
organization's own exempt activities during the tax year 🕒 \$			
BAA TEEA3703L 07/18/08 Schedule	G (Form 990 or 9	90-EZ)	2008

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•			-

FEDERAL STATEMENTS

PAGE 1

LOS ALAMOS HISTORICAL SOCIETY, INC

85-0231249

STATEMENT 1 FORM 990-EZ, PART I, LINE 5C NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 2,502.

3,502.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -1,000.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,000

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ACQUISITIONS	\$	172.
ADVERTISING AND PROMOTION		16,802.
ANNUAL MEETING		117.
BANK CHARGES		2,176.
BOARD EXPENSES		46.
BUSINESS GIFTS		75.
COMPUTER MAINTENANCE		1,445.
CONSERVATION SUPPLIES		1,362.
CONTINUING EDUCATION		575.
DEPRECIATION		14,600.
DOCENT		332.
DUES & SUBSCRIPTIONS		720.
EQUIPMENT RENTAL		2,096.
EXHIBITS		5,791.
HISTORY FAIR		100.
INFORMATION TECHNOLOGY		3,689.
INSURANCE		3,323.
INTEREST		128.
LANB LECTURES		2,871.
MEMBERSHIP		416.
MISCELLANEOUS		50.
NEWSLETTER		2,296.
OFFICE_EXPENSE		2,875.
OTHER TAXES		10.
REPAIRS AND MAINTENANCE		235.
RESEARCH		9.
SECURITY		324.
SHOP MAKEOVER		4,151.
STORAGE RENT		516.
SUPPLIES		907.
TRAVEL		312.
WEBSITE EXPENSE	momar 1	641.
	TOTAL \$	69,162.

FEDERAL STATEMENTS

PAGE 2

LOS ALAMOS HISTORICAL SOCIETY, INC

85-0231249

STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BEG	INNING _	ENDING
FURNITURE AND FIXTURES HISTORICAL ARTIFACTS INVENTORIES MACHINERY AND EQUIPMENT	\$ TOTAL \$ 1	5,689. \$ 66,861. 88,565. 3,639. 64,754. \$	3,052. 66,861. 90,221. 3,639. 163,773.

STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	<u>B</u>	<u>EGINNING</u>	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES SECURED MORTGAGES AND NOTES PAYABLE	\$	4,820. 0.	\$ 3,145. 29,768.
	TOTAL \$	4,820.	\$ 32,913.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE A MUSEUM FOR THE PRESERVATION OF LOCAL HISTORY.

STATEMENT 6 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MUSEUM: ARTIFACT AND ARCHIVE COLLECTION, DISPLAYS OPEN TO GENERAL PUBLIC. RESEARCH FACILITIES AND SERVICES, SALES OF BOOKS AND OTHER EDUCATIONAL MATERIALS DEVOTED TO HISTORY & CULTURE OF LOS ALAMOS. PUBLICATION OF OF LOCAL HISTORICAL AND CULTURAL INFORMATION.

STATEMENT 7 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue			File a separa	ite application for ea	ich return.				
 If you are filing for an Automatic 3-Month 			Extension, complete only Part I and check this box				► X		
If you are	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo					s form)		
Do not comp	o not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
Part I	Automatic	3-Month Extens	on of Time. Or	nly submit origina	al (no copies	needed).			
				-					
A corporation	required to f	file Form 990-T and	requesting an auto	matic 6-month exter	nsion – check t	this box and o	comple	te Part I on	ıly ► 📗
All other corp	oorations (inc	luding 1120-C filers)	partnerships, RE	MICS, and trusts mu	st use Form 70	004 to request	an ex	tension of t	ime to file
income tax re	eturns								
the additional Form 990-T	l (not automa Instead, vou i	tic) 3-month extensi	on or (2) you file f completed and s	rm 8868 if you want Form 990-T) Howeve Forms 990-BL, 6069, igned page 2 (Part II & <i>Nonprofit</i> s	or 8870. aroup	returns, or a	comp	osite or con	nsolidated
	Name of Exempt	Organization					Emplo	yer identificatio	n number
Type or print	ĺ						ĺ		
•		OS HISTORICA			=		85-	0231249	
File by the due date for	Number, street, a	and room or suite number	If a P O box, see instru	ctions					
filing your return See	P.O. BOX				_				
instructions] '	st office, state, and ZIP cod	e For a foreign address	see instructions					
		IOS, NM 87544			 -				
		filed (file a separat	¬ ''	· ·					
Form 990			Form 990-T (cor	•		Form 472			
Form 990			⊣	tion 401(a) or 408(a)	trust)	Form 522			
X Form 990		<u> </u>	┥ `	st other than above)		Form 606			
Form 990)-PF		Form 1041-A			Form 887	<u>U</u>		
Telephone If the orga If this is f check this the exten I reques until The ext	e No 505 anization doe for a Group R s box Insion will cove st an automat 2/15 lension is for calendar yea tax year beg	eturn, enter the organism to service to the service of the service of the service of the service of the organization's reservice organization organi	or place of busine inization's four digne group, check the start of the exempt organitum for, 2008, a	FAX No sess in the United States and the United States and all and all and required to file Forestation return for the and ending 6/30	Number (GEN) ttach a list with m 990-T) exten organization no	If the names a sion of time amed above	nd EIN	is of all me	mbers
		less than 12 months		Initial return	Final retu		nange	ın accounti	ng period
<u>nonrefu</u>	ındable credit	s See instructions		or 6069, enter the to			3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.			
deposit	e Due. Subtra with FTD cou structions	ct line 3b from line 3 upon or, if required,	Ba Include your party by using EFTPS (E	ayment with this form Electronic Federal Ta	n, or, if required x Payment Sys	d, stem) 	3 c	\$	0.
Caution. If you		to make an electroni	c fund withdrawal	with this Form 8868,	see Form 845	3-EO and For	m 887	9-EO for	
BAA For Pri	vacy Act and	Paperwork Reducti	on Act Notice, see	instructions.	_			Form 8868	(Rev 4-2009)