

## Return of Organization Exempt From Income Tax

2000

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c) of the Internal Revenue Code (except black lung benefit  
trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trustOpen to Public  
Inspection

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

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable

☐ Change of address☐ Change of name☐ Initial return☐ Final return☐ Amended returnPlease  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tionsC  
YOSEMITE NATIONAL INSTITUTES  
GGNRA, BUILDING 1055  
SAUSALITO, CA 94965

D Employer identification number

94-2145930

E Telephone number

(415) 332-5776

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 527 OR ☐ 4947(a)(1)Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must  
attach a completed Schedule A (Form 990 or 990-EZ)J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶K Check here ☐ if the organization's gross receipts are normally not more than \$25,000The organization need not file a return with the IRS, but if the organization received a  
Form 990 Package in the mail, it should file a return without financial data

Some states require a complete return

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return filed for affiliates? ☒ Yes ☐ No

H(b) If "Yes," enter number of affiliates ▶ 4

H(c) Are all affiliates included? ☒ Yes ☐ No  
(if "No," attach a list. See instructions)H(d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no. (GEN) ▶ 8079

L Check this box if the organization is not required  
to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 1,590,875 noncash \$ )

1a 1,590,875

1b

1c

1d 1,590,875

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 6,609,117

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 76,520

5 Dividends and interest from securities

5

6a Gross rents

6a 17,170

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 17,170

7 Other investment income (describe ▶ )

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

b Less cost or other basis and sales expenses

8a

c Gain or (loss) (attach schedule)

8b

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8c

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions  
reported on line 1a)

9a

b Less fundraising expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a 88,607

b Less cost of goods sold

10b 51,373

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) SEE STM 1

10c 37,234

d Other revenue (from Part VII, line 103)

11 153,068

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 8,483,984

13 Program services (from line 44, column (B))

13 6,303,161

14 Management and general (from line 44, column (C))

14 1,028,357

15 Fundraising (from line 44, column (D))

15 157,233

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 7,488,751

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 995,233

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 5,125,514

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 2

20 -58,860

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 6,061,887

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DEC 26 2001

OGDEN, UT

EXPENSES

-INCOME

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att. sch.) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att. sch.)	23			
24 Benefits paid to or for members (att. sch.)	24			
25 Compensation of officers, directors, etc.	25 390,084	141,667	248,417	
26 Other salaries and wages	26 3,757,782	3,098,215	514,003	145,564
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 596,634	508,176	85,072	3,386
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 13,725	9,731	3,994	
42 Depreciation, depletion, etc. (attach schedule)	42 300,425	259,028	41,397	
43 Other expenses (itemize): a <u>CONTRACTED S</u>	43a 1,260,553	1,260,553		
b <u>FOOD</u>	43b 421,596	421,596		
c <u>INSURANCE</u>	43c 101,053	97,573	3,480	
d <u>OTHER EXPENSES</u>	43d 261,726	121,449	131,994	8,283
e <u>SCHOLARSHIPS</u>	43e 385,173	385,173		
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 7,488,751	6,303,161	1,028,357	157,233

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

► ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_,

(ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_,

and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? ► SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a <u>THE CORPORATION'S EDUCATION SERVICES AND SEMINARS ARE PROVIDED TO ELEMENTARY AND HIGH SCHOOL STUDENTS AS WELL AS ADULTS. ENVIRONMENTAL EDUCATION IS THE CORPORATION'S EXEMPT PURPOSE.</u>	(Grants and allocations \$ 0 )	6,303,161
b _____	(Grants and allocations \$ )	
c _____	(Grants and allocations \$ )	
d _____	(Grants and allocations \$ )	
e Other program services (attach schedule)	(Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		6,303,161

**Part IV Balance Sheets** (See Specific Instructions on page 23)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash - non-interest-bearing	-4,251	45	201,167
	46 Savings and temporary cash investments	763,909	46	774,668
	47a Accounts receivable	50,150		
	b Less allowance for doubtful accounts		47b	50,150
	48a Pledges receivable	992,605		
	b Less allowance for doubtful accounts		48b	992,605
	49 Grants receivable	622,172	49	316,143
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51b	
	52 Inventories for sale or use	52,535	52	64,947
	53 Prepaid expenses and deferred charges	9,668	53	16,506
	54 Investments - securities (attach schedule) STATEMENT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,020,876	54	3,267,503
	55a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55b	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	4,091,671			
b Less accumulated depreciation (attach schedule) STMT 5	2,146,654	57b	1,945,017	
58 Other assets (describe <input checked="" type="checkbox"/> SEE STATEMENT 6 )	2,924	58	2,624	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	6,532,257	59	7,631,330	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	528,041	60	689,718
	61 Grants payable		61	
	62 Deferred revenue	872,019	62	876,009
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input checked="" type="checkbox"/> SEE STATEMENT 7 )	6,683	65	3,716
	66 <b>Total liabilities</b> (add lines 60 through 65)	1,406,743	66	1,569,443
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,665,641	67	3,048,680
	68 Temporarily restricted	1,640,211	68	2,113,233
	69 Permanently restricted	819,662	69	899,974
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	5,125,514	73	6,061,887
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	6,532,257	74	7,631,330

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	7,488,751
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	7,488,751
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	7,488,751

[illegible]

▶ ☐ Yes ☒ No

**Part VI Other Information** (See Specific Instructions on page 26)

		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
81a	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
81b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86a	501(c)(7) organizations Enter	86a	N/A	
86b	a Initiation fees and capital contributions included on line 12	86b	N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations Enter	87a	N/A	
87b	a Gross income from members or shareholders	87b	N/A	
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
89d	Enter Amount of tax in 89c above, reimbursed by the organization		0	
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>			
90b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b	164	
91	The books are in care of <u>YOSEMITE NATIONAL INSTITUTES</u> Telephone no <u>(415) 332-5776</u>			
	Located at <u>GGNRA, BLDG. 1055, SAUSALITO, CA</u> ZIP code <u>94965</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A	

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>FIELD SCIENCE PROGRAMS</u>					5,239,247
b <u>CONFERENCES AND ADULT PRG</u>					746,181
c <u>FIELD SEMINARS AND CAMPS</u>					623,689
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	76,520	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	17,170	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					37,234
103 Other revenue a <u>MISCELLANEOUS</u>					153,068
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				93,690	6,799,419
105 Total (add line 104, columns (B), (D), and (E))					6,893,109

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign** 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. (Important See General Instruction W, on page 14.)

Date

12/21/01

Type or print name and title

Tom COURTNEY, CFO

Date

12-6-01

Check if self-

Preparer's SSN or PTIN

Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

**2000**

Name of the organization

Employer identification number

**YOSEMITE NATIONAL INSTITUTES**

**94-2145930**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
THOMAS COURTNEY	CONTROLLER			
GGNRA., BLDG. 1055, SAUSAL	40 HRS/WEEK	50,045	0	0
JOHN CARLSTROEM	EXEC. VICE PRES			
GGNRA, BLDG.1055, SAUSALIT	40 HRS/WEEK	57,556	0	0
Total number of other employees paid over \$50,000 ▶		0		

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

**Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . . If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>31,076</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions	<b>2e</b>	<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? . . . . .	<b>3</b>	<b>X</b>
<b>4a</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>4a</b>	<b>X</b>
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions)		

**Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- ☐ **6** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  
☐ **6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)  
☐ **7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  
☐ **8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  
☐ **9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_  
☐ **10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)  
☒ **11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  
☐ **11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  
☐ **12** 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)  
☐ **13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- ☐ **14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) . . . . .	1,698,408	467,467	1,133,865	447,306	3,747,046
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .	6,460,756	5,541,858	5,335,054	4,561,391	21,899,059
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities (section 512(b)(5), rents, royalties, and unrelated business taxable income (less section 511 losses) from businesses acquired by the organization after June 30, 1975 . . . . .	102,536	124,584	90,348	80,511	397,979
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets. SEE ST. 1.0 . . . . .	86,355	79,994	129,476	6,228	302,053
<b>23</b> Total of lines 15 through 22 . . . . .	8,348,055	6,213,903	6,688,743	5,095,436	26,346,137
<b>24</b> Line 23 minus line 17 . . . . .	1,887,299	672,045	1,353,689	534,045	4,447,078
<b>25</b> Enter 1% of line 23 . . . . .	83,481	62,139	66,887	50,954	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					88,942
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 25a. Enter the sum of all these excess amounts . . . . .					
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					4,447,078
d Add Amounts from column (e) for lines: 18 397,979 19 _____					
22 302,053 26b _____					
e Public support (line 28c minus line 28d total) . . . . .					700,032
f Public support percentage (line 28e (numerator) divided by line 28c (denominator)) . . . . .					3,747,046
					84.26%
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year N/A					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year:					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total) . . . . .					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . .					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . .					%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

**Private School Questionnaire** (See page 5 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . .
- If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)

- 32 Does the organization maintain the following.
- a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .
- d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 33 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges? . . . . .
- b Admissions policies? . . . . .
- c Employment of faculty or administrative staff? . . . . .
- d Scholarships or other financial assistance? . . . . .
- e Educational policies? . . . . .
- f Use of facilities? . . . . .
- g Athletic programs? . . . . .
- h Other extracurricular activities? . . . . .

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .

- b Has the organization's right to such aid ever been revoked or suspended? . . . . .
- If you answered "Yes" to either 34a or b, please explain using an attached statement.

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions )  
(To be completed ONLY by an eligible organization that filed Form 5768)Check here ☐ a ☐ if the organization belongs to an affiliated groupCheck here ☐ b ☐ if you checked "a" above and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	X		31,076
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (add lines c through h)			31,076

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

SEE STATEMENT 11



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization

YOSEMITE NATIONAL INSTITUTES

Employer identification number

94-2145930

Organization type (check one) - Section

☒ 501(c)( 3 ) ◀ (enter number), ☐ 527 or

☐ 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations** - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below ) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc , purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**KFA** For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

YOSEMITE NATIONAL INSTITUTES

94-2145930

**Part I** Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
2		\$ 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
3		\$ 515,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
4		\$ 35,100	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
5		\$ 260,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
6		\$ 47,587	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization

Employer identification number

YOSEMITE NATIONAL INSTITUTES

94-2145930

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 35,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

YOSEMITE NATIONAL INSTITUTES

94-2145930

**Part II** Noncash Property

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

KFA

Schedule B (Form 990 or 990-EZ) (2000)



Name of organization

Employer identification number

YOSEMITE NATIONAL INSTITUTES

94-2145930

**Part III** Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

• Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions)

▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<p>(e) Transfer of gift</p> <p>Transferee's name, address, and zip code</p> <p>Relationship of transferor to transferee</p>		
	<p>(e) Transfer of gift</p> <p>Transferee's name, address, and zip code</p> <p>Relationship of transferor to transferee</p>		
	<p>(e) Transfer of gift</p> <p>Transferee's name, address, and zip code</p> <p>Relationship of transferor to transferee</p>		
	<p>(e) Transfer of gift</p> <p>Transferee's name, address, and zip code</p> <p>Relationship of transferor to transferee</p>		
	<p>(e) Transfer of gift</p> <p>Transferee's name, address, and zip code</p> <p>Relationship of transferor to transferee</p>		
	<p>(e) Transfer of gift</p> <p>Transferee's name, address, and zip code</p> <p>Relationship of transferor to transferee</p>		

**STATEMENT 1**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

ITEMS SOLD	AMOUNT
RETAIL SALES, ALL SITES .....	\$ 88,607
GROSS SALES	\$ 88,607
LESS RETURNS & ALLOWANCES	\$ 0
NET SALES	\$ 88,607
LESS: COST OF GOODS SOLD	\$ 51,373
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 37,234</u>

**STATEMENT 2**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED LOSS ON INVESTMENTS .....	\$ -58,860
TOTAL	<u>\$ -58,860</u>

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

YOSEMITE NATIONAL INSTITUTES IS AN EXEMPT CORPORATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE CORPORATION'S PROGRAM SERVICE ACTIVITIES ARE ORGANIZED AND OPERATED SUBSTANTIALLY FOR PROVIDING ENVIRONMENTAL EDUCATION PROGRAMS TO HIGH SCHOOL AND ELEMENTARY STUDENTS. IN ADDITION, ENVIRONMENTAL EDUCATION PROGRAMS AND SEMINARS ARE OFFERED TO ADULTS. DURING THE SUMMER, THE INSTITUTE CONDUCTS BACKPACKING TRIPS, FIELD SEMINARS AND PHOTOGRAPHY WORKSHOPS WHICH ARE OPEN TO STUDENTS AND ADULTS. ALL OF THE INSTITUTES' PROGRAMS ARE RELATED TO ITS EXEMPT PURPOSE OF EDUCATION.

**STATEMENT 4**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

CORPORATE STOCKS	VALUATION METHOD	AMOUNT	TOTAL
CORPORATE STOCKS AND BONDS	MARKET VALUE	\$ 937,848	

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

			\$ 937,848
U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT	TOTAL
U.S. GOVERNMENT OBLIGATIONS	MARKET VALUE	\$ 2,329,655	
			\$ 2,329,655
	TOTAL		<u>\$ 3,267,503</u>

**STATEMENT 5**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIP.	\$ 139,182	69,514	69,668
MACHINERY AND EQUIPMENT	782,483	494,619	287,864
BUILDINGS	3,170,006	1,582,521	1,587,485
TOTAL	<u>\$ 4,091,671</u>	<u>2,146,654</u>	<u>1,945,017</u>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

	ENDING
DEPOSITS .....	\$ 2,624
TOTAL	<u>\$ 2,624</u>

**STATEMENT 7**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

	ENDING
DEPOSITS .....	\$ 3,716
TOTAL	<u>\$ 3,716</u>

**STATEMENT 8**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
DANIEL FLANAGAN GGNRA, BLDG. 1055 SAUSALITO, CA 94965	EXEC. DIR.-YNI 40 HOURS/WEEK	\$ 75,391	0	0
MIKE LEE SAME FOR ALL	EXEC. DIR.-HI 40 HOURS/WEEK	48,476	0	0
MAITLAND PEET	EXEC. DIR.-OPI 40 HOURS/WEEK	54,469	0	0
LEIGH DAVENPORT	EXEC. DIR.-YI 40 HOURS/WEEK	38,722	0	0
KAREN COLLINS	MEMBER AS NEEDED	0	0	0
JOHN FRENCH	CHAIR AS NEEDED	0	0	0
JERRY HALEVA	MEMBER AS NEEDED	0	0	0
ANDY BAXTER	MEMBER AS NEEDED	0	0	0
HEIDI BROWN	SECRETARY AS NEEDED	0	0	0
ROY CRAWFORD	MEMBER AS NEEDED	0	0	0
ROBERT CROSS	MEMBER AS NEEDED	0	0	0

STATEMENT 8 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
JOHN FRENCH	CHAIRMAN AS NEEDED	\$ 0	0	0
JOHN TREAT	MEMBER AS NEEDED	0	0	0
DAVID HERBST, PH.D.	MEMBER AS NEEDED	0	0	0
JIM MARSHALL	MEMBER AS NEEDED	0	0	0
MONTE MEYERS	MEMBER AS NEEDED	0	0	0
ALLAN PRAGER	MEMBER AS NEEDED	0	0	0
JACK WALSTON	TREASURER AS NEEDED	0	0	0
STEPHANIE CLARK	MEMBER AS NEEDED	0	0	0
KAREN COLLINS	MEMBER AS NEEDED	0	0	0
DAVID HARTLEY	MEMBER AS NEEDED	0	0	0
NANCY KAMI	MEMBER AS NEEDED	0	0	0

STATEMENT 8 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
DEREK KNUDSEN	MEMBER AS NEEDED	\$ 0	0	0
JAMES KUHNS	CHAIRMAN AS NEEDED	0	0	0
KAREN LECY	MEMBER AS NEEDED	0	0	0
BRIAN O'NEILL	MEMBER AS NEEDED	0	0	0
RONALD PATTERSON	MEMBER AS NEEDED	0	0	0
VIOLA PICKENS	MEMBER AS NEEDED	0	0	0
SEAN RANDOLPH	MEMBER AS NEEDED	0	0	0
ROBERT TRIBE	MEMBER AS NEEDED	0	0	0
SCOTT VON ESCHEN	MEMBER AS NEEDED	0	0	0
VALERIE ANDERS	VICE-CHAIR AS NEEDED	0	0	0
ARCHIE PURVIS	MEMBER AS NEEDED	0	0	0

STATEMENT 8 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
G. HERBERT HOLLEY	MEMBER AS NEEDED	\$ 0	0	0
HARRY LYDIARD	MEMBER AS NEEDED	0	0	0
DAVID MATTERN	MEMBER AS NEEDED	0	0	0
NANCY MCKAY	SECRETARY AS NEEDED	0	0	0
TIM MCNULTY	MEMBER AS NEEDED	0	0	0
ED MILES	MEMBER AS NEEDED	0	0	0
TERRY MIX	CHAIRMAN AS NEEDED	0	0	0
GREG MOGA, III	MEMBER AS NEEDED	0	0	0
DAVID MORRIS	MEMBER AS NEEDED	0	0	0
KATHY NORTHROP	MEMBER AS NEEDED	0	0	0
PAT O'HARA	MEMBER AS NEEDED	0	0	0

**STATEMENT 8 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
W. THOMAS PORTER	MEMBER AS NEEDED	\$ 0	0	0
WILLIAM WHITE	MEMBER AS NEEDED	0	0	0
ANN BELKOV	MEMBER AS NEEDED	0	0	0
LINDA BROWNSTEIN	CHAIR AS NEEDED	0	0	0
PAUL CULBERG	MEMBER AS NEEDED	0	0	0
GARRY BREWER, PH.D.	MEMBER AS NEEDED	0	0	0
DAVID JAY FLOOD	CHAIR AS NEEDED	0	0	0
PHILLIP LAMOREAUX	MEMBER AS NEEDED	0	0	0
MARTI LEICESTER	MEMBER AS NEEDED	0	0	0
GINGER LEW	MEMBER AS NEEDED	0	0	0
W. ANDREW MARCUS, PH.D.	MEMBER AS NEEDED	0	0	0



**STATEMENT 8 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
RICHARD SHAVELSON	MEMBER AS NEEDED	\$ 0	0	0
JOEL RUBENSTEIN	MEMBER AS NEEDED	0	0	0
TOTAL		\$ 217,058	0	0

**STATEMENT 9**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
93	THESE INCOME STREAMS ARE FROM ACTIVITIES RELATED TO THE PROVISION OF FIELD PROGRAMS, CONFERENCES, AND SEMINARS, WHICH IS THE CORPORATION'S EXEMPT PURPOSE.
102	THESE INCOME STREAMS ARE FROM ACTIVITIES RELATED TO THE SALE OF GIFTS AND PROMOTIONAL ITEMS, IN ORDER TO PROMOTE THE PURPOSES OF THE CORPORATION, INCLUDING EDUCATION AND CONSERVATION, WHICH IS THE CORPORATION'S EXEMPT PURPOSE.
103	THESE INCOME STREAMS ARE FROM ACTIVITIES RELATED TO PROVIDING EDUCATIONAL PROGRAMS, WHICH IS THE CORPORATION'S EXEMPT PURPOSE.

**STATEMENT 10**  
**SCHEDULE A, PART IV-A, LINE 22**  
**OTHER INCOME**

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
UNREALIZED GAINS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
SALES TAX REFUND	0	0	0	0	0
	0	0	0	0	0
MISCELLANEOUS INCOME	86,355	79,994	129,476	6,228	302,053
TOTAL	\$ 86,355	\$ 79,994	\$ 129,476	\$ 6,228	\$ 302,053

STATEMENT 11  
SCHEDULE A, PART VI-B, LINE I  
DESCRIPTIONS OF THE LOBBYING ACTIVITIES

THE CORPORATION PAID \$31,076 TO A LOBBYING ORGANIZATION, POWERS, PYLES, SUTTER ASSOCIATES, IN ORDER FOR THEM TO INFLUENCE A FEDERAL DEPARTMENT TO INCLUDE YOSEMITE NATIONAL INSTITUTES IN A FEDERAL APPROPRIATION.

A NUMBER OF BUILDINGS ARE BEING USED BY THE INSTITUTE, FREE OF RENT. THE VALUE OF THESE DONATED FACILITIES IS NOT REFLECTED IN THESE STATEMENTS SINCE THE INSTITUTES HAVE NO CLEARLY MEASURABLE AND OBJECTIVE BASIS FOR DETERMINING THE VALUE OF THIS USE.

**YOSEMITE NATIONAL INSTITUTES**  
**June 30, 2001**

Form 990

94-2145930

Supporting Schedule I

**Part I**

**REVENUE, EXPENSES AND CHANGES IN NET ASSETS**

Separated by subordinates

<u>Line</u>	<u>Total</u>	<u>Yosemite Institute</u>	<u>Headlands Institute</u>	<u>Olympic Park Institute</u>	<u>Yosemite National Institute</u>
1 Contributions, gifts, grants and similar amounts received					
a Direct public support	\$ 1,590,875	\$ 1,091,184	\$ 165,895	\$ 66,730	\$ 267,066
b Indirect public support	-	-	-	-	-
c Government contributions (grants)	-	-	-	-	-
d Total (cash)	<u>1,590,875</u>	<u>1,091,184</u>	<u>165,895</u>	<u>66,730</u>	<u>267,066</u>
2 Program service revenue	<u>6,609,117</u>	<u>3,576,184</u>	<u>2,099,393</u>	<u>933,540</u>	<u>-</u>
4 Interest on savings and temporary cash investments	<u>76,520</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>76,520</u>
6 a Gross rents	<u>17,170</u>	<u>1,200</u>	<u>15,970</u>	<u>-</u>	<u>-</u>
10a Gross sales of inventory, less returns and allowances	<u>88,607</u>	<u>24,818</u>	<u>43,862</u>	<u>19,927</u>	<u>-</u>
b Less cost of goods sold	<u>51,373</u>	<u>14,972</u>	<u>24,044</u>	<u>12,357</u>	<u>-</u>
c Gross profit from sales of inventory	<u>37,234</u>	<u>9,846</u>	<u>19,818</u>	<u>7,570</u>	<u>-</u>
11 Other revenue	<u>153,068</u>	<u>97,931</u>	<u>48,123</u>	<u>7,014</u>	<u>-</u>
12 <b>Total Revenue</b>	<u>8,483,984</u>	<u>4,776,345</u>	<u>2,349,199</u>	<u>1,014,854</u>	<u>343,586</u>
13 Program services	<u>6,303,161</u>	<u>3,011,188</u>	<u>2,150,673</u>	<u>1,141,300</u>	<u>-</u>
14 Management and general	<u>1,028,357</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,028,357</u>
15 Fundraising	<u>157,233</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>157,233</u>
17 <b>Total Expenses</b>	<u>7,488,751</u>	<u>3,011,188</u>	<u>2,150,673</u>	<u>1,141,300</u>	<u>1,185,590</u>
18 Excess or (deficit) for the year	<u>\$ 995,233</u>	<u>\$ 1,765,157</u>	<u>\$ 198,526</u>	<u>\$ (126,446)</u>	<u>\$ (842,004)</u>
19 Other changes in net assets	<u>\$ (58,860)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (58,860)</u>

# YOSEMITE NATIONAL INSTITUTES

June 30, 2001

Form 990

94-2145930

## Supporting Schedule 2

### Part II

### STATEMENT OF FUNCTIONAL EXPENSES

Separated by subordinates

#### Program Services

Line	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institute
25 Compensation of officers directors etc	\$ 141,667	\$ 38,722	\$ 48,476	\$ 54,469	\$ -
26 Other salaries and wages	3,098,215	1,220,659	1,295,701	581,855	-
36 Occupancy	508,176	186,583	212,571	109,022	-
41 Interest	9,731	2,393	2,345	4,993	-
42 Depreciation	259,028	75,640	113,955	69,433	-
43 Other expenses					
a Food	421,596	156,060	205,623	59,913	-
b Contracted services	1,260,553	1,116,815	45,105	98,633	-
c Insurance	97,573	39,586	43,197	14,790	-
d Other expenses	121,449	44,228	43,727	33,494	-
e Scholarships	385,173	130,502	139,973	114,698	-
	<u>\$ 6,303,161</u>	<u>\$ 3,011,188</u>	<u>\$ 2,150,673</u>	<u>\$ 1,141,300</u>	<u>\$ -</u>

#### Management and General

Line	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institute
25 Compensation of officers directors, etc	\$ 248,417	\$ -	\$ -	\$ -	\$ 248,417
26 Other salaries and wages	514,003	-	-	-	514,003
36 Occupancy	85,072	-	-	-	85,072
41 Interest	3,994	-	-	-	3,994
42 Depreciation	41,397	-	-	-	41,397
43 Other expenses					
a Food	-	-	-	-	-
b Contracted services	-	-	-	-	-
c Insurance	3,480	-	-	-	3,480
d Other expenses	131,994	-	-	-	131,994
	<u>\$ 1,028,357</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,028,357</u>

**YOSEMITE NATIONAL INSTITUTES**  
**June 30, 2001**

Form 990

94-2145930

Supporting Schedule 2 (Continued)

**Part II**

**STATEMENT OF FUNCTIONAL EXPENSES**

Separated by subordinates

**Fundraising**

<u>Line</u>	<u>Total</u>	<u>Yosemite Institute</u>	<u>Headlands Institute</u>	<u>Olympic Park Institute</u>	<u>Yosemite National Institute</u>
25 Compensation of officers directors etc	\$ -	\$ -	\$ -	\$ -	\$ -
26 Other salaries and wages	145,564	-	-	-	145,564
36 Occupancy	3,386	-	-	-	3,386
41 Interest	-	-	-	-	-
42 Depreciation	-	-	-	-	-
43 Other expenses	-	-	-	-	-
a Food	-	-	-	-	-
b Contracted services	-	-	-	-	-
c Insurance	-	-	-	-	-
d Other expenses	8,283	-	-	-	8,283
	<u>\$ 157,233</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 157,233</u>

# YOSEMITE NATIONAL INSTITUTES

June 30, 2001

Form 990

94-2145930

## Supporting Schedule 3

### Part IV, Column B

### BALANCE SHEETS

Separated by subordinates

Line	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institutes
45 Cash - non-interest-bearing	<u>\$ 201,167</u>				
46 Savings and temporary cash investments	<u>774,668</u>				
47a Accounts receivable	50,150	4,200	32,430	8,459	5,061
b Less allowance for doubtful accounts	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>50,150</u>	<u>4,200</u>	<u>32,430</u>	<u>8,459</u>	<u>5,061</u>
48a Pledges receivable	992,605	-	-	-	992,605
b Less allowance for doubtful accounts	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>992,605</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>992,605</u>
49 Grants receivable	<u>316,143</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>316,143</u>
52 Inventories for sale or use	<u>64,947</u>	<u>20,028</u>	<u>33,025</u>	<u>11,894</u>	<u>-</u>
53 Prepaid expenses and deferred charges	<u>16,506</u>	<u>16,506</u>	<u>-</u>	<u>-</u>	<u>-</u>
54 Investments-securities	<u>3,267,503</u>				
57a Land, buildings and equipment basis	4,091,671	1,319,208	1,352,005	1,159,714	260,744
b Less accumulated depreciation	<u>2,146,654</u>	<u>444,496</u>	<u>972,635</u>	<u>604,734</u>	<u>124,789</u>
	<u>1,945,017</u>	<u>874,712</u>	<u>379,370</u>	<u>554,980</u>	<u>135,955</u>
58 Other assets-Deposits	<u>2,624</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,624</u>
59 <b>Total Assets</b>	<u><b>\$ 7,631,330</b></u>				
60 Accounts payable and accrued expenses	\$ 689,718	\$ 118,591	\$ 85,979	\$ 44,471	\$ 440,677
62 Deferred revenue	876,009	361,691	144,390	78,961	290,967
65 Other liabilities-Deposits	<u>3,716</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,716</u>
66 <b>Total Liabilities</b>	<u><b>1,569,443</b></u>	<u><b>480,282</b></u>	<u><b>230,369</b></u>	<u><b>123,432</b></u>	<u><b>735,360</b></u>
67 Unrestricted net assets	3,048,680				
68 Temporarily restricted net assets	2,113,233				
69 Permanently restricted net assets	<u>899,974</u>				
73 <b>Total net assets</b>	<u><b>6,061,887</b></u>				
74 <b>Total liabilities and net assets</b>	<u><b>\$ 7,631,330</b></u>				

(SCHEDULE A, PART III, LINE 3)  
**GROUP SCHOLARSHIP APPLICATION**  
Headlands Institute

All information given on this form will be kept strictly confidential and used solely to determine the amount of scholarship assistance offered by the Headlands Institute. *Applications received less than 30 days prior to arrival will not be considered.* When filling out the form, please Type or Print legibly.

Group Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Dates of program \_\_\_\_\_

- 1 Has your group received a Headlands Institute scholarship award in past years? ☐ Yes ☐ No
- 2 How many students are expected to attend? \_\_\_\_\_ Of this number, how many need scholarship assistance? \_\_\_\_\_. Amount of scholarship requested: \_\_\_\_\_. (The maximum scholarship award is typically no more than 50% of the group's total tuition).
3. Please describe how your classroom objectives will be met by participating in the Headlands Institute program, on what basis your students will be chosen to attend, and the need your group has for scholarship assistance (please attach additional sheets if necessary).

- 4 Please describe the demography of your student body (by percentage)

\_\_\_\_\_ %African-American      \_\_\_\_\_ %Asian/Pacific Islander      \_\_\_\_\_ %Caucasian  
\_\_\_\_\_ %Latino      \_\_\_\_\_ %Native American      \_\_\_\_\_ %Other \_\_\_\_\_

5. Please describe the other sources of funding for your group (by percentage):

\_\_\_\_\_ %Parents      \_\_\_\_\_ %School Funds      \_\_\_\_\_ %PTA      \_\_\_\_\_ %Student Fundraising  
\_\_\_\_\_ %Foundation/Corporate Grants      \_\_\_\_\_ %Other (describe) \_\_\_\_\_

- 6 What proportion of your students qualify for either the free or reduced lunch program (FRL): \_\_\_\_\_ %

We verify that the information given is true:

Group Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Headmaster Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to *Scholarship Committee, Headlands Institute, GGNRA, Bldg 1033, Sausalito, CA 94965*



Application for Extension of Time to File an  
Exempt Organization Return

OMB No 1545-1709

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note** Do 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 Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer Identification Number	
	YOSEMITE NATIONAL INSTITUTES		94-2145930	
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions			
	GGNRA, BUILDING 1055			
	City, Town, or Post Office. For a foreign address, see instructions		State	ZIP Code
	SAUSALITO, CA 94965			

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-BL <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (corporation) <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) <input type="checkbox"/> Form 990-T (trust other than above) <input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 4720 <input type="checkbox"/> Form 5227 <input type="checkbox"/> Form 6069 <input type="checkbox"/> Form 8870
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- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) 8079. If this is for the **whole group**, check this box ☒. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20\_\_ or

▶ ☒ tax year beginning 7/01, 20 00, and ending 6/30, 20 01

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 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

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

**Signature and Verification**

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, and that I am authorized to prepare this form.

Signature ▶ *Joseph C. Bunker, CPA*

Date ▶ 11-6-01  
Form **8868** (12-2000)

KFA For Paperwork Reduction Act Notice, see instructions