Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2000

Department of the Treasury Internal Revenue Service

SCANNED JUN 2 3 2008

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

Open to Public Inspection

Α	For the 2006 calen	dar year, or	ax year beginning	7/01	, 2006, an	d endin	6/30		, 2007				
В	Check if applicable	С	D Employe	er Identification Number	er								
	Address change	Please use Y(SEMITE NATION	NAL INSTITUT	ES			94-2	4-2145930				
	Name change		GNRA, BUILDING					E Telepho					
	Initial return	See SA	AUSALITO, CA 9	94965				(415	5) 332-5776				
	Final return	instruc- tions.						F Account		X Accrual			
	Amended return								ner (specify)				
	Application pending	Section	501(c)(3) organizatio	ns and 4947(aV1)	nonexempt	H and	l are not applic		on 527 organizations				
		charitab	le trusts must attach 90 or 990-EZ).	a completed Scho	edule A	H (a)	Is this a grou	p return for at	ffiliates? X Yes	No			
_	AAA II - IA TaTIATAT	•	90 Or 990-EZ).			1	If 'Yes,' enter						
G	Web site: ► ₩₩₩ .	INI.UKG				H (c)	Are all affilia			∐ No			
J	Organization type	► X]		—	_			instructions)				
<u></u>	(check only one)		, cc.(c)		(a)(1) or 52		Is this a sepa			X No			
N.	Check here ► if the organization is not a 509(a)(3) supporting organization and its organization covered to gross receipts are normally not more than \$25,000. A return is not required, but if the if Group Exemption								, les	-			
	organization choos	ses to file a r	eturn, be sure to file	a complete return	junca, but n tn	M			ganization is not requ				
L	Gross receipts Add	lines 6b. 8b.	9b, and 10b to line 12	► 11,126,3	344	 '''			m 990, 990-EZ, or 990				
			es, and Changes			lances							
			s, and similar amoun				-			TNFO			
	a Contributions			222		1a				, TIG.			
	b Direct public	support (not	included on line 1a)			1 b	2,679	393.	242				
	c Indirect publi	ic support (n	ot included on line 1a)		1 c		084.					
						1 d	•	34					
	d Government contributions (grants) (not included on line 1a) e Total (add lines 1 d								1e 2,68	3,477.			
	2 Program service revenue including government fees and contracts (from Part VII, line 93)									4,358.			
	3 Membership		3										
	4 Interest on savings and temporary cash investments									3,673.			
	5 Dividends and interest from securities								5				
	6a Gross rents		•			6a							
	b Less. rental	•			<u> </u>	6b	· · · · · · · · · · · · · · · · · · ·	38					
	1		s) Subtract line 6b fr	om line 6a					6c				
Ŗ	7 Other investi	ment income	(describe)	7				
REVENUE	8a Gross amour		of assets other	(A) Se	curities		(B) Othe	r is	Š				
Ñ	than invento	-		•		8a							
Ĕ			and sales expenses			8b							
	c Gain or (loss) (a	•		A) 1.73		8c							
			ne line 8c, columns (ties (attach schedule)				⊾г		8d				
	a Gross reveni				ntributions	CHECKI	ere - [
	reported on		g +			9a		Į.					
	b Less: direct	expenses of	er than fundraising e	xpenses	<u> </u>	9 b							
	c Net income	o (loss) da	Special (Fertig. Sub	tract line 9b from I	ine 9a		-		9c				
	10a Gross sales	of inventory,	less returns and allo	wances		10 a	116	, 068 . 👺	6.4				
	b Less: cost of	f ggods sold			-	10 Ь	80	207					
	c Gross profit or ((1098) from Sales	of inventory (attach screen	μe). Subtract line 10b	from line 10a		STATEM	ENT 1 1	10c 3	5,671.			
	11 Other revenu	ue (from Parl	-VIIline103)					1	11 25	3,768.			
			(e) E A 4, 5, 6E, 7, 8	3d, 9c, 10c, and 1	<u> </u>			1	12 11,04	5,947.			
E	13 Program ser	vices-(from-	ne 44, column (B))	J				1	13 8,14	0,873.			
EXPENSES	1		l (from line 44, colum	n (C))						7,940.			
E	_		, column (D))					<u> </u>	15 48	0,643.			
S E		-	tach schedule).	•				_	16				
			s 16 and 44, column							9,456.			
Ą	4		year Subtract line 1		•			⊢		6,491.			
NS	(1		ces at beginning of ye					-		7,303.			
ŢŢ	.		ets or fund balances	•	•	E STA	CEMENT :			5,271.			
S	21 Net assets o	or fund baland	es at end of year. Co	ombine lines 18 1	9 and 20			1:2	21 10.12	9.065.			

Form **990** (2006) YOSEMITE NATIONAL INSTITUTES 94-2145930 Page 2 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 Part II Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I services and general 22 a Grants paid from donor advised funds (attach sch) (cash non-cash \$ If this amount includes SEE SUPPORTING SCHEDULE 2 FOR SUBORDINATE foreign grants, check here 22 a 22 b Other grants and allocations (att sch) (cash non-cash \$ If this amount includes foreign grants, check here 22b Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 25 a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) 420,068 52,612. 25 a 579,497 106,817 **b** Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch) 0 0 0 0. 25 b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 0 0. 0. (attach schedule) 25 c Salaries and wages of employees not included on lines 25a, b, and c 5,264,792 4,277,667 26 698,685. 288,440. Pension plan contributions not included on lines 25a, b, and c 27 Employee benefits not included on lines 25a - 27 28 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 35 697,292 593,167 72,494. 31,631 36 Occupancy 36 37 Equipment rental and maintenance 37 38 Printing and publications 38 39 39 40 Conferences, conventions, and meetings. 40 23,627. 15,363. 8,236. 28. 41 41 351,007. 302,516. 48,491 42 Depreciation, depletion, etc (attach schedule) 42 43 Other expenses not covered above (itemize): 43 a 94,655. 27,060 a BAD DEBTS 67,595 **b** CONTRACTED SERVICES 1,568,020. 1,568,020 43b 43 c c FOOD 490,406. 490,406. d INSURANCE 146,907. 164,451. 17,544. 43 d

•	e OTHER_EXPENSES	43e	615, 709.	299,699.	208,078.	107,932.			
1	f	43 f							
,	g	43 g							
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,849,456.	8,140,873.	1,227,940.	480,643.			
oir	nt Costs. Check ► If you are following	SOP	98-2						
re	any joint costs from a combined education	al car	mpaign and fundraising soli	citation reported in (B)	Program services?	► Yes X No			
f 'Y	es,' enter (i) the aggregate amount of thes	e join	t costs \$; (ii) the amo	ount allocated to Prog	ram services			
\$, (iii) the amount al	locate	d to Management and gene	ral \$, and (iv) the	e amount allocated			
o F	undraising \$								
3AA	1	-	TEEA0102L 01/23	1/07	Form 990 (2006				

Form 990 (2006)	YOSEMITE	NATIONAL	INSTITUTES
FOITH 330 (2000)	TOSEMITE	NULTONAL	TNOTTIOLE

94-2145930

Page 3

Part III	Statement of Program Service Accomplishments	
Form 990	is available for public inspection and, for some people, serves as the primary or sole source of information about a par	ticular
	ion. How the public perceives an organization in such cases may be determined by the information presented on its retu	

please make sure the return is o	complete and accurate and fully describes, in Part III, the organization's programs and acc	complishments
	their exempt purpose achievements in a clear and concise manner. State the number of , etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organing the charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
	IRONMENTAL EDUCATION THROUGH K-12 FIELD SCIENCE, N, SEMINARS, CONFERENCES, AND TEACHER TRAINING	
	\$) If this amount includes foreign grants, check here	8,140,873.
	\$) If this amount includes foreign grants, check here	
(Grants and allocations	\$) If this amount includes foreign grants, check here	
(Grants and allocations e Other program services	\$) If this amount includes foreign grants, check here	
(Grants and allocations	\$) If this amount includes foreign grants, check here	
f Total of Program Service	Expenses (should equal line 44, column (B), Program services)	8,140,873.

BAA

Form 990 (2006)

Pa	rt IV	Balance Sheets (See the Instructions.)	•	SEE SUPPORTING	SCHEDULE 3 FO	R SUL	BORDINATE INFO.
Note	e: V C	Vhere required, attached schedules and amounts within olumn should be for end-of-year amounts only.	n the d	escription	(A) Beginning of year		(B) End of year
1	45	Cash — non-interest-bearing		85,315.	45	179,488.	
	46	Savings and temporary cash investments	vings and temporary cash investments				
						A #	
	47 a	Accounts receivable	47a	165,447.			
	t	Less: allowance for doubtful accounts	47 b		202,543.	47 c	165,447.
			20) » X			7. A.S.	
	48 a	Pledges receivable	48a	650,850.			
	t	Less allowance for doubtful accounts	48b	15,241.	394,881.	48 c	635,609.
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, directo employees (attach schedule)	rs, trus	tees, and key		50 a	
A	t	Receivables from other disqualified persons (as defined and persons described in section 4958(c)(3)(B) (attack)		50 b			
S	51 a	Other notes and loans receivable				[] []	
A S E T S		(attach schedule)	51 a				
S		Less: allowance for doubtful accounts Inventories for sale or use	51 b		75,665.	51 c	83,592.
		Prepaid expenses and deferred charges			17,559.	53	14,716.
		Investments – publicly-traded securities STMT 4	1 >	Cost X FMV	955,534.	54a	1,305,021.
		investments – publicity-traded securities (STEEL 4) investments – other securities (attach sch)	•	Cost FMV	933,334.	54b	1,303,021.
		I Investments – land, buildings, & equipment: basis	55a			-	
		<u> </u>	550	 		7	
		Less. accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments – other (attach schedule)		SEE STMT 5	431,926.	56	453,847.
		Land, buildings, and equipment basis	57a	9,886,393.		7 . 2 5	
	i	Less: accumulated depreciation (attach schedule) STATEMENT 6	57 b	4,090,509.	5,176,451.	57 c	5,795,884.
	58	Other assets, including program-related investments					
		(describe ► SEE STATEMENT 7)	5,850.	58	8,046.
	59	Total assets (must equal line 74) Add lines 45 throu	gh 58		10,483,509.	59	11,848,325.
	60	Accounts payable and accrued expenses			659,438.	60	574,466.
	61	Grants payable				61	
L	62	Deferred revenue			965,670.	62	1,094,020.
A B I	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
Ī		Tax-exempt bond liabilities (attach schedule).				64a	
1		Mortgages and other notes payable (attach schedule)	_			64 b	
E S	65	Other liabilities (describe SEE STATEMENT	_8)	61,098.	65	50,774.
	66	Total liabilities. Add lines 60 through 65	•		1,686,206.	66	1,719,260.
N	Org	•	and con	nplete lines 67			
N E T		through 69 and lines 73 and 74.			5 014 177		5 226 262
Ą	67	Unrestricted .			5,214,177.		5,336,062.
ASSETS	68	Temporarily restricted			2,384,587. 1,198,539.	68	3,557,565. 1,235,438.
	69	Permanently restricted anizations that do not follow SFAS 117, check here		and complete lines	1,190,339.	69	1,233,436.
R	Org	70 through 74		and complete lines			
Ę	70	Capital stock, trust principal, or current funds				70	
ÜZD	71	Paid-in or capital surplus, or land, building, and equi	pment	fund		71	
B	72	Retained earnings, endowment, accumulated income	-			72	
Ă	73					\$ 2.11	
AZCES	/3	Total net assets or fund balances. Add lines 67 thro 72 (Column (A) must equal line 19 and column (B)	must e	qual line 21)	8,797,303.	73	10,129,065.
	74				10,483,509.		11,848,325.

Pa	Reconciliation of Revenue instructions.)	e per Audited Financial	Statements	s with R	evenue per Retur	n (See the
—	7-1-1			_		11 102 160
a	Total revenue, gains, and other support p		nts		a	11,183,168.
b	Amounts included on line a but not on Pa 1 Net unrealized gains on investments	art I, line 12"	1	L-1	125 271	
			-	b1 b2	135,271.	
	2Donated services and use of facilities		<u></u>	b3	1,950.	п
	3Recoveries of prior year grants.		F	_03		
	4 Other (specify):			b4		
	Add lines b1 through b4				b	137,221.
С	Subtract line b from line a				<u></u>	11,045,947.
d	Amounts included on Part I, line 12, but		1	,		
	1 Investment expenses not included on Pa		1	<u>d</u> 1		
	20ther (specify):				17, 4	
			L	d2		
	Add lines d1 and d2		•		d	
e	Total revenue (Part I, line 12). Add lines		 		<u>▶</u> e	11,045,947.
P	art IV-B Reconciliation of Expense	es per Audited Financia	<u>I Statemen</u>	ts with	Expenses per Ret	urn
а	Total expenses and losses per audited fi	nancial statements.			a	9,851,406.
b	Amounts included on line a but not on P	art I, line 17:				
	1 Donated services and use of facilities		1	b1	1,950.	
	2Prior year adjustments reported on Part	I, line 20	ſ	b2	\$	
	3Losses reported on Part I, line 20		<u> </u>	b3	1 mg	
	4Other (specify):		Ī		¥1	
				ь4		
	Add lines b1 through b4				. b	1,950.
С	Subtract line b from line a				С	9,849,456.
d	Amounts included on Part I, line 17, but	not on line a:			· Car	
	1 Investment expenses not included on Pa	art I, line 6b	}	d1	, , , , , , , , , , , , , , , , , , , ,	
	2Other (specify):				ं	
				d2		ì
	Add lines d1 and d2				<u>d</u>	
e	Total expenses (Part I, line 17). Add line				► e	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Р	art V-A Current Officers, Director or key employee at any time dur	rs, Trustees, and Key Er	mployees (re not compen	(List each sated) (3	person who was an of See the instructions)	fficer, director, trustee,
		(B) Title and average hours	(C) Comper	nsation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted to position	(if not p enter -	aid, D-)	employee benefit plans and deferred	account and other allowances
_		, , , , , , , , , , , , , , , , , , ,			compensation plans	
SE	EE STATEMENT 9		579	9,497.	5,400.	0.
	<i></i>					
_						
_						
_					ļ	
					1	
_						
_			1			<u> </u>
B	4A	TEEA0105L 0	11/18/07			Form 990 (2006)

Form 990 (2006) YOSEMITE NATIONAL INST	TITUTES		94-21459	30	Pa	age 6
Part V-A Current Officers, Directors, Tru	stees, and Key Em	iployees (continued	d)		Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	on business as board meeting	s - 29	164	1. A.	
listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu	nsated professional and igh family or business r	other independent con	tractors listed in Schedu	ees le 75 b		X
listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the compensation of the	nsated professional and n any other organization ne definition of 'related	d other independent cor ns, whether tax exempt organization'	itractors listed in Schedu	le ted 75c		X
		the instructions.				
Benefits (If any former officer, direction	or, trustee, or kev emp	lovee received compens	sation or other benefits (described	below)) ?
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	opense and ot ances	her
NONE			,			
A. Part II-A or II-B., related to each other through farmly or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in form 990. Part V-A, or highest compensated employees listed in Schedule A, Part II-B, receive compensated or professional and other independent contractors listed in Schedule A, Part II-B, receive compensation from any other organizations, whether tax exempt or laxable, that are related to the organization have a written conflict of interest policy? If 'Yes,' attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part IV-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described uring the clinic list that person below and entire the amount of compensation or other benefits in the appropriate cour the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (In organization) (In organizati						
	-					
			ļ			
Part VI Other Information (See the inst	ructions.)	<u> </u>	L		Yes	No
		and voting cotuution?				
		onducting activities?		76		Х
77 Were any changes made in the organizing or	governing documents t	out not reported to the I	RS?			Х
If 'Yes,' attach a conformed copy of the chang	ges.				J. J.	验到
-	=	0 or more during the ye	ar covered by this return			X
b If 'Yes,' has it filed a tax return on Form 990-	f for this year?			78 t	N	/A
	on, or substantial contr	action during the		السفقيط		
•		r		79	1.00	X
80 a Is the organization related (other than by asse	ociation with a statewid	le or nationwide organiz	ation) through common	90-		X
b If 'Yes,' enter the name of the organization >		exempt or nonexempt of	yanızatıon:	000		
an res, enter the mame of the organization		heck whether it is e	xempt or nonexen	not		100
81 a Enter direct and indirect political expenditures			81 a	0.		
b Did the organization file Form 1120-POL for the			<u></u>	81 L)	X

BAA

Form **990** (2006)

Form 990 (2006) YOSEMITE NATIONAL INSTITUTES		94-2145930)	Р	age 7
Part VI Other Information (continued)				Yes	No
82 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	
b 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)	82Ы	1,950.	, ' , ,r	, , , , , , , , , , , , , , , , , , ,	,
83a Did the organization comply with the public inspection requirements for returns and exempting			83a	Х	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contrib	outions?	,	83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such co	ontribut	ions or gifts were	: Îm	` ` **	
not tax deductible?	_	_	84 b	N,	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	?		85a	N,	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85 b	N,	A R
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.					
c Dues, assessments, and similar amounts from members	85 c	N/A	la de		
d Section 162(e) lobbying and political expenditures	85 d	N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 1. Tayonka amount of labburg and political expenditures (line 954 less 955)	85 e	N/A N/A	, , , , e	on reciti	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	631	N/A	85 g	N	/A
h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso	anabla ast	amata of		3.45	,, ,
dues allocable to nondeductible lobbying and political expenditures for the following tax year?	Jilable est	imate ui	85 h		A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			北京		A.
line 12 .	86 a	N/A			
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A			
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A			17.3.5
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			100
88 a 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	corpora 7701-2 a	ation or partnership, and 301.7701-3?	88 a	* 30	X
b At any time during the year, did the organization, directly or indirectly, own a controlled enti- section 512(b)(13)? If 'Yes,' complete Part XI	ity withi	n the meaning of	88 b		х
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year u	under:		34	X	
section 4911 ►0., section 4912 ►0., section 4	4955 ► _	. <u></u> 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exceduring the year or did it become aware of an excess benefit transaction from a prior year? I explaining each transaction	ess ben If 'Yes,'	efit transaction attach a statement	89 b	4.0.3	X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during	the			No.	17 186
year under sections 4912, 4955, and 4958	···· -	0.			D.A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	-	0.		Saver.	1.3
e All organizations. At any time during the tax year, was the organization a party to a prohibit			89 e	-	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable	mourall	ce contract:	7 44		35 M
g For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold	s Did th	ne supporting any time during	F 4		
the year? 90 a List the states with which a copy of this return is filed ► CA			89 g	<u> </u>	<u> </u>
b Number of employees employed in the pay period that includes March 12, 2006			·		
(See instructions)		(44.5) 000 5	90 6		176
91 a The books are in care of ► YOSEMITE NATIONAL INSTITUTES Telephone not Located at ► GGNRA, BLDG. 1055, SAUSALITO, CA,	umber - – – –	_(415) 332-5 _ ZIP + 4 > 9496			
b 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	er authority over a al account)?	91 t	Yes	No X
If 'Yes,' enter the name of the foreign country		•	12.2	KI	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Financial Accounts.				44	
BAA			Forr	n 990	(2006)

	2006) YOSEMITE NATIONAL		ES		94-2145	930 Page 8
	Other Information (continu					Yes No
	y time during the calendar year, di		tion maintain an office	e outside of the t	Jnited States?	91 c X
	s,' enter the name of the foreign coun					
	on 4947(a)(1) nonexempt charitabl				1 1	N/A ►
and e	nter the amount of tax-exempt into	erest received	or accrued during the	tax year	▶ 92	N/A
Rart VIII	Analysis of Income-Produ					
Nata Cata		Unrelated	business income	Excluded by se	ection 512, 513, or 514	(E)
otherwise ii		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	gram service revenue: NFERENCES AND OTHER					933,852.
b FI	ELD SCIENCE PROGRAM					6,935,994.
c SU	MMER PROGRAM REVENU					84,512.
d				_		
е						
f Med	dicare/Medicaid payments					
g Fees	& contracts from government agencies.					
94 Mer	mbership dues and assessments					
95 Inter	rest on savings & temporary cash invmnts			14	113,673.	
96 Divi	dends & interest from securities					
97 Net r	rental income or (loss) from real estate.		ment of the second of the seco		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	t-financed property					
	debt-financed property					
	rental income or (loss) from pers prop					
99 Oth	er investment income					
100 Gair othe	n or (loss) from sales of assets er than inventory					
101 Net i	income or (loss) from special events					
102 Gross	s profit or (loss) from sales of inventory					35,671.
103 Oth	er revenue a			Fred S. Z. S. S. S.		
b <u>FO</u>	RFEITED DEPOSITS					66,707.
c <u>MI</u>	SCELLANEOUS					132,341.
d_SC	HOLARSHIP FEES					54,720.
e						
	total (add columns (B), (D), and (E))	推翻的		C.E. S. S.	113,673.	8,243,797.
	al (add line 104, columns (B), (D),		•		-	8,357,470.
	105 plus line 1e, Part I, should eq					
	Relationship of Activities					
Line No.	Explain how each activity for white	ch income is re	eported in column (E)	of Part VII contr	buted importantly to th	e accomplishment
	of the organization's exempt purp	oses (other tr	lan by providing funds	for such purpos	es)	
	SEE STATEMENT 10	·				
					- <u></u> ,-	-
-						
Part IX	Information Regarding Tax	rable Subsi	diaries and Disre	garded Entitio	es (See the instruc	tions)
	(A)	(B)		C)	(D)	(E)
Nomo	address, and EIN of corporation,					
part	tnership, or disregarded entity	Percentage ownership in	terest Nature o	f activities	Total Income	End-of-year assets
N/A			8			
			8			
			8			
			%			
Part X	Information Regarding Tra	nsfers Ass	ociated with Pers	onal Benefit	Contracts (See the	instructions.)
	e organization, during the year, receive any f					Yes X No
b Did th	ne organization, during the year, p f 'Yes' to (b), file Form 8870 and F	ay premiums,	directly or indirectly, o			Yes X No
BAA	. 103 to (b), the Forth 60/0 and F	UIIII 4/20 (SEE	monuchons).		TEEA0108L 04/04/	707 Form 990 (2006)
						(L000)

Par	Information Regarding Transfers To an organization is a controlling organization	d From Controlled En	ntities. Comp n 512(b)(13).	lete only if th	ne .			
				-		Yes	No	
106	Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controlled	a controlled entity as define d entity	ed in section 512	2(b)(13) of the C	ode? If		х	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(Descri trai	C) ption of nsfer	Amount o	D) of tran	sfer	
a								
b								
С						-		
	Totals							
						Yes	No	
107	Did the reporting organization receive any transfers fr 'Yes,' complete the schedule below for each controlled	com a controlled entity as o	defined in sectio	n 512(b)(13) of t	the Code? If		X	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) Amount of transfer			
а								
b					!			
С								
	Totals				Å			
		For the second First a second was as the	() (1) () () () () () () () () () () () () ()	2 , 2 ° ° 3 ') (885 49 × ×	<u> </u>	Yes	No	
108	Did the organization have a binding written contract in annuities described in question 107 above?	n effect on August 17, 2006	5, covering the i	nterest, rents, ro	yalties, and		Х	
Plea Sigr Here	Signature of officer	return, including accompanying schedules and statements, and to the best of my hofficer) is based on all information of which preparer has any knowledge 5-13-08 Date				knowledge and belief, it is		
Paic Pre-		P Dat	te -/2 - 0g	Check if self-employed	Preparer's SSN General Instruc	or PTIN	(See	
pare Use	BUNKER & COMPANY, LLP yours if self-employed), BUNKER & COMPANY, LLP 4340 REDWOOD HWY., SU	ITE 117		EIN ► 35-2317502				
Only	address, and SAN RAFAEL, CA 94903-	2123		Phone no ► (415) 499-7661				
BAA					Forn	n 990	(2006)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. 2006

OMB No 1545-0047

Name of the organization Employer identification number YOSEMITE NATIONAL INSTITUTES 94-2145930 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense employee paid more than \$50,000 to employee benefit plans and deferred hours per week devoted to position account and other allowances compensation SEE STATEMENT 11 306,305 3,000 0. O 14 60 : K. K. K. 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.') (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 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 U.S. DEP'T_OF_INTERIOR, NAT'L PARK SERVICE WASHINGTON, DC ENVIR. IMPACT STUDY 0. TENJI, INC 798 LIGHTHOUSE AVE. MONTEREY SCIENTIFIC CONSULT 66,697. WALT BANNON DRILLING 46487 HWY 41 OAKHURST, TEST WELL DRILLING 62,193. Total number of other contractors receiving over \$50,000 for other services

Schedule	A (Form 990 or 990-EZ) 2006	YOSEMITE	NATIONAL	INSTITUTES	94	-2145930		P	age 2
Part III	Statements About Activ	ities (See ıı	nstructions.)				,	Yes	No
to i	ing the year, has the organization a nfluence public opinion on a legisla ncurred in connection with the lobb ist equal amounts on line 38, Part V	tive matter or ying activities	referendum? If ► \$	al, state, or local legislati 'Yes,' enter the total exp N/A	on, including any penses paid	attempt	1		x
Org org	panizations that made an election understand the second anizations checking 'Yes' must compying activities	nder section 5	01(h) by filing i	Form 5768 must complete statement giving a detail	e Part VI-A. Other lled description of	i ,			
sub tax	ing the year, has the organization, stantial contributors, trustees, direcable organization with which any su seficiary? (If the answer to any ques	tors, officers, ch person is a	creators, key e	mployees, or members of trustee.	of their families, or majority owner, or	with any 🔯			
a Sal	e, exchange, or leasing of property	?				-	2a		X
b Ler	nding of money or other extension o	f credit?				-	2b		Х
c Fur	nishing of goods, services, or facilit	ies?	•	SEE FORM 99	ז דפגם חב	-	2c		X
d Pay	ment of compensation (or payment	t or reimburse	ment of expens		•		2d	Х	<u> </u>
e Tra	nsfer of any part of its income or as	ssets?				_	2e		Х
3a Did exp	the organization make grants for solanation of how the organization de	cholarships, fo termines that	ellowships, stud recipients qual	lent loans, etc? (If 'Yes,' lify to receive payments.)	attach an Attac	chment1	3a	Х	
b Did	the organization have a section 40	3(b) annuity p	lan for its emp	loyees?		_	3b	Х	
to _l	the organization receive or hold an oreserve open space, the environments,' attach a detailed statement	easement for ent, historic la	r conservation produced records areas or his	ourposes, including easer toric structures? If	ments		3с		Х
d Did	the organization provide credit cou	nseling, debt	management, o	credit repair, or debt nego	otiation services?	_	3d		x
4a Did 4f a	the organization maintain any doni and 4g	or advised fun	ds? If 'Yes,' co	mplete lines 4b through 4	4g If 'No,' comple	ete lines	4a		Х
b Did	the organization make any taxable	distributions	under section 4	966?			4b	N,	A
c Did	the organization make a distribution	n to a donor,	donor advisor,	or related person?			4c	N,	/A
d En	ter the total number of donor advise	ed funds owne	d at the end of	the tax year		-			N/A
e En	ter the aggregate value of assets he	eld in all dono	r advised funds	owned at the end of the	tax year	-			N/A
fun	ter the total number of separate fun ds included on line 4d) where dono ounts in such funds or accounts	ds or account rs have the rig	s owned at the ght to provide a	end of the tax year (excl dvice on the distribution	uding donor advis or investment of	sed ►			0
a En	ter the addredate value of assets be	eld in all funds	or accounts in	icluded on line Af at the s	and of the tay yes	. -			Λ

arı	Reason for Non-Private F	oundation Status (S	ee instructions.)				
cert	fy that the organization is not a private f	oundation because it is: (Please check only ONE app	olicable box	.)		
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i)				
6	A school Section 170(b)(1)(A)(ii) (Also complete Part V.)						
7	A hospital or a cooperative hospital	service organization Sec	tion 170(b)(1)(A)(iii)				
8	A federal, state, or local governmen	t or governmental unit Se	ection 170(b)(1)(A)(v).				
9	A medical research organization operand state •	-	a hospital Section 170(b)((1)(A)(III). Er	nter the hospit	al's name, city,	
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or universite in Part IV-A)	rsity owned or operated by	a governme	ental unit Sec	tion 170(b)(1)(A)(iv).	
11 a	X An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	res a substantial part of its plete the Support Schedu	s support from a governme le in Part IV-A.)	ental unit or	from the gene	ral public	
11 b	A community trust Section 170(b)(1)(A)(vi) (Also complete t	he Support Schedule in Pa	art IV-A)			
12	An organization that normally receive from activities related to its charitable from gross investment income and organization after June 30, 1975. See	ile, etc, functions – subjei unrelated business taxable	ct to certain exceptions, an e income (less section 511	id (2) no mo tax) from b	re than 33-1/3	% of its support	
13		d b	and Callery than formulable				
	An organization that is not controlle requirements of section 509(a)(3).	d by any disqualified pers Theck the box that describ	ons (other than foundation ses the type of supporting o	managers) organization	and otherwise	meets the	
	Type I Type II	Type III-Function		Type III			
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	out the supported organiz (c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz gove docun	d) apported on listed in porting ration's rning nents?	(e) Amount of support	
				Yes	No		
					 -		
				<u> </u>			
_							
		 			 		
Tota				<u> </u>	▶	0.	
Uld		·		·		0.	
14	An organization organized and oper	rated to test for public saf	ety. Section 509(a)(4) (Se				
BAA				Sche	dule A (Form	990 or 990-EZ) 200	

	: You may use the worksheet in the	,				-
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,024,535.	2,357,771.	2,197,980.	1,517,888.	7,098,174.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	7,845,347.	7,579,145.	8,038,814.	8,265,483.	31,728,789.
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 organization after June 30, 1975	115,263.	72,233.	66,867.	68,020.	322,383.
19	Net income from unrelated business activities not included in line 18					0.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 12	132,272.	131,056.	152,486.	144,389.	560,203.
23	Total of lines 15 through 22	9,117,417.	10,140,205.	10,456,147.	9,995,780.	39,709,549.
24	Line 23 minus line 17	1,272,070.	2,561,060.	2,417,333.	1,730,297.	7,980,760.
25	125.5	91,174.	101,402.	104,561.	99,958.	医斯特别 医全位的
	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	e name of and amount cont for 2002 through 2005 excee amounts	eded the amount shown in I	ner than a governmental un	st with your 26 b	159,615. 2,495,315.
	Total support for section 509(a)(• •	••	► 26c	7,980,760.
•	d Add: Amounts from column (e) f	or lines: 18	322,383. 560,203.	19 26b 2,495,3	Batha.C	3,377,901.
	Public support (line 26c minus lii			2,495,	<u>260</u> ► 26e	
	Public support percentage (line	,	ded by line 26c (deno	minator))	≥ 26f	57.67 %
27	Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year	e 12: N/A b, 16, and 17 that were erved in each year from	e received from a 'dis n, each 'disqualified	squalified person, properson. Properson. Do not file the	epare a list for your retu	ecords to show the rn. Enter the sum of
	(2005)	(2004)	 _ (2003) _		. _ (2002)	
	b For any amount included in line to show the name of, and amour \$5,000. (Include in the list organ After computing the difference b differences (the excess amounts	nt received for each y lizations described in etween the amount re i) for each year:	ear, that was more the lines 5 through 11b, a secived and the large	nan the larger of (1) tas well as individuals ramount described in	he amount on line 25 .) Do not file this list n (1) or (2) , enter the	for the year or (2) with your return. sum of these
	(2005) Add: Amounts from column (e) f	(2004)	(2003) _		_ (2002)	
•	Add: Amounts from column (e) f	for lines 15 _		16		1
	17	20		21	27 c	
	d Add: Line 27a total		nd line 27b total		27 d	
	Public support (line 27c total mir	•			► 27e	
	Total support for section 509(a)(
	g Public support percentage (line		•	••	► 27g	
	h Investment income percentage					
28	Unusual Grants: For an organizatist for your records to show, for nature of the grant. Do not file to	ation described in line each year, the name his list with your retu	: 10, 11, or 12 that re of the contributor, the rn. Do not include the	ceived any unusual g e date and amount o ese grants in line 15.	frants during 2002 thr f the grant, and a brie	ougn 2005, prepare a of description of the

<u></u> :	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
٠			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	*.35%*,	TERROR NO.
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?	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?	<u>*</u> 31		
	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?	32a		
	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?	32 c		<u> </u>
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)			7
		- 18		
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33a	1	Sm. 33
	b Admissions policies?	33 b		-
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
	f Use of facilities?	33f		\
	g Athletic programs?	33g		
	h Other extracurricular activities?	33 h	2-0-2-3	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			
		- 1338		
		_		3 4 5
34	a 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	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.	35		
_				

Schedule A (Form 990 or 990-EZ) 2006

	300.011	OTTO 330 OF 330 LLL) 2000 .	CODDITION NATIONAL	THE THEFT	7110		74 214	JJJ0 rage u
Par	t VI-A	Lobbying Expenditures (To be completed ONLY by a	by Electing Public n eligible organization th	Charities (S nat filed Form 5	ee ins 768)	structions)	N/A
Che	ck ► a	if the organization belongs	to an affiliated group	Check ► b	ıf	you checl	ked 'a' and 'limited cor	
			bbying Expenditure ' means amounts paid o				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lob	bying expenditures to influen	ce public opinion (grassi	roots lobbying)		36		0.90.1120110110
37		bying expenditures to influen				37		
38	Total lob	bying expenditures (add lines	36 and 37) .			38		
39	Other ex	cempt purpose expenditures				39		
40	Total ex	empt purpose expenditures (a	add lines 38 and 39).			40		
41	If the an Not over	g nontaxable amount Enter to nount on line 40 is — r \$500,000 .000 but not over \$1,000,000	ne amount from the follo The lobbying nonta 20% of the amount \$100,000 plus 15% of th	axable amount on line 40.				
	Over \$1,00 Over \$1,50 Over \$1	0,000 but not over \$1,500,000 10,000 but not over \$17,000,000 7,000,000	\$175,000 plus 10% of th \$225,000 plus 5% of the \$1,000,000	ne excess over \$1,00	00,000	41		Company of the second of the s
42		ots nontaxable amount (enter	•			42	_	
43		t line 42 from line 36. Enter -0				43		
44		t line 41 from line 38 Enter -0				44	7/ - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	0
	_ Caution	: If there is an amount on eitl	ner line 43 or line 44, you	u must file Fori	n 472	o. 🔯 🔻	mat /	
		(Some organizations that n	4 -Year Averaging P nade a section 501(h) ele See the instructio	ection do not h	ave to	complet	1(h) e all of the five column	s below

	Lobbying Expenditures During 4 -Year Averaging Period						
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total		
45 Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 45(e))	5 7 7 8 8						
Total lobbying expenditures							
48 Grassroots non- taxable amount							
49 Grassroots ceiling amount (150% of line 48(e))							
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
	Х	of the first of the said
	X	
	X	
	Х	
	Х	
	Х	
	X	
	X	
		0.
		0.

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

				······································			
51 Did the of the	e reporting organization of Code (other than section	directly or in i 501(c)(3) o	directly engage in any of the following anizations) or in section 527, related	ng with any other organization descri ling to political organizations?	bed in secti	on 50	l (c)
a Transf	ers from the reporting or	ganization to	o a noncharitable exempt organization	on of:		Yes	No
(i) Ca	ısh				51 a (i)		_X
(ii) Ot	her assets				a (ii)		X
b Other	transactions						
(i) Sa	ales or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)		X
(ii)Pu	rchases of assets from a	a noncharita	ble exempt organization		b (ii)		X
(iii)Re	ental of facilities, equipm	ent, or other	assets		b (iii)		X
(iv)Re	eimbursement arrangeme	ents			b (iv)		X
(v) Lo	ans or loan guarantees				b (v)		X
(vi)Pe	erformance of services or	r membershi	p or fundraising solicitations .		b (vi)		X
c Sharin	of facilities, equipment	t. mailing lis	ts, other assets, or paid employees		c		X
				lumn (b) should always show the fair organization received less than fair n oods, other assets, or services receiv	market value	ue of	
(a) Line no.	(b) Amount involved		(c)	(d) Description of transfers, transactions, an			to
	Amount involved	Name of t		Description of dansters, dansactions, an	u sharing arra	ngemen	LS
N/A					·		
						_	
					•		
-							
							
descri	organization directly or in bed in section 501(c) of s,' complete the following	the Code (of	fliated with, or related to, one or mother than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	► [] Ye	es X	No
<u> </u>	(a)	g seriedate.	(b)	(c)			
	Name of organization		Type of organization	Description of relati	onship		
N/A							
	<u> </u>						
BAA	· 			Schedule A (Fo	rm 990 or 9	90-E2	2006

2006	FEDERAL STATEMENTS		PAGE 1
	YOSEMITE NATIONAL INSTITUTES		94-2145930
STATEMENT 1 FORM 990, PART I, LINE 10 GROSS PROFIT (LOSS) FROM SAI	LES OF INVENTORY		
RETAIL SALES, ALL SITES		\$	116,068.
GROSS SALES LESS RETURNS & ALLOWANCES NET SALES		\$	116,068. 0. 116,068.
LESS COST OF GOODS SOLD GROSS PROFIT FROM SALES OF	INVENTORY	\$	80,397. 35,671.
UNREALIZED GAIN ON INVESTME STATEMENT 3 FORM 990, PART III ORGANIZATION'S PRIMARY EXEM		TOTAL \$\frac{\fracc}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracket}\}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frace\firec{\fin}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\fint}}}}}}{\frac{\frac{\frac{\frac{\fint}{\fint}}}}}{\frac{\frac{\fint}{\fint}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	135,271. 135,271.
YOSEMITE NATIONAL INSTITUTE REVENUE CODE SECTION 501(C) PROGRAMMING IN NATIONAL PAR SEPARATE INSTITUTES - YOSEM INSTITUTE (IN GOLDEN GATE N (IN OLYMPIC NATIONAL PARK).	S IS A TAX-EXEMPT NONPROFIT ORGANIZATION PROVIDES ENVI (3). THE ORGANIZATION PROVIDES ENVI K LANDS TO OVER 30,000 PEOPLE PER YI ITE INSTITUTE (IN YOSEMITE NATIONAL ATIONAL RECREATION AREA), AND OLYMPI PROGRAMMING INCLUDES FIELD SCIENCE RS FOR ADULTS AND FAMILIES, SUMMER (IRONMENTAL EAR THROUG PARK), HE IC PARK IN E EDUCATIO	EDUCATION H THREE ADLANDS STITUTE N FOR K-12
STATEMENT 4 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRAD	ED SECURITIES		-
CORPORATE STOCKS		JATION THOD	AMOUNT
CORPORATE STOCKS AND BONDS		VALUE \$	

TOTAL \$ 1,305,021.

PUBLICLY TRADED SECURITIES \$ 1,305,021.

2006	FEDERAL STATEMENTS	PAGE 2
•	YOSEMITE NATIONAL INSTITUTES	94-2145930
STATEMENT 5 FORM 990, PART IV, LINE 56 INVESTMENTS - OTHER DESCRIPTION OF CERTIFICATES OF DEPOSIT	VALUATION INVESTMENT METHOD MARKET VALUE TOTAL	BOOK VALUE \$ 453,847. \$ 453,847.
STATEMENT 6 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPM CATEGORY BUILDINGS	BASIS ACCUM. BASIS DEPREC. \$ 9,886,393. \$ 4,090,509. TOTAL \$ 9,886,393. \$ 4,090,509.	BOOK VALUE \$ 5,795,884. \$ 5,795,884.
STATEMENT 7 FORM 990, PART IV, LINE 58 OTHER ASSETS DEPOSITS	TOTAL	\$ 8,046. \$ 8,046.
STATEMENT 8 FORM 990, PART IV, LINE 65 OTHER LIABILITIES CAPITAL LEASE PAYABLE DEPOSITS	TOTAL	\$ 33,640. 17,134. \$ 50,774.
STATEMENT 9 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS NAME AND ADDRESS GLEN GILBERT GGNRA, BLDG. 1055 SAUSALITO, CA 94965	AVERAGE HOURS COMPEN- BUTION PER WEEK DEVOTED SATION EBP &	RI- EXPENSE N TO ACCOUNT/ DC OTHER 000. \$ 0.

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FEDERAL STATEMENTS

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YOSEMITE NATIONAL INSTITUTES

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STATEMENT 9 (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
CLEVE JUSTIS SAME FOR ALL	EXEC. DIRHI			
TOM SANFORD	EXEC. DIROPI 40	55,251.	1,000.	0.
LEIGH WESTERLUND	EXEC. DIRYI	66,337.	1,000.	0.
, LAUREL TALBOT	EXEC. DIRHI 40	59,745.	1,000.	0.
, VALERIE ANDERS	CHAIR, OPI	0.	0.	0.
CHARLIE QUAID	CFO 40	66,045.	0.	0.
RAMON BELUCHE, PH.D.	DIRECTOR 1	0.	0.	0.
MARK BENJAMIN	DIRECTOR 1	0.	0.	0.
HELEN BENJAMIN, PH.D.	DIRECTOR 1	0.	0.	0.
, ROBERT BLAIR	DIRECTOR 1	0.	0.	0.
, DAVID BROWN	TREASURER 1	0.	0.	0.
, JASON MORRIS	VP DEVEL/MKTG 40	95,720.	400.	0.
,				

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FEDERAL STATEMENTS

PAGE 4

YOSEMITE NATIONAL INSTITUTES

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STATEMENT 9 (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
JOHN FRENCH	CHAIR, YI \$			\$ 0.
,	1			
GORDON GEBALLE, PH.D.	DIRECTOR 1	0.	0.	0.
,	-			
GEOFFREY GIVEN	DIRECTOR 1	0.	0.	0.
,	-			
MARY KIELY, PH.D.	DIRECTOR 1	0.	0.	0.
,	<u>-</u>			
JOHN KINNEY	DIRECTOR 1	0.	0.	0.
,	-			
STEVEN LOCKHART, M.D.	DIRECTOR 1	0.	0.	0.
,	-			
CHARLENE LOW	DIRECTOR 1	0.	0.	0.
,	-			
ALLAN PRAGER	SECRETARY 1	0.	0.	0.
,	_			
JOHN REYNOLDS	DIRECTOR 1	0.	0.	0.
,	_			
JILL SIDEMAN	DIRECTOR 1	0.	0.	0.
,	_			
KEITH SWAYNE	DIRECTOR 1	0.	0.	0.
,	-			
TRACY THOMPSON	DIRECTOR	0.	0.	0.
,	1			

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FEDERAL STATEMENTS

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YOSEMITE NATIONAL INSTITUTES

94-2145930

STATEMENT 9 (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
ANDY BAXTER	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
,				
GREG MOGA III	DIRECTOR 1	0.	0.	0.
,				
CHRIS WARNER	CHAIR, HI 1	0.	0.	0.
,				
WILFORD WELCH	DIRECTOR 1	0.	0.	0.
,				
SCOTT SCHAFFER	DIRECTOR 1	0.	0.	0.
,				
JOHN DUNCAN	DIRECTOR 1	0.	0.	0.
,				
	TOTAL	\$ 579,497.	<u>\$ 5,400.</u>	\$ 0.

STATEMENT 10 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.

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FEDERAL STATEMENTS

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YOSEMITE NATIONAL INSTITUTES

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

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
SUSAN SCHULTZ GGNRA, BLDG.1055 SAUSALITO, CA 94965	VP EDUCATION 40	71,929.	1,000.	0.
THOMAS DREKE GGNRA, BLDG.1055 SAUSALITO, CA 94965	EXEC. CHEF 40	57,632.	1,000.	0.
KASHA FRESE GGNRA, BLDG.1055 SAUSALITO, CA 94965	MKT/COMM MGR 40	57,808.	0.	0.
COREY SADD GGNRA, BLDG.1055 SAUSALITO, CA 94965	IT DIRECTOR 40	61,324.	0.	0.
MEREDITH ROSS GGNRA, BLDG.1055 SAUSALITO, 94965 94965	EDUC. DIR. 40	57,612.	1,000.	0.
	TOTAL	\$ 306,305.	<u>\$ 3,000.</u>	\$ 0.

STATEMENT 12 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION	(A) 2005	(B) 2004	(C) 2003	(D) 2002	(E) TOTAL
MISCELLANEOUS INCOME		\$ 131,056. \$ 131,056.			

2006

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

YOSEMITE NATIONAL INSTITUTES June 30, 2007

Form 990

94-2145930

Supporting Schedule 1

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

Line # Line Description	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institute
Contributions, gifts, grants and similar amounts received Direct Public Support Indirect Public Support	2,679,393 9,084	886,343	405,494	281,580	1,105,976 9,084
c Government Contributions (Grants) d Total (Cash)	2,688,477	886,343	405,494	281,580	1,115,060
2 Program Service Revenue	7,954,358	4,304,398	2,606,731	1,043,229	
4 Interest on Savings and Temporary Cash Investments	113,673	1,722_		1,662	110,289
10a Gross Sales of Inventroy, less Returns and Allowances b Less Cost of Goods Sold c Gross Profit from Sales of Inventory	116,068 (80,397) 35,671	20,553 (14,074) 6,479	64,138 (41,958) 22,180	31,377 (18,094) 13,283	(6,271) (6,271)
11 Other Revenue	253,769	86,630	92,301	69,441	5,396
12 Total Revenue	11,045,947	5,285,572	3,126,706	1,409,195	1,224,474
13 Program Services	8,140,873	4,022,366	2,784,853	1,333,654	
14 Management and General	1,227,940				1,227,940
15 Fundraising	480,643				480,643
17 Total Expenses	9,849,456	4,022,366	2,784,853	1,333,654	1,708,583
18 Excess or (Deficit) for the Year	1,196,491	1,263,206	341,853	75,541	(484,109)
19 Other Changes in Net Assets	135,271			-	135,271

Supporting Schedule 2

Part II STATEMENT OF FUNCTIONAL EXPENSES Separated by subordinates

Program Services

Line # Line Description	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institute
25 Compensation of Officers, Directors, etc	420,068	107,837	222,146	90,085	
26 Other Salanes and Wages	4,277,667	1,846,796	1,692,491	738,380	-
36 Occupancy	593,167	174,544	256,132	162,491	-
41 Interest	15,363	2,727	8,693	3,943	-
42 Depreciation	302,516	66,117	114,597	121,802	-
43 Other Expenses					
a Bad Debts	27,060	10,762	16,298	-	-
b Contracted Services	1,568,020	1,489,494	31,882	46,644	•
c Food	490,406	152,112	259,516	78,778	-
d Insurance	146,907	65,930	57,340	23,637	-
e Other Expenses	299,699	106,047	125,758	67,894	-
	8,140,873	4,022,366	2,784,853	1,333,654	

Management and General

Line # Line Description	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institute
25 Compensation of Officers, Directors, etc	106,817	-	-		106,817
26 Other Salaries and Wages	698,685	-	-	-	698,685
36 Occupancy	72,494	-	-	-	72,494
41 Interest	8,236	-	-	-	8,236
42 Depreciation	48,491	-	-		48,491
43 Other Expenses					
a Bad Debts	67,595	-	-	•	67,595
b Contracted Services	<u>-</u>	-	-	-	· -
c Food	-	_	-	-	-
d Insurance	17,5 44	-	-	-	17,544
e Other Expenses	208,078	-	-	-	208,078
	1,227,940	-		-	1,227,940

Fundraising

Line # Line Description	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	Yosemite National Institute
25 Compensation of Officers, Directors, etc	52,612				52,612
26 Other Salanes and Wages	288,440	-	-	-	288,440
36 Occupancy	31,631	-	-	-	31,631
41 Interest	28	-	-	-	28
42 Depreciation	-	-	-	-	-
43 Other Expenses					
a Bad Debts	-	-	-	-	-
b Contracted Services	-	-		-	-
c Food	-	-	-	•	-
d Insurance	•	-		-	-
e Other Expenses	107,932	-	-	•	107,932
	480,643	-	-		480,643

YOSEMITE NATIONAL INSTITUTES June 30, 2007

Form 990

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Supporting Schedule 3

Part IV
Balance Sheets
Separated by subordinates

Separ	ated by subordinates					Yosemite
Line #	Line Description	Total	Yosemite Institute	Headlands Institute	Olympic Park Institute	National Institute
	Cash - Non-Interest-Bearing	179,488				
46	S Savings and Temporary Cash Investments	3,206,675				
47a b	Accounts Receivable Less Alloance for Doubtful Accounts	165,447 -	28,143	67,771 -	38,644 -	30,890
		165,447	28,143	67,771	38,644	30,890
48a b	Pledges Receivable Less Alloance for Doubtful Accounts	650,850 (15,241)	30,275 (850)	90,075 (2,425)	23,850 (680)	506,650 (11,286)
		635,609	29,425	87,650	23,170	495,364
52	2 Inventories for Sale or Use	83,592	18,088	33,885	31,619	
5	3 Prepaid Expenses	14,716				14,716
5-	4 Investments - Securities	1,305,021				
5	5 Investments - Other	453,847				
57a b	Land, buildings and equipment, basis Less Accumulated Depreciation	9,886,393 (4,090,509) 5,795,884	3,837,478 (905,498) 2,931,980	2,543,633 (1,690,583) 853,050	2,975,750 (1,216,963) 1,758,787	529,533 (277,465) 252,068
5	8 Other Assets - Deposits	8,046				8,046
5	9 Total Assets	11,848,325				
6	0 Accounts Payable and Accrued Expenses	574,466	89,143	58,116	27,622	399,585
6	2 Deferred Revenue	1,094,020	574,609	422,344	97,067	
6	5 Other Liabilities - Deposits	50,774		1,253		49,520
6	6 Total Liabilities	1,719,260	663,752	481,713	124,689	449,105
6	7 Unrestricted Net Assets	5,336,062				
6	8 Temporanly Restricted Net Assets	3,557,565				
6	9 Permanently Restricted Net Assets	1,235,438				
7	3 Total Net Assets	10,129,065				
7	4 Total Liabilities and Net Assets	11,848,325				

Attachment 1

YOSEMITE NATIONAL INSTITUTES DEVELOPMENT DEPARTMENT FUNDRAISING PROGRAMS

The Development Department of Yosemite 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 Watershed Environmental Science Training for Teachers (WEST) 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

- OPI's Natual Connections Program provides free pre- and post-trip classroom instruction in underserved schools in the Puget Sound region 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 Seattle office.
- OPI's North Olympic Watershed (NOW) 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. This program includes educational opportunities for every 6th grader in the Sequim School District, for every 8th grader in the Port Angeles School District, for every middle school student in the Crescent School District, for every 5th grader at Forks Elementary School and intensive extracurricular academic programs for middle and high school students in the Lower Elwha Klallam Tribe.
- HI's Classroom Connections Program offers pre- and post-trip classroom visits to Bay Area schools whose students qualify for 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 experiences and reinforce the curriculum from the program.
- HI's Teen Environmental Action Mentorship (TEAM) is a year-round paid environmental education internship and leadership program for Bay Area high school youth. Through TEAM, participants discover their inner strength as leaders, their ability to influence others, and the importance of diversity, community and hands-on learning. TEAM interns gain first-hand knowledge about the field of environmental education through one-on-one mentorships with our professional educators, and by leading interactive activities with our elementary school participants.
- YI's Armstrong Scholars Program Inspired by former instructor Joie Armstrong, the Armstrong Scholars Program brings young women, ages 15 to 18, together for a summer backpacking adventure and educational experience in the spectacular High Sierra. This extraordinary program is offered in cooperation with our sister campus, Headlands Institute, and seeks to inspire young women to reach their highest potential and develop a stronger sense of self and community and a stronger connection to nature. Participants will venture into the High Sierra back country with our inspiring and highly skilled female instructors for a trip filled with beauty, learning and physical and mental challenge.

- Yl's Wildlink Program is an innovative partnership with Sequoia-Kings Canyon National Parks, the Sierra Nevada Wilderness Education Project, the Sequoia Natural History Association and the National Forests of the Sierra. Since 2000, the WildLink Program has worked to open Sierra wilderness to the multi-cultural population living at its doorstep and demonstrate the relevance and benefits of Wilderness and public lands to all Americans. Every school year, 108 culturally diverse high school students participate in wilderness backpacking expeditions in the Sierra; these WildLink students in turn impact 1100 underserved Californians annually through Wilderness Ambassador projects.
- YI's Project Pluton was created to bring together three park schools: Wawona, Yosemite Valley, and El Portal, to explore the park and to learn about each other. Even though these students live in close proximity to the park, many do not visit the park often or have the opportunity to learn about their own back yard. Just as a pluton of rock takes years to get uncovered, the students' potential to become good stewards of the park also begins to be uncovered as they are exposed to the uniqueness of Yosemite National Park.

Science Research Programs

- HI has developed the Inter-tidal Investigation Program in partnership with NOAA's Long Term Monitoring Program
 and Experiential Training for Students, also know 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 restorations 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 Bio-monitoring 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.
 - Sequioaometry Students staying at the Crane Flat campus monitor the growth rate of the giant Sequoias at Tuolomne Grove by taking measurements of designated trees throughout the grove each year.
 - Coyote Monitoring In this 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 as educator's salaries, residential room and board costs, needed teaching supplies and equipment, technology upgrades, and transportation costs for pre- and post-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 projects 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, renovating, replacing and/or constructing new buildings at HI and YI. Fundraising is currently underway for the assessment and implementation phases 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.

Form 8868	(Rev 4-2007)	Page 2		
If you a	re filing for an Additional (not automatic) 3-Month Extension, complete only	y Part II and check this box . ► X		
	complete Part II if you have already been granted an automatic 3-month ext			
If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page	1).		
	Additional (not automatic) 3-Month Extension of Time. You n			
	Name of Exempt Organization	Employer identification number		
_				
Type or print	YOSEMITE NATIONAL INSTITUTES	94-2145930		
F	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only		
File by the				
extended due date for	GGNRA, BUILDING 1055			
filing the return See	City, town or post office, state, and ZIP code For a foreign address, see instructions			
instructions				
	SAUSALITO, CA 94965			
	of return to be filed (File a separate application for each return):			
X Form 9	90Form 990-PF	Form 1041-A Form 6069		
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870		
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227		
STOP! Do	not complete Part II if you were not already granted an automatic 3-month e	extension on a previously filed Form 8868.		
	ks are in care of YOSEMITE NATIONAL INSTITUTES			
	one No ► (415) 332-5776 FAX No. ►			
	rganization does not have an office or place of business in the United States	s check this box		
	s for a Group Return, enter the organization's four digit Group Exemption Nu			
	p, check this box X . If it is for part of the group, check this box			
	he extension is for	and attach a list with the harnes and Elivs of all		
	sest an additional 3-month extension of time until 5/15 , 20	00		
		0 06, and ending 6/30, 20 07		
	tax year is for less than 12 months, check reason.	Final return Change in accounting period		
		DITIONAL TIME TO GATHER SUFFICIENT		
DAI	A TO FILE A COMPLETE AND ACCURATE RETURN.			
_				
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tensfundable credits. See instructions	8a \$		
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable lents made. Include any prior year overpayment allowed as a credit and any Form 8868.	credits and estimated tax amount paid previously 8b\$		
c Balar with	nce Due. Subtract line 8b from line 8a Include your payment with this form, FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen	or, if required, deposit		
	Signature and Verification			
Under penaltie	is of perjury. I declare that I have examined this form, including accompanying schedules and stateme empleter and that I am authorized to prepare this form			
correct, and co				
Signature	(fugl C. And Title CPA	Date > 2-7-08		
	Notice to Applicant. (To be Complete			
₩e !	nave approved this application. Please attach this form to the organization's	return		
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.				
elec	tions otherwise required to be made on a timely filed return. Please attach the	his form to the organization's return		
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.				
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other				
Director	By	Date		
Alternate I	Mailing Address. Enter the address if you want the copy of this application fiferent than the one entered above.			
	Name			
	BUNKER & COMPANY			
Tuna an	Number and street (include suite, room, or apartment number) or a P.O. box number			
Type or print				
	4340 REDWOOD HWY., SUITE 117 City or town, province or state, and country (including postal or ZIP code)			
	SAN_RAFAEL, CA_94903-2123			

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Form 8868 (Rev 4-2007)

BAA