## Jorm 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

		enue Service	► The o	rganization may have	to use a copy o	f this return to sa	atisfy state	reporting re	equirem	ents.	Inspection	on
Α	Fòr tl	he 2005 caler	ıdar year,	or tax year beginning	7/01	, 2005,	and ending	6/30			2006	
В	Check	ıf applicable			_				D Emple	oyer Iden	ntification Number	
	Ad	Idress change	Please use IRS label	YOSEMITE NATI	ONAL INSTI	TUTES			94	-2145	5930	
	Na	ame change	or print or type.	,	NG 1055				E Telep	hone nu	mber	•
	Ini	itial return	See specific	SAUSALITO, CA	94965				(4)	15) 33	32-5776	
	H <sub>F"</sub>	nal return	instruc- tions.						E Acco	unting	177	Accrual
	$\vdash$	nended return							r meth	ou. Other (spe		J Accidai
	$\vdash$	plication pending	- Section	on 501(c)(3) organiza	tions and 4947/s	V(1) popovomnt	Handl	are not applic		<u> </u>	organizations	
	<b>□</b> ^-	pheadon pending	chari	table trusts must atta	ch a completed	Schedule A	Ì	• •			<u> </u>	
				1 990 or 990-EZ).	•			Is this a group				∐ No
G	Web	site: ► WWW	YNI.OR	<u>lG</u>			' '	If 'Yes,' enter				<b>П</b>
1	Orga	nization type					H (C)	Are all affiliat			XYes	∐ No
J	—	k only one)	-	X 501(c) 3	(insert no )	4947(a)(1) or	527	(If 'No,' attacl			•	
K	Chec	k here	if the orga	nızatıon's gross receij	ots are normally	not more than	H (d)	Is this a sepa				T.
	\$25,0	000 The orga	inization n	eed not file a return v	vith the IRS, but	if the organization	on	organization o	···		<del>- 100</del>	X No
		ses to file a r plete return.	eturn, be s	sure to file a complete	e return <b>Some</b> s	tates require a		Group Exe	<del></del>			
		<u> </u>					M	Check >		-	ation is <b>not</b> require	
L		<del></del>		b, 9b, and 10b to line	<del></del>	<u> </u>			<u>·</u>	Form 990	0, 990-EZ, or 990-P	<b>(F)</b>
Ρă	rt I.			ises, and Change	<del>-</del> -	<del></del>	<del></del>	<del>`                                    </del>		<del> </del>		
<u>-</u>	1	Contribution	s, gifts, gra	ants, and similar amo	unts received S	SEE SUPPORT	ING SCH			~<∂` → <b>1</b>	ORDINATE 3	INFO.
· 1007	а	Direct public	support				1 a	<u>1,024,</u>	535.	~ ,		
	Ь	Indirect pub	ic support				1 b					
2		Government		ons (grants)			1 c					
N	a	Total (add lines la through lc) (	<sub>cash</sub> \$	<u>1,024,535.</u>	noncash \$		)			1 d	1,024,	, 535.
	2	Program sei	vice reven	ue including governm	ent fees and co	ntracts (from Par	t VII, line 9	3)		2	7,800,	<u>,626.</u>
	3	Membership	dues and	assessments					•	3		
	4	Interest on s	savings and	d temporary cash inve	estments					4	115	,263.
Ш	5	5 Dividends and interest from securities						5				
ANNE	6a	6a Gross rents						\ **				
	b	Less rental	expenses				6 b		•	,		
O	С	Net rental in	come or (l	loss) (subtract line 6b	from line 6a)					6c		
	7	Other invest	ment incoi	me (describe	<b>&gt;</b>				)	7		
Ë		Cross small		loo of ooooto othor	(/	A) Securities		(B) Othe	r	1		
Ě	o a	than invento		les of assets other		<u> </u>	8a			.		
Ü	ь		•	sis and sales expense	es		8b					
_		Gain or (loss) (		•		<del></del>	8c					
				nbine line 8c, columni	s (A) and (B))					8d		
	;	_		tivities (attach schedu		nt is from <b>gamin</b>	<b>a.</b> check he	ere 🕨				
		Gross reven			_	of contributions	<b>9</b> , 000		L			
		reported on	•				9a			, , , , , , , , , , , , , , , , , , ,		
	 	•	•	other than fundraising	1 eynenses		9 b			5		
			-	om special events (si	•	om line Qal			<u> </u>	9 c		
			,	ry, less returns and a			10a	122	297.			
		Less. cost o			IIOMAIICEZ		<del></del>	<del></del> _				
			•		hadulas Zaubinani III.	10h from line 10-1	10Ь	<u></u>	,576.	10	A A	771
	11	•	•	ales of inventory (attach sci	neuule) (Subtract IIN6	יוו וווטוו מטו :		STATEM	TAT T	10c		<u>,721.</u>
	11		•	Part VII, line 103)	7 0-1 0 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				11		<u>, 272.</u>
	12	• •		es 1d, 2, 3, 4, 5, 6c, 7		IU III	CEIVE	<del></del>		12	9,117	
Ê	13	_	_	n line 44, column (B)			<del></del>	J S		13	7,686	
P	14	_	_	eral (from line 44, coli	umn (C))		<b>5</b> ) 4 5 5			14	1,851	
Ŋ		_	-	44, column (D))		5  FEI	3 1 3 2	nn\ \Sign		15	403	<u>,931.</u>
S E				(attach schedule).		}			1	16		
<u>s</u>	17			nes 16 and 44, colum			DEN,	UT	<u> </u>	17	9,942	
Ą				the year (subtract line			<u></u>		J	18		<u>,723.</u>
N S				ances at beginning of		•				19	9,522	<u>,710.</u>
E E				assets or fund balance			SEE	STATEME	ENT 2	20	99	,316.
s	21	Net assets of	or fund bal	ances at end of year	(combine lines 1	8, 19, and 20)				21	8,797	,303.
BA	A Fo	r Privacy Act	and Pape	rwork Reduction Act	Notice, see the	separate instruct	tions.	TEEA0	109L 02/0	03/06	Form <b>99</b>	0 (2005)

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

<del></del>			services	and general	(D) Fundraising
'Grants and allocations (att sch) (cash \$) non-cash \$)		SEE SUPPORTING	SCHEDULE 2 FOR	SUBORDINATE I	NFO.
If this amount includes foreign grants, check here  23 Specific assistance to individuals (att sch)	22				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	489,280.	278,890.	126,234.	84,156.
26 Other salaries and wages	26	5,301,430.	4,231,636.	826,934.	242,860.
27 Pension plan contributions	27			<u> </u>	
28 Other employee benefits	28			<u>.                                      </u>	
29 Payroll taxes	29		·	·	
30 Professional fundraising fees	30				
31 Accounting fees	31	<del></del>		-	
32 Legal fees	32				<u> </u>
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
<b>36</b> Occupancy	36	615,134.	526,226.	59,778.	29,130.
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings.	40				
41 Interest	41	16,923.	11,314.	5,609.	
42 Depreciation, depletion, etc (attach schedule)	42	294,565.	274,491.	20,074.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43 a	3,224,808.	2,364,419.	812,604.	47,785.
b	43t				
c	430				
d	430	<u> </u>	<u></u>		
e	_ 43€				
f	_ 43 f				
g	430	<u> </u>	·		
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	h 44	9,942,140.	7,686,976.	1,851,233.	403,931.
Joint Costs. Check If you are following	ng SOP	98-2			
Are any joint costs from a combined education of the street street (i) the aggregate amount of the street (ii) the aggregate amount to Fundraising \$	ese join		; (ii) the a	mount allocated to Pro	► Yes X No gram services ne amount allocated

BAA

Form **990** (2005)

Part III	Statement of	Program Service	<u>Accomplishme</u>	nts			
Form 990 is	available for pu	blic inspection and, fo	r some people, serv	es as the primary	or sole source of	information about a	particular

anization. How the public pe ase make sure the return is	erceives an organization in such cases may be determined by the information presented complete and accurate and fully describes, in Part III, the organization's programs and	accomplishments
	ary exempt purpose? SEE STATEMENT 4  their exempt purpose achievements in a clear and concise manner State the number d, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organismpt charitable trusts must also enter the amount of grants and allocations to others)	of Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
	VIRONMENTAL EDUCATION THROUGH K-12 FIELD SCIENCE, ON, SEMINARS, CONFERENCES, AND TEACHER TRAINING	
Grants and allocations  b	\$ ) If this amount includes foreign grants, check here	7,686,976.
Grants and allocations	\$ ) If this amount includes foreign grants, check here	
Grants and allocations  d	\$ ) If this amount includes foreign grants, check here	
Grants and allocations	\$ ) If this amount includes foreign grants, check here	· • • • • • • • • • • • • • • • • • • •
e Other program services.		

BAA

Form **990** (2005)

Balance Sheets (See Instructions)

Part IV

SUPPORTING SCHEDULE 3 FOR SUBORDINATE INFO.

(A) **(B)** Where required, attached schedules and amounts within the description End of year Beginning of year column should be for end-of-year amounts only 360,827. 85,315. 45 Cash — non-interest-bearing 3,137,785. 3,744,288. Savings and temporary cash investments 202,543. 47 a 47a Accounts receivable 118,664. 202,543. 47 c 47 b **b** Less allowance for doubtful accounts 658,696. 48 a 48a Pledges receivable 1,038,624. 263,815. 394,881. 48b **b** Less: allowance for doubtful accounts 48 c 14,000. Grants receivable Receivables from officers, directors, trustees, and key Ā employees (attach schedule) **50** 51 a 51 a Other notes & loans receivable (attach sch) 51 b **b** Less: allowance for doubtful accounts 51 c 75,671. 75,665. **52** 52 Inventories for sale or use 17,559. 53 Prepaid expenses and deferred charges Investments – securities (attach schedule) SEE ST 5 🖊 Cost X FMV 955,534. 870,028. 54 55a Investments - land, buildings, & equipment. basis 55 a **b** Less. accumulated depreciation 55 b 55 c (attach schedule) 431,926. SEE STMT 6 816,851. 56 Investments — other (attach schedule) 8,915,953. 57 a 57a Land, buildings, and equipment: basis **b** Less accumulated depreciation 3,739,502. STATEMENT 7 4,269,880. 5,176,451. 57 c 57 b (attach schedule) Other assets (describe > SEE STATEMENT 8 5,850. 5,000. 10,483,509. 11,313,833. 59 Total assets (must equal line 74) Add lines 45 through 58 659,438. 464,251 60 Accounts payable and accrued expenses 61 Grants payable 1,309,022. 965,670. 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64a Tax-exempt bond liabilities (attach schedule) 64 a 64 b **b** Mortgages and other notes payable (attach schedule) 17,850. 61,098. Other liabilities (describe > SEE STATEMENT 9 1,686,206. 1,791,123. 66 Total liabilities. Add lines 60 through 65 |X| and complete lines 67 Organizations that follow SFAS 117, check here through 69 and lines 73 and 74. 5,214,177. 5,003,212. **67** Unrestricted **67** 2,384,587. 3,327,584. 68 Temporarily restricted 1,198,539. 1,191,914. 69 Permanently restricted Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 **70** Capital stock, trust principal, or current funds **71** Paid-in or capital surplus, or land, building, and equipment fund **72** 72 Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) 9,522,710. 8,797,303. 11,313,833. 10,483,509. 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 Form **990** (2005) BAA

TEEA0104L 10/17/05

SEE STATEMENT 10		489,280.	3,000.	0.
<b></b>				
	<b>- -</b>			
	<b>- -</b>			
	<u>-</u>			
BAA	TEEA0105L	10/17/05		Form <b>990</b> (2005)

orm 990 (2005) YOSEMITE NATIONAL INST			94-21459	30		age
Part V-A Current Officers, Directors, Trus					Yes	No
75 a Enter the total number of officers, directors, and trustees per	_					
b Are any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest compensions.					,	
A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation	h family or business			75 b	<u> </u>	Х
c Do any officers, directors, trustees, or key emp		990 Part V.A or highes	t compansated employee			^
listed in Schedule A, Part I, or highest compen-	sated professional an	d other independent cor	ntractors listed in Schedul	le		
A, Part II-A or II-B, receive compensation from to this organization through common supervision.			or taxable, that are relat	ted   <b>75 c</b>		X
Note. Related organizations include section 509				/ 50		
If 'Yes,' attach a statement that identifies the in			this organization and the		, .	1
other organization(s), and describes the compe					\	۲ ,,
related organization	_					├
d Does the organization have a written conflict of				75 d		<u> </u>
Part V-B Former Officers, Directors, Trus Benefits (If any former officer, directo during the year, list that person below a the instructions)	r, trustee, or key emp	ployee received compen	sation or other benefits (d	described	below	/) :e
	(B) Loans and	(C) Compensation	(D) Contributions to	( <b>E</b> ) E:	xpens	 е
(A) Name and address	Advances		employee benefit plans and deferred compensation plans	account	•	ther
		<del></del>				
	<del> </del>	<del></del>				
· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>			
						_
		<u> </u>				
						•
Part VI. Other Information (See the instruct	ons.)				Yes	N
76 Did the organization engage in any activity not	previously reported t	o the IRS? If 'Yes,'				15.
attach a detailed description of each activity				76	<u> </u>	1
Were any changes made in the organizing or g	_	but not reported to the	<b> </b>	77	2, -	
If 'Yes,' attach a conformed copy of the change of the cha		10 ar mara d +b	or soussed by the estimat	2 30-		٠,
<b>76a</b> Dio the organization have unrelated business o		or more during the ye	ar covered by this return	701	N1	72
	11 11 11 11 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 </b>			/81	1	/A
b If 'Yes,' has it filed a tax return on Form 990-T					1,	<u> </u>
b If 'Yes,' has it filed a tax return on Form 990-T		raction during the		79		
b If 'Yes,' has it filed a tax return on Form 990-T  79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial cont		zation) through common	79		
b If 'Yes,' has it filed a tax return on Form 990-T  79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial control	de or nationwide organiz	zation) through common rganization?	79 80 a	3	
<ul> <li>b If 'Yes,' has it filed a tax return on Form 990-T</li> <li>79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement</li> <li>80 a Is the organization related (other than by association)</li> </ul>	n, or substantial control ciation with a statewicers, etc., to any other of the N/A	de or nationwide organizes exempt or nonexempt or nonexempt o	zation) through common rganization?		3	
<ul> <li>b If 'Yes,' has it filed a tax return on Form 990-T</li> <li>79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement</li> <li>80 a Is the organization related (other than by associatements), governing bodies, trustees, office</li> <li>b If 'Yes,' enter the name of the organization</li> </ul>	n, or substantial control ciation with a statewices, etc., to any other of  N/A  and control and contr	de or nationwide organize exempt or nonexempt or heck whether it is	rganization?	80 a	3	
<ul> <li>b If 'Yes,' has it filed a tax return on Form 990-T</li> <li>79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement</li> <li>80 a Is the organization related (other than by associatement), governing bodies, trustees, office</li> </ul>	n, or substantial control ciation with a statewicers, etc, to any other of  N/A  and control (See line 81 instruct)	de or nationwide organize exempt or nonexempt or heck whether it is	rganization? -	80 a		, ,

	990 (2005) YOSEMITE NATIONAL INSTITUTES	94-2	145930	_	Р	age <b>7</b>
Pa	rt VI : Other Information (continued)				Yes	No
<b>82</b> a	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge or at		82a	X	
t	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 in Part III).	82b			,	2 7
	Did the organization comply with the public inspection requirements for returns and exempti-	<u> </u>		83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contrib	• •	<u> </u>	83 b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?		<u> </u>	84a		X
	If 'Yes,' did the organization include with every solicitation an express statement that such contact that such contact deductible?	ontributions or gifts	were	84 b	N	/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members	?	<b>⊢</b>	85a		A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	85 b	3.7	A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless twaiver for proxy tax owed for the prior year.	he organization rece	<u> </u>			
С	Dues, assessments, and similar amounts from members	85 c	N/A			
d	Section 162(e) lobbying and political expenditures	85 d	N/A			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85 f	N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85 g	N	/A
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of		85 h		/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				, , , , , , , , , , , , , , , , , , ,	
	line 12	86 a	N/A		,	
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A		* **	1
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A		Ž.	, w
t	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them )	87 Ь	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	corporation or partn 701-2 and 301.7701	-3?	88		X
89 a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year t	ınder:				
	section 4911 ► 0., section 4912 ► 0.; section 4		0.			14.5
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excellenting the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	ess benefit transactions f 'Yes,' attach a stat	on ement	89 b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during year under sections 4912, 4955, and 4958	the	<b>-</b>			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization .		<b>—</b>			0.
90 a	List the states with which a copy of this return is filed $ ightharpoonup$ $CA = CA =$				- <del>-</del>	
	Number of employees employed in the pay period that includes March 12, 2005 (See instruc	tions.)		90 b		175
<b>9</b> 1 a	The books are in care of <a href="YOSEMITE_NATIONAL_INSTITUTES">YOSEMITE NATIONAL_INSTITUTES</a> Telephone no Located at <a href="Security General-Located">Located at General-Located a</a>		332- <u>57</u> 94965	<del></del>	<b>_</b>	
t	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other	or other authority of inancial account)?	ver a	91 b	Yes	No X
	If 'Yes,' enter the name of the foreign country				8 4 5 A	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Statements	Foreign Bank and				
C	At any time during the calendar year, did the organization maintain an office outside of the	United States?		91 c		X
	If 'Yes,' enter the name of the foreign country					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Chec	k here		N/	A.	
	and enter the amount of tax-exempt interest received or accrued during the tax year		2			N/A
BAA				Form	990	(2005)

		111-4	hungana		on E10 E10 - E14T	
<b>Note:</b> Enterotherwise in	r gross amounts unless ndicated	(A) Business code	(B) Amount	(C) Excluded by section (C) Exclusion code	on 512, 513, or 514 ( <b>D</b> ) Amount	(E) Related or exempt function income
_	gram service revenue:					
	NFERENCES AND OTHER		<u> </u>			851,337.
	ELD SCIENCE PROGRAM			<del></del>		6,309,147.
C F L	ELD SEMINARS		<del></del>			640,142.
a			<u></u> -	· ·		
e	licaro/Madicaid paymonts	<del></del>	<del></del>	<del>                                     </del>		
	licare/Medicaid payments.  & contracts from government agencies.	<u> </u>				
-	nbership dues and assessments		<del></del>			
	est on savings & temporary cash invmnts		<u> </u>	14	115,263.	
	dends & interest from securities			<del></del>		
	rental income or (loss) from real estate.		2 /4 1/2 mg = 1/4			
	t-financed property	** , *,	<u> </u>			3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	debt-financed property		· · · · · · · · · · · · · · · · · · ·	<del></del> -	<u> </u>	<u> </u>
	rental income or (loss) from pers prop	-		<del></del>		
	er investment income					, <u> </u>
	n or (loss) from sales of assets er than inventory					
<b>101</b> Net i	ncome or (loss) from special events					
_	s profit or (loss) from sales of inventory		<del></del>			44,721.
	er revenue. a		, m, ,, m, -			
	RFEITED DEPOSITS					58,081.
	SCELLANEOUS			<del>-  </del>		21,617.
<u>ع ي ي</u>	HOLARSHIP FEES		<del></del>			52,574.
104 Subt	otal (add columns (B), (D), and (E))				115,263.	7,977,619.
	al (add tolding (b), (b), and (b)) al (add line 104, columns (B), (D),	and (F))	<del></del>	· · · · · · · · · · · · · · · · · ·	113,203.	8,092,882.
	105 plus line 1d, Part I, should eq		t on line 12 Part I			0,002.
	Relationship of Activities		<u> </u>	empt Purnoses	(See the instruction	oc )
Litte 110.	Explain how each activity for which of the organization's exempt purp	on income is re coses (other th	eported in column (E) an by providing funds	of Part VII contribut for such purposes)	ited importantly to th	e accomplishment
_	SEE STATEMENT 11	(00000			· <del></del>	
	OFF STRICKT II	<del></del>	<del>-</del>			
<del>.</del>	<u> </u>		<del></del>			<u>-</u>
					··	
Dart IV	Information Regarding Tax	vahla Subci	diarios and Disro	gardad Entitios	Coo the metrical	<u> </u>
Fait IA			<u> </u>	<del>-</del>		
	(A)	(B)		(C)	(D)	(E)
Name,	address, and EIN of corporation, in the street and	Percentage	I Hatuic O	f activities	Total	End-of-year
<u>-</u>	nership, or disregarded entity	ownership in	relezi		income	assets
N/A	<del></del>		<u> </u>			
			<u> </u>			<u> </u>
<del></del>	<u> </u>	<del></del>	9		<u> </u>	<del> </del>
/ Dat V	Information Dogarding Tre	nofore Acc	opiotod with Doro	anal Panatit Ca	mtraeta (C. a. H. a	
· · · · · · · · · · · · · · · · · · ·	Information Regarding Tra		<del></del>			
	e organization, during the year, receive any f	_	• • • • •	•		Yes X No
	ne organization, during the year, p			on a personal benef	it contract?	Yes X No
Note: /	f 'Yes' to <b>(b),</b> file Form 8870 <b>and</b> F					
	Under penalties of perjury, I declare that I have true, correct, and complete Declaration of p	ave examined this roreparer (other than	eturn, including accompanyi officer) is based on all infort	ng schedules and statemer mation of which preparer h	nts, and to the best of my k ias any knowledge	nowledge and belief, it is
Please	2-062	•		• •	11-28-0	7
Sign	Signature of officer		<del></del>		Date	
Here	7.12				Date	
		syrer	<del></del>			
	Type or print name and title	<u> </u>		ī _	<del></del>	
Paid	Preparer's			Date	Check II C	Preparer's SSN or PTIN (See Seneral Instruction W)
Pre-		<b>14 /</b>	: / A	1 //. 2 2 //.	self-	WAAS AVECTS
FIE-	signature	June 1	<u> </u>	71-27-06	employed -	P00204452
	Firm's name (or BUNKER & CO	MPANY		71-27-06	employed	700207432_
parer's Use	Firm's name (or SUNKER & CO yours if self-employed).   ### Add Red Red CO Red C		<u>UITE 117</u>			385804
	Firm's name (or SUNKER & CO yours if self-	D HWY., S	<del></del>	71-2-7-06		385804

#### 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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

94-2145930 YOSEMITE NATIONAL INSTITUTES Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions List each one. If there are none, enter 'None') (a) Name and address of each (d) Contributions (e) Expense (c) Compensation **(b)** Title and average to employee benefit employee paid more hours per week account and other plans and deferred thán \$50,000 devoted to position allowances compensation SEE STATEMENT 12 371,586. 1,000. Total number of other employees paid over \$50,000 Part II → A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms). If there are none, enter 'None') (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation NELSON STAFFING SOLUTIONS DEPT 33834 PO BOX 33834 SAN FRANCISCO, CA 94139 FINANCE CONSULTANT 149,282. LA PIANA ASSOCIATES, INC. 6400 HOLLIS STREET, SUITE 5 EMERYVILLE, CA 94608 62,175. STRATEGIC PLANNING Total number of others receiving over \$50,000 for professional services Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None ' See instructions ) (a) Name and address of each independent contractor paid more than \$50,000 **(b)** Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

YOSEMITE NATIONAL INSTITUTES

Schedule A (Form 990 or 990-EZ) 2005

94-2145930

Page 2

Schedule A (Form 990 or 990-EZ) 2005 Page 3 Part IV-A 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 **(a)** 2004 **(b)** 2003 **(c)** 2002 **(d)** 2001 (e) beginning in) Total 15 Gifts, grants, and contributions received. (Do not include 2,197,980. 2,357,771. 1,517,888. 631,550. unusual grants See line 28.) 6,705,189. Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 8,038,814. 7,579,145. 8,265,483. 8,569,421. 32, 452, 863. charitable, etc, purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-72,233. 66,867. 68,020. ization after June 30, 1975 51,058. 258,178. Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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. 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 13 131,056. 152,486. 144,389. 191,978. 619,909. 10,140,205. 10,456,147. 9,995,780. 40,036,139. 9,444,007. 23 Total of lines 15 through 22 2,561,060. 2,417,333. 1,730,297. 7,583,276. 874,586. **24** Line 23 minus line 17 101,402. 99,958. 104,561. 94,440. 25 Enter 1% of line 23 151,666. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your 2,535,471. return. Enter the total of all these excess amounts 26 b 7,583,276. c Total support for section 509(a)(1) test: Enter line 24, column (e) **18** 258, 178. d Add Amounts from column (e) for lines: 19 619,909. 2,535,471. 3,413,558. 22 26d 26 b 4,169,718. e Public support (line 26c minus line 26d total) 26 e 54.99 % Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) \_\_\_\_ (2003) \_\_\_ (2003) \_\_\_ (2001) b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) \_\_\_\_\_ (2003) \_ \_ \_ \_ \_ (2003) \_ \_ \_ \_ (2002) \_ \_ \_ \_ \_ (2002) \_ \_ \_ \_ \_ (2001) \_ \_ \_ \_ \_ c Add: Amounts from column (e) for lines: 27 c and line 27b total 27 d d Add: Line 27a total e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27 f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15.

Pa	Private School Questionnaire (See Instructions ) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	•		Yes	No
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?	29		
30	catalogues, and other written communications with the public dealing with student admissions, programs,	20		-
	and scholarships?	30	_	
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?	31	, '	- 1/2 ( 1/2 ( 1
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		- 1	
		- r	,	, (6. %
		* ; ~	, , ,	7. 3t.
32	Does the organization maintain the following:		, ~	·
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	way way	2.000
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
		_ \		\$\frac{1}{2}\frac{1}{2
		-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
33	B Does the organization discriminate by race in any way with respect to:			· .
		* , ` .		
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		-
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		<u>.</u>
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	,		- , ,
		· —		
			ļ	-
34	4a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.	•		
35	sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial		-	
	nondiscrimination? If 'No,' attach an explanation.	35	<u> </u>	

Part V

Pan	VI-A	Lobbying Expenditures (To be completed ONLY by a	by Electing Public Charities (See instrum eligible organization that filed Form 5768)	ictions.)	)	N/A
Chec	<del></del>	if the organization belongs		ı check	ed 'a' and 'limited coi	ntrol' provisions apply
			bbying Expenditures ' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lo	bbying expenditures to influen	ce public opinion (grassroots lobbying)	36		
37	Total lo	bbying expenditures to influen	ce a legislative body (direct lobbying)	37		
38	Total lo	bbying expenditures (add lines	s 36 and 37)	38		
39	Other e	xempt purpose expenditures		39		
40	Total ex	kempt purpose expenditures (a	add lines 38 and 39).	40		
41	If the a	ng nontaxable amount Enter the mount on line 40 is — er \$500,000  0,000 but not over \$1,000,000	he amount from the following table —  The lobbying nontaxable amount is —  20% of the amount on line 40  \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	•	00,000 but not over \$17,000,000 17,000,000	\$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	-		
42	Grassro	oots nontaxable amount (enter	25% of line 41).	42		
43	Subtrac	t line 42 from line 36 Enter -0	0- if line 42 is more than line 36	43		
44	Subtrac	t line 41 from line 38 Enter -0	0- if line 41 is more than line 38	44		
	Caution	n: If there is an amount on eiti	her line 43 or line 44, you must file Form 4720		- 127	
			4 -Year Averaging Period Under Section	on 501	l(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.)

	<del></del>	See the histractions for these 45 through 50.)								
		Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) >	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003	<b>(d)</b> 2002	<b>(e)</b> Total				
45	Lobbying nontaxable amount.									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures.									
48	Grassroots non- taxable amount									
49	Grassroots ceiling amount (150% of line 48(e))									
50	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 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.

- a Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**).
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

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

Yes	No	Amount
	X	-
	X	
	X	
	X	
	Х	
	X	
X		30,000.
•••	Х	
,		30,000.
<b>SF</b>	F S	ΓΑΤΕΜΕΝΤ 14

OFF DIWIFMENT 14

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did the	e reporting organization Code (other than section	directly or in 501(c)(3) o	directly engage in any of the following rganizations) or in section 527, related	ng with any other organization describ	ed in section	on 50	l(c)
			o a noncharitable exempt organization		ſ	Yes	No
(i)Ca	•	. 9	o a mondification on on programmatic		51 a (i)		Ÿ
•	ther assets		•		a (ii)		Y
	transactions:				4 (17)		
		ets with a no	oncharitable exempt organization		b (i)		X
• •	_		ble exempt organization		<del> </del>		V
			•		b (ii)		
	ental of facilities, equipment	-	assets		b (iii)		~~
	eimbursement arrangeme	EIIIS			b (iv)		<b>→</b>
	ans or loan guarantees	r mambarah	n or fundrousing collectotions		b (v)		······································
			p or fundraising solicitations		b (vi)		- <del></del>
	_ · ·	<del>_</del>	ts, other assets, or paid employees complete the following schedule. Co	lumn (b) should always show the fair	market val	ue of	
the go	ods, other assets, or ser	rvices given	by the reporting organization. If the	lumn (b) should always show the fair organization received less than fair modes, other assets, or services received.	iarket value	in	
	/L\	angement, si	iow in column (a) the value of the g	oods, other assets, or services receiv	ea.		
(a) Line no.					d sharing arrai	naemen	ts
NT / 7							
N/A							
				<u> </u>			
		<del> </del>	<del></del>				
		<u> </u>					
	<u>-</u>	<del>                                     </del>		<del>                                     </del>			
						·	
			<u> </u>				
				<u> </u>	<del></del>		
		<u> </u>		<u></u>			
		<u> </u>	<u> </u>				
		<u> </u>	. <u></u>	<u> </u>			
			<u> </u>	<u> </u>			
		<u> </u>					
	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
<b>52a</b> Is the	organization directly or	ındırectly aff	liated with, or related to, one or mor	re tax-exempt organizations			
descri	bed in section 501(c) of	the Code (or	liated with, or related to, one or mother than section 501(c)(3)) or in sec	ction 527?	►  Ye	s X	No
<b>b</b> If 'Yes	s,' complete the following	g schedule.	·				
	(a) Name of organization		(b) Type of organization	(c) Description of relation	_		
	Name of organization		Type of organization	Description of relation	onship		
N/A							
<del></del>		•	· · · · · · · · · · · · · · · · · · ·				
<del></del>	<del></del>						
		-					
-				<u> </u>		_	
			<u> </u>				
	···						<del></del>
	<u> </u>		<u></u>				
		<u></u>		<del> </del>			
	<u> </u>		<u> </u>	<u></u>	<u> </u>		
	<u> </u>	<u> </u>					
				<u> </u>			
	<u> </u>						
	<u> </u>						
BAA				Schedule A (For	m 990 or 9	90-EZ	.) 2005

2005	FEDERAL STATEMENTS		PAGE
• • • • • • • • • • • • • • • • • • •	YOSEMITE NATIONAL INSTITUTES		94-21459
	FROM SALES OF INVENTORY		1 ~ ~ ~ ~ ~
GROSS SALES LESS RETURNS & ALLOW NET SALES LESS COST OF GOODS SERVINGS OF GOODS SERV	VANCES	\$ \$ \$	133,297.  133,297.  0.  133,297.  88,576.  44,721.

# OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

99,316. TOTAL

### STATEMENT 3 **FORM 990, PART II, LINE 43** OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) _FUNDRAISING
BAD DEBTS CONTRACTED SERVICES FOOD INSURANCE OTHER EXPENSES SCHOLARSHIPS	417,500. 1,391,715. 479,571. 143,768. 716,641. 75,613. \$ 3,224,808.	1,391,715. 479,571. 135,936. 281,584. 75,613. \$ 2,364,419.	417,500. 7,832. 387,272. \$ 812,604.	47,785. \$ 47,785.

#### STATEMENT 4 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

YOSEMITE NATIONAL INSTITUTES IS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION PROVIDES ENVIRONMENTAL EDUCATION PROGRAMMING IN NATIONAL PARK LANDS TO OVER 30,000 PEOPLE PER YEAR THROUGH THREE SEPARATE INSTITUTES - YOSEMITE INSTITUTE (IN YOSEMITE NATIONAL PARK), HEADLANDS INSTITUTE (IN GOLDEN GATE NATIONAL RECREATION AREA), AND OLYMPIC PARK INSTITUTE (IN OLYMPIC NATIONAL PARK). PROGRAMMING INCLUDES FIELD SCIENCE EDUCATION FOR K-12 SCHOOL GROUPS, FIELD SEMINARS FOR ADULTS AND FAMILIES, SUMMER OUTDOOR EDUCATION FOR YOUTH, AND TRAINING COURSES FOR TEACHERS.

2005 ·	PAGE 2		
•	YOSEMITE NATIONAL INSTITUTES		
STATEMENT 5 FORM 990, PART IV, LINE 54 INVESTMENTS - SECURITIES			
CORPORATE STOCKS	VALUATION METHOD	AMOUNT	
CORPORATE STOCKS AND BONDS	S MARKET VALUE	\$ 955,534.	
	TOTAL	\$ 955,534.	
	TOTAL INVESTMENTS - SECURITIES	\$ 955,534.	
STATEMENT 6 FORM 990, PART IV, LINE 56 INVESTMENTS - OTHER	VALUATION	BOOK	
DESCRIPTION OF	INVESTMENT METHOD	VALUE	
CERTIFICATES OF DEPOSIT	MARKET VALUE TOTAL	\$ 431,926. \$ 431,926.	
STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPI	ACCUM.	BOOK	
<u>CATEGORY</u> BUILDINGS	· · · · · · · · · · · · · · · · · · ·	<u>VALUE</u>	
DOTINGS	\$ 8,915,953. \$ 3,739,502. TOTAL \$ 8,915,953. \$ 3,739,502.		
STATEMENT 8 FORM 990, PART IV, LINE 58 OTHER ASSETS			
DEPOSITS	TOTAL	\$ 5,850. \$ 5,850.	
STATEMENT 9 FORM 990, PART IV, LINE 65 OTHER LIABILITIES			

	-		_
•	n	n	5
	u	U	
	•	_	•

PAGE 3

YOSEMITE NATIONAL INSTITUTES

94-2145930

### STATEMENT 10 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GLEN GILBERT GGNRA, BLDG. 1055 SAUSALITO, CA 94965	PRESIDENT & CEO \$	1,846.	\$ 0.	\$ 0.
CLEVE JUSTIS SAME FOR ALL	EXEC. DIRHI 40	85,720.	1,000.	0.
TOM SANFORD	EXEC. DIROPI 40	49,967.	0.	0.
LEIGH WESTERLUND	EXEC. DIRYI 40	61,056.	1,000.	0.
CARLOS MURILLO MARTINEZ	PRESIDENT & CEO 40	117,510.	0.	0.
VALERIE ANDERS	CHAIR, OPI 0	0.	0.	0.
LEONARD BECKUM, PH.D.	DIRECTOR 0	0.	0.	0.
RAMON BELUCHE, PH.D.	DIRECTOR 0	0.	0.	0.
MARK BENJAMIN	DIRECTOR 0	0.	0.	0.
HELEN BENJAMIN, PH.D.	DIRECTOR 0	0.	0.	0.
ROBERT BLAIR	DIRECTOR 0	0.	0.	0.
, DAVID BROWN	TREASURER 0	0.	0.	0.

	Λ	Λ	
Z	0	U	מ

PAGE 4

YOSEMITE NATIONAL INSTITUTES

94-2145930

# STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HEIDI BROWN	CHAIR	0.	\$ 0.	\$ 0.
	0			
PAUL CULBERG	DIRECTOR	0.	0.	0.
JOHN FRENCH	CHAIR, YI	0.	0.	0.
GORDON GEBALLE, PH.D.	DIRECTOR	0.	0.	0.
GEOFFREY GIVEN	DIRECTOR	0.	0.	0.
KENJI HAKUTA, PH.D.	DIRECTOR	0.	0.	0.
	U			
MARY KIELY, PH.D.	DIRECTOR	0.	0.	0.
JOHN KINNEY	DIRECTOR	0.	0.	0.
STEVEN LOCKHART, M.D.	DIRECTOR	0.	0.	0.
CHARLENE LOW	DIRECTOR	0.	0.	0.
	0			
W. ANDREW MARCUS, PH.D.	DIRECTOR	0.	0.	0.
	U			
CHRIS MCNAMARA	DIRECTOR	0.	0.	0.
	0			

7	Λ	n	
2	U	V	J

PAGE 5

YOSEMITE NATIONAL INSTITUTES

94-2145930

# STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALLAN PRAGER	SECRETARY	0.		\$ 0.
JOHN REYNOLDS	DIRECTOR 0	0.	0.	0.
RICHARD SHAVELSON, PH.D.	DIRECTOR	0.	0.	0.
JILL SIDEMAN	DIRECTOR	0.	0.	0.
SUSAN SPEICHER	DIRECTOR	0.	0.	0.
KEITH SWAYNE	DIRECTOR	0.	0.	0.
	U			
TRACY THOMPSON	DIRECTOR	0.	0.	0.
WILL THOMPSON	DIRECTOR	0.	0.	0.
	•			
KERI UEBERROTH	DIRECTOR	0.	0.	0.
	U			
SCOTT VON ESCHEN	DIRECTOR	0.	0.	0.
	U			
CHRIS WARNER	CHAIR, HI	0.	0.	0.
	0			
BRIAN THYSELL	EXEC. DIRYI	25,538.	0.	0.
	40			

00		جيني
20	n	4
ZU	U	J

PAGE 6

YOSEMITE NATIONAL INSTITUTES

94-2145930

# STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MEREDITH ROSS	EXEC. DIRHI 40	\$ 56,609.	\$ 1,000.	\$ 0.
DAN FLANAGAN	PRESIDENT & CEO 40	91,034.	0.	0.
	TOTAL	<u>\$ 489,280.</u>	\$ 3,000.	\$ 0.

### STATEMENT 11 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 12 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
SUSAN SCHULTZ GGNRA, BLDG.1055 SAUSALITO, CA 94965	VP EDUCATION 40	102,536.	1,000.	0.
TINA SENG GGNRA, BLDG.1055 SAUSALITO, CA 94965	ACCT. MANAGER 40	73,787.	0.	0.
MARY SIMS GGNRA, BLDG.1055 SAUSALITO, CA 94965	DIR. OF H.R. 40	70,563.	0.	0.
COREY SADD	IT DIRECTOR	64,905.	0.	0.

7	Λ	Λ	
	0	0	J

PAGE 7

### YOSEMITE NATIONAL INSTITUTES

94-2145930

# STATEMENT 12 (CONTINUED) SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
GGNRA, BLDG.1055 SAUSALITO, CA 94965	40			
JASON MORRIS GGNRA, BLDG.1055 SAUSALITO, CA 94965	DIR. COMM. ENG. 40	59,795.	0.	0.
	TOTAL	\$ 371,586.	<u>\$ 1,000.</u> \$	0.

### STATEMENT 13 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISCELLANEOUS INCOME		\$ 131,056.	<u>\$ 152,486.</u>	\$ 144,389.	\$ 191,978.	\$ 619,909.
	TOTAL	\$ 131,056.	\$ 152,486.	\$ 144,389.	\$ 191,978.	\$ 619,909.

# STATEMENT 14 SCHEDULE A, PART VI-B, LINE I DESCRIPTIONS OF THE LOBBYING ACTIVITIES

THE CORPORATION PAID \$30,000 TO A LOBBYING ORGANIZATION, SONNENSCHEIN, NATH, AND ROSENTHAL, LLP, IN ORDER FOR THEM TO INFLUENCE A FEDERAL DEPARTMENT TO INCLUDE YOSEMITE NATIONAL INSTITUTES IN A FEDERAL APPROPRIATION.

2005

### FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

### YOSEMITE NATIONAL INSTITUTES

94-2145930

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.

TAX IDENTIFICATION NUMBERS FOR SUBSIDIARY ENTITIES UNDER GROUP EXEMPTION:

YOSEMITE INSTITUTE: 91-1818666

HEADLANDS INSTITUTE: 68-0390493

OLYMPIC PARK INSTITUTE: 91-1818660

Form 990

94-2145930

### Supporting Schedule 1

Part I
REVENUE, EXPENSES AND CHANGES IN NET ASSETS
Separated by subordinates

Line		Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institute
l a b	Indirect public support	ved \$ 1,024,535 -	\$ 1,100	\$ - -	<b>\$</b> -	\$ 1,023,435
c d	Government contributions (grants) Total (cash)	1,024,535	1,100	<u></u>	<u>-</u>	1,023,435
2	Program service revenue	7,800,626	4,204,988	2,600,994	994,644	
4	Interest on savings and temporary cash investments	115,263				115,263
ь	Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit from sales of inventory	133,297 (88,576) 44,721	34,163 (24,896) 9,267	62,217 (41,171) 21,046	36,917 (22,509) 14,408	<u>-</u>
11	Other revenue	132,272	50,615	75,418	6,239	<del>-</del>
12	Total Revenue	9,117,417	4,265,970	2,697,458	1,015,291	1,138,698
13	Program services	7,686,976	3,872,705	2,647,467	1,166,804	
14	Management and general	1,851,233	<del>-</del>			1,851,233
15	Fundraising	403,931				403,931
17	Total Expenses	9,942,140	3,872,705	2,647,467	1,166,804	2,255,164
18	Excess or (deficit) for the year	<u>\$ (824,723)</u>	<u>\$ 393,265</u>	<u>\$ 49,991</u>	<u>\$ (151,513)</u>	<u>\$ (1,116,466)</u>
19	Other changes in net assets	<u>\$ 99,316</u>	<u> -                                   </u>	<u>\$</u>	<u>\$</u>	<u>\$ 99,316</u>

Form 990

94-2145930

### Supporting Schedule 2

Part II

STATEMENT OF FUNCTIONAL EXPENSES
Separated by subordinates

### **Program Services**

_			Yosemite	Headlands	Olympic Park	Yosemite National
Line		Total	<u>Institute</u>	Institute	Institute	<u>Institute</u>
25	Compensation of officers, directors, etc	\$ 278,890	\$ 86,595	\$ 142,328	\$ 49,967	<u>\$</u> -
26	Other salaries and wages	4,231,636	1,824,898	1,709,143	697,595	_
36	Occupancy	526,226	214,382	208,588	103,256	_
41	Interest	11,314	3,735	3,230	4,349	•
42	Depreciation	274,491	78,819	109,820	85,852	_
43	Other expense				•	
а	Bad debts	-	-	-	_	_
b	Contracted services	1,391,715	1,327,660	34,820	29,235	-
С	Food	479,571	165,045	235,461	79,065	-
d	Insurance	135,936	62,732	53,208	19,996	_
е	Other expenses	281,584	104,499	98,865	78,220	-
f	Scholarships	75,613	4,340	52,004	19,269	<b>-</b> _
		\$ 7,686,976	\$ 3,872,705	\$ 2,647,467	\$ 1,166,804	\$ -

### Management and General

			v	osemite	Ца	adlands	C	lympic		Yosemite
Line		Total	_	nstitute		stitute	Iı	Park nstitute		National Institute
25	Compensation of officers, directors, etc	\$ 126,234	\$	_	\$	-	\$	-	\$	126,234
26	Other salaries and wages	826,934		-		-		-	-	826,934
36	Occupancy	59,778		-		•		-		59,778
41	Interest	5,609		-		-		-		5,609
42	Depreciation	20,074		-		-		•		20,074
43	Other expenses									• •
а	Bad debts	417,500		-		-		-		417,500
b	Contracted services	_		-		-		-		-
c	Food	-		_		-		-		_
d	Insurance	7,832		-		-		-		7,832
е	Other expenses	387,272		-		_		-		387,272
f	Scholarships	 -	_	-		-		-		
		\$ 1,851,233	\$		\$		\$	•	\$	1,851,233

Form 990

94-2145930

Supporting Schedule 2 (Continued)

Part II

STATEMENT OF FUNCTIONAL EXPENSES

Separated by subordinates

### **Fundraising**

Line			Total	_	osemite Institute	adlands stitute		Nympic Park nstitute	1	osemite National Institute
25	Compensation of officers, directors, etc	\$	84,156	\$	-	\$ _	\$	_	\$	84,156
26	Other salaries and wages		242,860		-	-		-		242,860
36	Occupancy		29,130		-	-		-		29,130
41	Interest		-		-	-		-		-
42	Depreciation		-		-	-		•		-
43	Other expenses									
a	Bad debts		-		-	-		-		_
b	Contracted services		-		-	-		-		_
¢	Food		-		-	-		_		-
d	Insurance		-		-	-		•		-
e	Other expenses		47,785		-	-		-		47,785
f	Scholarships					 -		-		-
		<u>\$</u>	403,931	\$	_	\$ 	<u>\$</u>	-	\$	403,931

Form 990

94-2145930

### Supporting Schedule 3

# Part IV, Column B BALANCE SHEETS

Separated by subordinates

	sacoi dillates		Yosemite	Headlands	Olympic Park	Yosemite National
<u>Line</u> 45 Cash - non-	interest-bearing	Total \$ 85,315	<u>Institute</u>	<u>Institute</u>	<u>Institute</u>	<u>Institutes</u>
	temporary cash investments	3,137,785				
47a Accounts reb b Less: allowa	eceivable ance for doubtful accounts	202,543	27,982	77,859	31,266	65,436
		202,543	27,982	<u>77,859</u>	31,266	65,436
48a Pledges recable Less allows	eivable ance for doubtful accounts	658,696 (263,815) 394,881	54,249 (21,105) 33,144	87,556 (34,296) 53,260	134,278 (55,401) 78,877	382,613 (153,013) 229,600
52 Inventories	for sale or use	75,665	15,036	33,965	26,664	<u> </u>
53 Prepaid exp	enses	17,559				17,559
54 Investments	s-securities	1,387,460				
	ings and equipment: basis nulated depreciation	8,915,953 (3,739,502) 5,176,451	3,435,117 (839,381) 2,595,736	2,171,603 (1,575,986) 595,617	2,809,427 (1,095,161) 1,714,266	499,806 (228,974) 270,832
58 Other assets	s-Deposits	5,850			<u>-</u>	5,850
59 Total Asset	ts	<u>\$10,483,509</u>				
60 Accounts p	ayable and accrued expenses	\$ 659,438	\$ 91,553	\$ 63,383	\$ 28,170	\$ 476,332
62 Deferred re	venue	965,670	519,200	341,273	105,197	-
65 Other liabil	ities-Deposits	61,098		<u> </u>	<u> </u>	61,098
66 Total Liabi	lities	1,686,206	610,753	404,656	133,367	537,430
67 Unrestricte	d net assets	5,214,177				
68 Temporaril	y restricted net assets	2,384,587				
69 Permanenti	y restricted net assets	1,198,539				
73 Total net as	ssets	<u>8,797,303</u>				
74 Total liabil	ities and net assets	<u>\$10,483,509</u>				

INY

# Attachment 1 YOSEMITE NATIONAL INSTITUTES DEVELOPMENT DEPARTMENT FUNDRAISING PROGRAMS

The Development Department of Yoscmitc National Institutes (YNI) raises funds for its campus affiliates, Yosemite Institute (YI), Headlands Institute (HI), and Olympic Park Institute (OPI), as well as for YNI capital and general operating support. Following is a description of program areas benefiting from fundraising activities managed through the YNI Development Department.

#### **EQUAL ACCESS**

YNI is committed to providing all people with the opportunity to engage with and learn about science and the natural environment. We fulfill this commitment by providing scholarship funds for school groups, classroom teachers and informal educators to participate in our field science education and professional development training programs. We also raise money (non-scholarship dollars) to provide free classroom based and non-residential programs to students from underserved communities.

### Field Science Education Scholarship Programs

Our residential educational programs engage students in hands-on science and environmental education activities in a natural park setting. These programs compliment and expand on classroom-based curriculum. Instruction includes outdoor activities, learning games, team-building exercises and classroom instruction in fully equipped natural science laboratories.

### Teacher Training Scholarship Programs

- HI's Environmental Educators Training Program (EETP) provides teachers with skills to teach environmental science based on national and state science standards, and create projects in their schools that communicate the concepts of sustainability and stewardship.
- OPI's Environmental Science Training for Teachers offers trainings and workshops for teachers, environmental educators and outdoor professionals. These trainings include environmental science for educators, approved for clock hours in professional development.

#### Community Based Scholarship Programs

- HI's Teen Environmental Action Mentorship (TEAM) is a multifaceted year-long leadership program for Bay Area teens from ethnically and economically diverse communities. The goal of the program is to motivate and train young people from diverse areas to become effective and inspiring leaders, stewards, and mentors in their schools and home communities.
- HI's YouthQuest is a weekend-long environmental youth conference. High school students from all over the Bay Area come to the coast to participate in and lead workshops about current environmental issues affecting their communities. YouthQuest participants also help out with stewardship projects around the Marin Headlands and the Golden Gate National Recreation Area.
- YI's WildLink brings one hundred culturally diverse, low-income students from across California into the Sierra Nevada for wilderness expeditions every year. WildLink's goals are to encourage students to pursue higher education and careers related to natural resources by engaging them in the study and appreciation of wilderness.

#### Community Programs (non-scholarship)

- OPI's Integrating Inquiry-based Watershed Curriculum in Puget Sound Classrooms provides free
  pre-and post-trip classroom instruction in underserved schools from OPI educator staff. OPI has also
  hired an educator who is dedicated solely to teaching in Puget Sound area classrooms, based out of
  the downtown Scattle office.
- OPI's NOW (North Olympic Watershed) Science program provides a free field trip curriculum complemented by classroom instruction and community based forums with under-served students from schools in Clallam and Jefferson Counties.

HI's Classroom Connections offers pre- and post-trip classroom visits to Bay Area schools that receive scholarship assistance to participate in HI field science programs. During pre-trip visits, field science educators prepare students for their trips to the Headlands. Following their trips, the educators help students reflect on what they learned from their experience and re-enforce the curriculum from the program.

#### Science Research Programs

- HI has developed an Intertidal Investigation in partnership with NOAA's Long Term Monitoring Program and Experiential Training for Students, also known as LiMPETS. Students examine the historic, recreational, and economic issues that factor into watershed management and engage in hands-on stewardship projects that improve overall watershed health. Each group presents at least one of their investigations at a formal "Science Symposium" attended by other schools.
- OPI's Elwha Science Education Project gives middle and high school students the opportunity to
  participate in a watershed monitoring and restoration project associated with the largest dam removal
  in history, scheduled for 2009. Using state of the art equipment, students collect data that is made
  available to scientific researchers, conduct their own investigations, and present their findings to
  their peers.
- YI's Natural Resources Monitoring Programs, in cooperation with Yosemite National Park, allows
  students to participate in scientific research through three key activities:
  - Stream Biomonitoring: Students assess water quality levels based on numbers and types of organisms present. This data is used to create a set of baseline data which will act as a screening process for future National Park research projects.
  - Sequolaometry: Students staying at the Crane Flat campus monitor the growth rate of the giant Sequoias at Tuolumne Grove by taking measurements of designated trees throughout the grove each year.
  - Coyote Monitoring: In this newly established program, students will have the unique opportunity to assist wildlife managers in mapping the presence and behavior of coyotes throughout Yosemite Valley.

#### GENERAL OPERATION SUPPORT

Aside from scholarship funds to support tuition costs for disadvantaged youth and teachers, the YNI development department raises funds to cover other costs related to running programs, such educator's salaries, residential room and board costs, needed teaching supplies and equipment, technology upgrades, and transportation costs for pre- and post-trip classroom visits.

#### **EVALUATION**

With the goal of improving our educational programs, YNI has initiated extensive evaluations conducted by Stanford University (Atkins, et. al., 2000 and 2002) and Steven LaFrance Associates (2004). These studies indicate that YNI has made major impacts on students, teachers' instructional practice, curriculum development, students' learning environments, and stewardship projects within the community. Funds raised for evaluation projects underwrite project staff salaries, consultant fees, and travel associated with the collection of evaluation data.

#### CAPITAL GOALS

YNI is currently planning for a capital campaign, which will include restoring buildings at HI and Crane Flat at YI. Fundraising is currently underway for the assessment phase of these projects. OPI is considering opening a camping based facility on the Elwha River, and a coastal campus. OPI also uses fundraised dollars to support capital projects such as a new dock, cabin and classroom upgrades, and campus landscaping and restoration of native plants.

0/30/2006

# Form **8868**(Rev December 2004)

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return

OMB No 1545-1709

If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box		•	► [X]
If you are	filing for an Additional (not auto	omatic) 3-Month Extension, complete only Part II (on	page 2 of this for	rm).	_ <del></del>
Do not comp	<i>lete Part II unless</i> you have alrea	ady been granted an automatic 3-month extension on a	a previously filed	Form 8868.	
Pārt l 编数 /	Automatic 3-Month Extens	ion of Time - Only submit original (no copie	es needed)		
Form 990-T c	orporations requesting an autor	natic 6-month extension - check this box and complet	te Part I only		▶ 🗌
All other corp Partnerships,	orations (including Form 990-C in REMICs and trusts must use Fo	filers) must use Form 7004 to request an extension of orm 8736 to request an extension of time to file Form 1	time to file incom 1065, 1066, or 10	ne tax returns. 141.	
below (6-mor extension, ins	ng (e-file). Form 8868 can be filed on the for corporate Form 990-T file stead you must submit the fully owners gov/efile.	electronically if you want a 3-month automatic extension of ers). However, you cannot file it electronically if you want a completed signed page 2 (Part II) of Form 8868. For many	f time to file one o ant the additiona fore details on th	of the returns noted (not automatic) le electronic filing	3-month of this
	Name of Exempt Organization		Em	ployer identification n	umber
Type or print					
print File by the	YOSEMITE NATIONAL IN	ISTITUTES	94	4-2145930	
due date for	Number, street, and room or suite number	If a P O. box, see instructions			
filing your return. See	GGNRA, BUILDING 1055				
instructions.	City, town or post office. For a foreign add	ress, see instructions.		state ZIP code	
	SAUSALITO, CA 94965				
	f return to be filed (file a separa	te application for each return):			
X Form 990	)	Form 990-T (corporation)	Form 4720		
Form 990	)-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 5227		
Form 990	)-EZ	Form 990-T (trust other than above)	Form 6069		
Form 990	)-PF	Form 1041-A	Form 8870	_	
If the org If this is to theck this the extended and the extended area.	for a <b>Group Return,</b> enter the orest box $\blacktriangleright X$ . If it is for part of sion will cover.  st an automatic 3-month (6-mon	FAX No. Pe or place of business in the United States, check this ganization's four digit Group Exemption Number (GEN the group, check this box Period and attach a list with this for a Form 990-T corporation) extension of time upor the organization named above. The extension is for	) <u>8079</u> If the names and ntil <u>2/15</u>	EINs of all members, 20 _07_,	
		, 20 <u>, and ending</u> , 20, 20			
2 If this t	ax year is for less than 12 month	ns, check reason: Initial return Final ret		nge in accounting	period
<b>3a</b> If this a nonrefu	application is for Form 990-BL, 9 indable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess any	. \$	0.
<b>b</b> If this a lnclude	application is for Form 990-PF or any prior year overpayment allo	990-T, enter any refundable credits and estimated tax wed as a credit	x payments made	e. . \$	0.
c Balanc coupon	e Due. Subtract line 3b from line or, if required, by using EFTPS	3a. Include your payment with this form, or, if require (Electronic Federal Tax Payment System). See instru	ed, deposit with Fictions	TD \$	0.
Caution. If y payment inst	<u> </u>	nic fund withdrawal with this Form 8868, see Form 849	53-EO and Form	8879-EO for	
BAA For Pri	vacy Act and Paperwork Reduc	tion Act Notice, see instructions.		Form <b>8868</b> (R	ev 12-2004)