



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CURIODYSSEY FORMERLY COYOTE POINT MUSEUM ASSOCIATION Doing Business As		D Employer identification number 94-1262434
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1651 COYOTE POINT DRIVE		E Telephone number (650) 342-7755
	City or town, state or country, and ZIP + 4 SAN MATEO, CA 94401		G Gross receipts \$ 2,886,319
	F Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: www.curiodyssey.org

K Form of organization Corporation Trust Association Other **L** Year of formation 1953 **M** State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities CURIODYSSEY'S MISSION IS TO EDUCATE AND INSPIRE PEOPLE TO TAKE CARE OF OUR EARTH WISELY WE DO THIS THROUGH SCIENCE EXHIBITS, WILDLIFE ENCOUNTERS, AND SCHOOL AND PUBLIC PROGRAMS THAT BRING CHILDREN AND FAMILIES UP CLOSE WITH THE NATURAL WORLD		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,093,748	1,422,852
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,771	475,934
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-122,677	75,996
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,974	37,756
		1,435,816	2,012,538
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,694,711	1,695,526
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>224,599</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	730,999	1,014,651
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,425,710	2,710,177	
19 Revenue less expenses Subtract line 18 from line 12	-989,894	-697,639	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,194,732	5,640,597
	21 Total liabilities (Part X, line 26)	354,780	393,130
22 Net assets or fund balances Subtract line 21 from line 20	5,839,952	5,247,467	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-03-27 Date
	RACHEL MEYER Executive Director Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Caprice K Wummer CPA	Preparer's signature Caprice K Wummer CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name GILMORE & ASSOCIATES				Firm's EIN
	Firm's address 177 BOVET RD STE 550 SAN MATEO, CA 944023116				Phone no (650) 432-6110

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CURIODYSSEY'S MISSION IS TO EDUCATE AND INSPIRE PEOPLE TO TAKE CARE OF OUR EARTH WISELY WE DO THIS THROUGH SCIENCE EXHIBITS, WILDLIFE ENCOUNTERS, AND SCHOOL AND PUBLIC PROGRAMS THAT BRING CHILDREN AND FAMILIES UP CLOSE WITH THE NATURAL WORLD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 598,084 including grants of \$) (Revenue \$ 475,934)

WILDLIFE HABITATSCURIODYSSEY HOUSES NEARLY 100 ANIMALS - FROM GOLDEN EAGLES TORUBBER BOAS - WHICH HELP ENVIRONMENTAL CONCEPTS COME ALIVE FOR BAY AREACHILDREN AND ADULTS ALL OF OUR ANIMALS ARE NON-RELEASABLE, MEANING THEY HAVE BEEN INJURED OR IMPRINTED AND WOULD NOT SURVIVE IF RETURNED TO THEIR NATURAL HABITATS ONCE THEY ARE AT THE MUSEUM, WE CARE FOR THEM FOR THE REST OF THEIR LIVES MOST OF OUR ANIMALS ARE NATIVE TO CALIFORNIA, ALTHOUGH WE DO HOUSE SOMENON-NATIVE ANIMALS IN OUR ANIMAL AMBASSADORS PROGRAM ALL OF OURANIMALS REINFORCE THE MUSEUM'S MISSION TO EDUCATE AND INSPIRE PEOPLE TO TAKE CARE OF THE EARTH BY TAKING CENTER STAGE IN OUR WILDLIFE HABITATS, SCHOOL-BASED PROGRAMS, AND PUBLIC PROGRAMS MANY OF OUR ANIMALS LIVE IN OUR NATURALISTIC WILDLIFE HABITATS, THROUGHWHICH VISITORS CAN WANDER THE HABITATS INCLUDE A 4,000-SQUARE-FOOTWALK-THROUGH AVIARY, WHICH HOUSES APPROXIMATELY TWENTY-FOUR NATIVE BIRDS VISITORS CAN EXPLORE THE WILDLIFE HABITATS ON THEIR OWN WHERE THEY ENCOUNTER THE ANIMALS UP-CLOSE AND LEARN ABOUT THEIR SPECIAL FEATURES, ADAPTATIONS, AND NATIVE HABITATS EACH OF THE 25 HABITATS IS INDIVIDUALLY DESIGNED TO ACCOMMODATE THE PARTICULAR NEEDS OF THE ANIMAL OR ANIMALS THAT LIVE THERE CURIODYSSEY IS ACCREDITED BY THE ASSOCIATION OF ZOOS AND AQUARIUMS (AZA) FEWER THAN 10% OF ZOOS AND AQUARIUMS NATIONWIDE ARE ACCREDITED BY AZA

4b (Code) (Expenses \$ 564,171 including grants of \$) (Revenue \$)

CHANGING EXHIBITS/PUBLIC PROGRAMS SCIENCE EXHIBITIONSWE DEVELOP OUR EXHIBITS IN-HOUSE OUR TEAM CREATES INNOVATIVE EXHIBITS THAT YOU WON'T SEE ANYWHERE ELSE WE BUILD INTERACTIVE EXHIBITS TO HELP CHILDREN EXPERIENCE HOW NATURE'S MANY COMPLEX SYSTEMS WORK TOGETHER TO CREATE OUR ENVIRONMENT CAMPCAMP CURIODYSSEY ENGAGES CAMPERS IN AN IMMERSIVE JOURNEY EXPLORING NATURAL PHENOMENA THROUGH SCIENCE AND THE OUTDOORS THE CAMP PROGRAM FOSTERS CREATIVITY, IMAGINATION AND APPRECIATION FOR NATURE EACH CAMP PROVIDES PERSONAL, INTERACTIVE EXPERIENCES FOR PRESCHOOL THROUGH 8TH GRADE YOUTH

4c (Code) (Expenses \$ 304,814 including grants of \$) (Revenue \$ 36,227)

BUILDING AND GROUNDSFacility Rentals CunOdyssey's rental spaces provide a natural setting for a variety of events, including birthday parties, weddings, company retreats, and other celebrations For evening events, guests have access to our beautiful gardens and our main building, which houses a variety of fascinating interactive exhibits With prior arrangement with our Wildlife Department, guests may include an up close encounter with one of our many animal ambassadors GardensCunOdyssey's 1 3 acres of gardens provide a beautiful and educational respite for visitors year-round The gardens also serve as a laboratory for our classes and programs to investigate plants, insects, and birds

4d Other program services (Describe in Schedule O)




(Expenses \$ 617,823 including grants of \$) (Revenue \$ 42,786)

4e Total program service expenses \$ 2,084,892

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No/Amount columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (21), 2 (No), 3 (No), 4 (Yes), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b (No), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b (No).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website, Another's website, Upon request.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
JOAN MARTEL DIR OF FINANCE
1651 COYOTE POINT DR
SAN MATEO, CA 94401
(650) 342-7755

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RACHEL MEYER Executive Direc	40 00	X		X			108,450	0	15,897	
(2) PEGGY JONES BOARD MEMBER	10 20	X					0	0	0	
(3) NICOLE KELLER BOARD MEMBER	10 20	X					0	0	0	
(4) NANCY SPENCER Vice President	10 20	X		X			0	0	0	
(5) LINDA LANIER BOARD MEMBER	10 20	X					0	0	0	
(6) LINDA FITZPATRICK Treasurer	10 20	X		X			0	0	0	
(7) LANA GUERNSEY President	10 20	X		X			0	0	0	
(8) KEITH MCWILLIAMS BOARD MEMBER	10 20	X					0	0	0	
(9) KATHRYN TAYLOR Vice President	10 20	X		X			0	0	0	
(10) JUDITH BARTON BOARD MEMBER	10 20	X					0	0	0	
(11) JOAN MARTEL CFO	40 00			X			81,362	0	7,182	
(12) JENNIFER VAN NATTA BOARD MEMBER	10 20	X					0	0	0	
(13) FRANK BABBITT VOLUNTEER REP	10 20	X		X			0	0	0	
(14) CONSTANCE SEVIER BOARD MEMBER	10 20	X					0	0	0	
(15) CHRISTINE EGY ROSE BOARD MEMBER	10 20	X					0	0	0	
(16) CHERYL HIGHTOWER BOARD MEMBER	10 20	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) CHARLES FORRESTER EXEC MEMBER	10 20	X		X				0	0	0
(18) CATHY KRIKORIAN EXEC MEMBER	10 20	X		X				0	0	0
(19) BRUCE WRIGHT BOARD MEMBER	10 20	X						0	0	0
(20) BRIAN KOCH BOARD MEMBER	10 20	X						0	0	0
(21) BETTY BARNES Secretary	10 20	X		X				0	0	0
(22) ANDREA HIGUERA-BALLARD Vice President	10 20	X		X				0	0	0
(23) AARON GRUBER BOARD MEMBER	10 20	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								189,812		23,079

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b	207,884				
	c Fundraising events 1c	124,355				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,090,613				
	g Noncash contributions included in lines 1a-1f \$	91,426				
	h Total. Add lines 1a-1f ▼		1,422,852			
	Program Service Revenue		Business Code			
2a PROGRAM FEES		900004	274,026	274,026		
b MUSEUM ADMISSIONS		900004	201,908	201,908		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼		475,934				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		34,248		34,248	
	4 Income from investment of tax-exempt bond proceeds ▼		0			
	5 Royalties ▼		0			
	6a Gross Rents	(i) Real	36,227			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	36,227			
	d Net rental income or (loss) ▼		36,227		36,227	
	7a Gross amount from sales of assets other than inventory	(i) Securities	788,976			
		(ii) Other				
		b Less cost or other basis and sales expenses	747,228			
		c Gain or (loss)	41,748			
d Net gain or (loss) ▼		41,748		41,748		
8a Gross income from fundraising events (not including \$ 124,355 of contributions reported on line 1c) See Part IV, line 18 a		44,746				
	b Less direct expenses b	86,003				
	c Net income or (loss) from fundraising events ▼		-41,257		-41,257	
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼		0			
10a Gross sales of inventory, less returns and allowances a		83,336				
	b Less cost of goods sold b	40,550				
	c Net income or (loss) from sales of inventory ▼		42,786		42,786	
Miscellaneous Revenue	Business Code					
	11a _____					
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d ▼		0				
12 Total revenue. See Instructions ▼		2,012,538	475,934		113,752	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	227,077	98,439	94,664	33,974
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,183,776	976,873	102,947	103,956
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	168,238	117,165	44,164	6,909
10	Payroll taxes	116,435	89,415	15,759	11,261
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	12,012		12,012	
g	Other	7,081	5,353	1,076	652
12	Advertising and promotion	46,013	46,013		
13	Office expenses	47,581	23,472	21,414	2,695
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	21,955	13,705	5,442	2,808
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	223,082	217,647	3,384	2,051
23	Insurance	29,671	23,067	4,936	1,668
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	45,571	39,074	3,356	3,141
b	Printing and Publications	83,908	47,006	26,556	10,346
c	OUTSIDE SERVICES	301,963	216,825	42,861	42,277
d	EQUIPMENT RENTAL	145,905	141,030	3,768	1,107
e	DUES AND SUBSCRIPTIONS	20,607	3,836	16,220	551
f	All other expenses	29,302	25,972	2,127	1,203
25	Total functional expenses. Add lines 1 through 24f	2,710,177	2,084,892	400,686	224,599
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,430	1	1,430
	2 Savings and temporary cash investments	154,911	2	90,459
	3 Pledges and grants receivable, net	19,704	3	29,412
	4 Accounts receivable, net		4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	11,757	8	20,417
	9 Prepaid expenses and deferred charges	15,958	9	21,278
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,410,035		
	b Less accumulated depreciation	4,328,110	2,059,144	10c 2,081,925
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities See Part IV, line 11	2,261,180	12	1,798,582
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	1,670,648	15	1,597,094
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,194,732	16	5,640,597	
Liabilities	17 Accounts payable and accrued expenses	206,480	17	236,647
	18 Grants payable		18	
	19 Deferred revenue	148,300	19	156,483
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	354,780	26	393,130
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,240,019	27	2,737,363
	28 Temporarily restricted net assets	1,723,722	28	1,633,893
	29 Permanently restricted net assets	876,211	29	876,211
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,839,952	33	5,247,467	
34 Total liabilities and net assets/fund balances	6,194,732	34	5,640,597	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,012,538
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,710,177
3	Revenue less expenses Subtract line 2 from line 1	3	-697,639
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,839,952
5	Other changes in net assets or fund balances (explain in Schedule O)	5	105,154
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,247,467

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CURIODYSSEY
FORMERLY COYOTE POINT MUSEUM ASSOCIATION

Employer identification number
94-1262434

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,603,732	1,444,969	1,311,011	1,093,748	1,298,497	6,751,957
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	207,206	207,206	207,206	207,206	207,206	1,036,030
4 Total. Add lines 1 through 3	1,810,938	1,652,175	1,518,217	1,300,954	1,505,703	7,787,987
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,425,107
6 Public Support. Subtract line 5 from line 4						6,362,880

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,810,938	1,652,175	1,518,217	1,300,954	1,505,703	7,787,987
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	139,256	313,005	151,066	55,113	70,475	728,915
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support (Add lines 7 through 10)						8,516,902
12 Gross receipts from related activities, etc (See instructions.)					12	2,468,798

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	74.710 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	76.610 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

--

--

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CURIODYSSEY FORMERLY COYOTE POINT MUSEUM ASSOCIATION

Employer identification number 94-1262434

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	876,211	876,211	876,211		
b Contributions					
c Investment earnings or losses	14,781				
d Grants or scholarships					
e Other expenditures for facilities and programs	9,539				
f Administrative expenses	5,242				
g End of year balance	876,211	876,211	876,211		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,601,090	1,316,405	284,685
c Leasehold improvements				
d Equipment		420,269	388,669	31,600
e Other		4,388,676	2,623,036	1,765,640
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,081,925

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,012,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,710,177
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-697,639
4	Net unrealized gains (losses) on investments	4	178,708
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-73,554
9	Total adjustments (net) Add lines 4 - 8	9	105,154
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-592,485

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,388,096
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	178,708
b	Donated services and use of facilities	2b	208,862
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	387,570
3	Subtract line 2e from line 1	3	2,000,526
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,012
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	12,012
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	2,012,538

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,980,581
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	208,862
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	73,554
e	Add lines 2a through 2d	2e	282,416
3	Subtract line 2e from line 1	3	2,698,165
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,012
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	12,012
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	2,710,177

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain Management has considered its tax positions and believes that all of the positions taken in the Musuem's federal and state exempt organization returns are more likely than not to be sustainable upon examination The Museum's returns for years ended June 30, 2010, 2009, and 2008 respectively are subject to examination by federal and state taxing authorities for three years after they are filed
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	AMORTIZATION OF DISCOUNT - DONATED FACIL \$73554
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	AMORTIZATION OF DISCOUNT - DONATED FACILITIES \$ - 73554

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CURIODYSSEY FORMERLY COYOTE POINT MUSEUM ASSOCIATION

Employer identification number 94-1262434

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>TINKERING BY TWILIGHT</u> (event type)	<u>BRIDGE TOURNAMENT</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	154,883	10,476		165,359
	2 Less Charitable contributions	111,470	10,135		121,605
	3 Gross income (line 1 minus line 2)	43,413	341		43,754
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		988		988
	6 Rent/facility costs	16,307	800		17,107
	7 Food and beverages	30,465	558		31,023
	8 Entertainment	7,088			7,088
	9 Other direct expenses	28,311	1,280		29,591
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				85,797
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-42,043	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization CURIODYSSEY FORMERLY COYOTE POINT MUSEUM ASSOCIATION

Employer identification number 94-1262434

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Row 9 is filled with X, 6, 42,680, and SELLING PRICE.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding contribution reporting and policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Part I, Line 32, Hire and Use of Third Parties		THE ORGANIZATION CURRENTLY CONTRACTS WITH CARS WITH HEART (LOCATED AT 6121 BROOKLYN BLVD, MINNEAPOLIS, MN 55429-4033) TO RUN ITS VEHICLE DONATION PROGRAM THE ORGANIZATION PREVIOUSLY CONTRACTED WITH BIZZARRO'S INC (LOCATED AT 2581 SPRING STREET, REDWOOD CITY, CA 94065) NO CONTRIBUTIONS OF VEHICLES WERE RECEIVED IN THE YEAR ENDED JUNE 30, 2011

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 94-1262434
Name: CURIODYSSEY
 FORMERLY COYOTE POINT MUSEUM ASSOCIATION

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ▶ (<u>EQUIPMENT</u>)		2	9,950	REPL COST
Other ▶ (<u>OTHER SUPPLIES</u>)		4	855	REPL COST
Other ▶ (<u>SP EVENTS ITEMS</u>)		16	22,144	REPL COST
Other ▶ (<u>EXHIBIT SUPPLY</u>)		4	2,709	REPL COST
Other ▶ (<u>ANIMAL FOOD</u>)		7	13,088	REPL COST

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CURIODYSSEY
FORMERLY COYOTE POINT MUSEUM ASSOCIATION

Employer identification number

94-1262434

Identifier	Return Reference	Explanation
	PART VI SECTION B	THE ORGANIZATION IS IN THE PROCESS OF DRAFTING ITS WHISTLEBLOWER POLICY AND ITS DOCUMENT & RETENTION POLICY

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FORM 990 IS ALSO AVAILABLE AT GUIDESTAR.ORG

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE EXECUTIVE DIRECTOR REVIEWS SALARY COMPENSATION SURVEYS IN BAY AREA NON-PROFITS AND ESTABLISHES THE PAY SCALE FOR DIRECTORS

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE FINANCE COMMITTEE REVIEWS EACH SIGNED CONFLICT OF INTEREST POLICY STATEMENT YEARLY WITH REGARDS TO ANY POSSIBLE CONFLICT COMPLIANCE IS ACHIEVED THROUGHOUT THE YEAR

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	FINANCE COMMITTEE WILL REVIEW AND APPROVE THE FORM 990 THEN IT WILL BE TAKEN TO THE BOARD FOR FINAL APPROVAL

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	ON JANUARY 11, 2011, THE ORGANIZATION CHANGED ITS NAME TO CURIODY SSEY SEE ATTACHED AMENDED AND RESTATED ARTICLES OF INCORPORATION

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 BUILDING AND GROUNDS Facility Rentals CuriOdyssey's rental spaces provide a natural setting for a variety of events, including birthday parties, weddings, company retreats, and other celebrations For evening events, guests have access to our beautiful gardens and our main building, which houses a variety of fascinating interactive exhibits With prior arrangement with our Wildlife Department, guests may include an up close encounter with one of our many animal ambassadors GardensCuriOdyssey's 1 3 acres of gardens provide a beautiful and educational respite for visitors year-round The gardens also serve as a laboratory for our classes and programs to investigate plants, insects, and birds OTHER PROGRAM SERVICES 5 MUSEUM STORE THE MUSEUM STORE FULFILLS ANOTHER PART OF THE MUSEUM'S EDUCATIONAL GOAL BY ALLOWING VISITORS AND MEMBERS TO PURCHASE BOOKS AND MERCHANDISE THAT DIRECTLY RELATE TO ITS MISSION OF ENGAGING WITH SCIENCE AND THE NATURAL WORLD OTHER PROGRAM SERVICES 6 COMMUNITY OUTREACH OUR COMMUNITY OUTREACH IS REALIZED THROUGH ADVERTISING, PROMOTIONS, AND PUBLIC RELATIONS THIS MARKETING PLAYS A VITAL ROLE IN INFORMING NOT ONLY THE GENERAL PUBLIC, BUT ALSO TEACHERS, PARENTS, AND CHILDREN ABOUT OUR EDUCATIONAL PROGRAMS AND EXHIBITS</p>

JAN 11 2011

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
CURIODYSEY

A California Nonprofit Public Benefit Corporation

The undersigned Lana Guernsey and Betty Barnes hereby certify that:

- 1 They are the duly elected and acting President and Secretary, respectively, of Coyote Point Museum Association, a California Nonprofit Public Benefit Corporation (the "Corporation").
- 2 The Articles of Incorporation of the Corporation shall be amended and restated to read in full as follows:

ONE. The name of this Corporation is CurIOdyssey.

TWO: (a) This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. Charitable purposes are limited to those described within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code"), or the corresponding provision of any future Federal tax law. This Corporation elects to be governed by all of the provisions of the Nonprofit Corporation Law of 1980 not otherwise applicable to it under Part 5.

(b) In furtherance of its corporate purposes, the Corporation may receive property by gift, devise or bequest, invest or reinvest the same, and apply the income and principal thereof, as the Board of Trustees may from time to time determine, either directly or through contributions to any charitable organization or organizations, exclusively for charitable purposes, and engage in any lawful act or activity for which corporations may be organized under the California Nonprofit Public Benefit Corporation Law.

(c) In furtherance thereof, the Corporation shall have all the general powers enumerated in Sections 5140 and 5141 of the California Nonprofit Public Benefit Corporation Law, as now in effect or as may hereafter be amended, together with the power to solicit grants and contributions for such purposes.

THREE: The Corporation shall have no members within the meaning of Section 5056 of the California Nonprofit Corporation Law, as now in effect or as may hereafter be amended.

FOUR: (a) The property of this Corporation is irrevocably dedicated to charitable purposes meeting the requirements for exemption under Section 214 of the California Revenue and Taxation Code. No part of the net income or assets of the Corporation shall ever inure to the benefit of, or be distributable to, any trustee or officer of the Corporation, or any private person, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered to or for the Corporation and to make payments and distributions in furtherance of the purposes set forth in Article IWO hereof.

(b) In the event of the dissolution or final liquidation of this Corporation, and after paying or adequately providing for the debts and obligations of the Corporation and for necessary expenses thereof, all of the remaining assets and property of the Corporation shall be distributed to a nonprofit fund, foundation or corporation that is organized and operated exclusively for charitable purposes meeting the requirements for exemption under Section 214 of the California Revenue and Taxation Code and that has established its tax-exempt status under Section 501(c)(3) of the Code, or the corresponding provision of any future Federal tax law. In no event shall any of such assets or property be distributed to any trustee or officer of the Corporation, or any private individual.

FIVE: (a) Notwithstanding any other provisions of these Articles of Incorporation, this Corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this Corporation.

(b) No substantial part of the activities of this Corporation shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, nor shall this corporation participate in, or intervene in (including the publishing or distribution of statements concerning) any political campaign on behalf of, or in opposition to, any candidate for public office.

(c) During such period or periods of time, if any, that the Corporation is treated as a "private foundation" pursuant to Section 509 of the Code, or the corresponding provision of any future Federal tax law, the Corporation:

(1) shall distribute its income at such time and in such manner so as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code, or the corresponding provision of any future Federal tax law;

(2) shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code, or the corresponding provision of any future Federal tax law,

(3) shall not retain any excess business holdings as defined in Section 4943(c) of the Code, or the corresponding provision of any future Federal tax law;

(4) shall not make any investments or otherwise acquire assets in such manner as to subject it to tax under Section 4944 of the Code, or the corresponding provision of any future Federal tax law;

(5) shall not retain any assets which would subject it to tax under Section 4944 of the Code, or the corresponding provision of any future Federal tax law, if the trustees have acquired such assets,

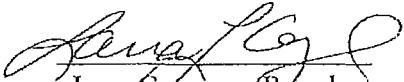
(6) shall not make any taxable expenditures as defined in Section 4945(d) of the Code, or the corresponding provision of any future Federal tax law.

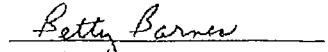
(d) Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not directly or indirectly carry on any activity which would prevent it from obtaining exemption from Federal income taxation as a corporation described in Section 501(c)(3) of the Code, or cause it to lose such exempt status.

3. The foregoing amendment and restatement of the Articles of Incorporation has been duly approved by the Board of Trustees of the Corporation.

4. The corporation has no members.

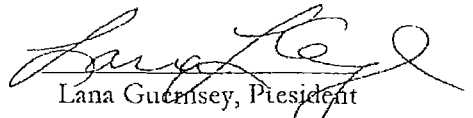
IN WITNESS WHEREOF, the undersigned have executed this Certificate on Dec. 22, 2010.

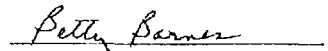

Lana Guernsey, President


Betty Barnes, Secretary

The undersigned certify under the penalty of perjury that they have read the foregoing Amended and Restated Articles of Incorporation and know the contents thereof, and that the statements therein are true.

Executed at San Mateo, California on Dec. 22, 2010.


Lana Guernsey, President


Betty Barnes, Secretary