

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning _____, 2008, and ending _____

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	NATURAL CAPITAL INSTITUTE 3 GATE FIVE ROAD D SAUSALITO, CA 94965	D Employer Identification Number 38-3705448
F Name and address of principal officer: SAME AS C ABOVE			E Telephone number 415-331-6241
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) H (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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 type="checkbox"/> No If 'No,' attach a list. (see instructions)	
J Website: G WWW.NATURALCAPITAL.ORG		H(c) Group exemption number G	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> OtherG		L Year of Formation: 2005	M State of legal domicile: CA
G Gross receipts \$ 6,211,095.			

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>SOCIAL JUSTICE AND ENVIRONMENTAL RESTORATION RESEARCH</u>	
Activities & Governance	2	Check this box <input type="checkbox"/> G if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of employees (Part V, line 2a)	11
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,565,419.
	9	Program service revenue (Part VIII, line 2g)	14,497.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,040.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,588,956.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	609,005.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	700.
16b		Total fundraising expenses (Part IX, column (D), line 25) G 48,780.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	866,810.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,475,815.	
19	Revenue less expenses. Subtract line 18 from line 12	1,113,141.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,161,499.
	21	Total liabilities (Part X, line 26)	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,161,499.

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	<table style="width:100%;"> <tr> <td style="width:60%;">G _____</td> <td style="width:40%;">Date</td> </tr> <tr> <td>Signature of officer</td> <td></td> </tr> <tr> <td>G _____</td> <td></td> </tr> <tr> <td>Type or print name and title.</td> <td></td> </tr> </table>	G _____	Date	Signature of officer		G _____		Type or print name and title.	
G _____	Date								
Signature of officer									
G _____									
Type or print name and title.									
Paid Preparer's Use Only	<table style="width:100%;"> <tr> <td style="width:30%;">Preparer's signature G _____</td> <td style="width:20%;">Date</td> <td style="width:10%;">Check if self-employed <input checked="" type="checkbox"/> G <input type="checkbox"/></td> <td style="width:40%;">Preparer's identifying number (see instructions) N/A</td> </tr> <tr> <td>Firm's name (or yours if self-employed), address, and ZIP + 4 G BUNNY CHUAH CPA 6360 CLARK AVENUE DUBLIN, CA 94568-3036</td> <td>EIN G N/A</td> <td colspan="2">Phone no. G (925) 803-2988</td> </tr> </table>	Preparer's signature G _____	Date	Check if self-employed <input checked="" type="checkbox"/> G <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A	Firm's name (or yours if self-employed), address, and ZIP + 4 G BUNNY CHUAH CPA 6360 CLARK AVENUE DUBLIN, CA 94568-3036	EIN G N/A	Phone no. G (925) 803-2988	
Preparer's signature G _____	Date	Check if self-employed <input checked="" type="checkbox"/> G <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A						
Firm's name (or yours if self-employed), address, and ZIP + 4 G BUNNY CHUAH CPA 6360 CLARK AVENUE DUBLIN, CA 94568-3036	EIN G N/A	Phone no. G (925) 803-2988							

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SOCIAL JUSTICE AND ENVIRONMENTAL RESTORATION RESEARCH.

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

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

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 \$ 603,852. including grants of \$) (Revenue \$)

WISEREARTH IS NCI'S MAIN PROGRAM. SINCE LAUNCH, WISEREARTH HAS SEEN THE FOLLOWING SUCCESSES: WISEREARTH WAS COVERED IN OVER 40 PRINT/ONLINE PUBLICATIONS AND 80 BLOGS SINCE LAUNCH 94% OF THE CONTENT ON WISEREARTH IS NOW COMMUNITY GENERATED. MORE THAN HALF OF OUR USERS ARE FROM OUTSIDE THE UNITED STATES. WISEREARTH'S SEARCH ENGINE PAGE RANKINGS HAVE INCREASED SIGNIFICANTLY. THESE ENHANCED VISIBILITY EFFORTS HAVE GROWN OUR COMMUNITY TO MORE THAN 110,862 ORGANIZATIONS AND 25,000 PEOPLE WHO POSTED 5,676 RESOURCES, AND CREATED MORE THAN 700 GROUPS. WISEREARTH LAUNCHED ITS "GROUPS" TOOL, WHICH HAS BEEN ENORMOUSLY SUCCESSFUL. THERE ARE NOW 1423 THRIVING GROUPS, WHERE PEOPLE ARE COORDINATING CAMPAIGNS, GROWING THEIR MEMBER BASE, WORKING ON MULTI-SECTOR INITIATIVES, AND PLANNING FOR EVENTS.

4b (Code:) (Expenses \$ 3,615,974. including grants of \$) (Revenue \$)

GREEN FOR ALL IS A NATIONAL ORGANIZATION WORKING TO BUILD AN INCLUSIVE GREEN ECONOMY STRONG ENOUGH TO LIFT PEOPLE OUT OF POVERTY. GREEN FOR ALL WAS LED BY VAN JONES IN 2008. GREEN FOR ALL HAS GROWN FROM A STAFF OF TWO TO A FULL-TIME STAFF OF NEARLY 40. THE SIZE OF GREEN FOR ALL'S ONLINE COMMUNITY (AND ITS SOCIAL CAPITAL) INCREASED BY 1300% FROM 5,000 PEOPLE TO OVER 80,000. THE WEB SITE INCREASED ITS MONTHLY ABSOLUTE UNIQUE VISITORS BY 580% (6,500 TO 44,000). AT THE STATE AND LOCAL LEVELS, GREEN FOR ALL ACT AS A CATALYST, WORKING WITH STATE GOVERNMENTS AND LOCAL MUNICIPALITIES TO ACCESS FUNDS, DESIGN APPROACHES AND IMPLEMENT GREEN JOBS PROGRAMS TARGETING COMMUNITIES MOST IN NEED.

4c (Code:) (Expenses \$ 46,634. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses G \$ 4,266,460. (Must equal Part IX, Line 25, column (B).)

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)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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? If 'Yes,' complete Schedule D, Part IV	X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
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 United States? If 'Yes,' complete Schedule F, Part II		X
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 United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
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? If 'Yes,' complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
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? If 'Yes,' complete Schedule R, Part VI.....	37	X

BAA

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	15	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	11	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If 'Yes,' enter the name of the foreign country: G _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?		X
8 b	Each committee with authority to act on behalf of the governing body?		X
9 a	Does the organization have local chapters, branches, or affiliates?		X
9 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15 a	The organization's CEO, Executive Director, or top management official?	X	
15 b	Other officers of key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O. (see instructions)		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed G CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 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 SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
G PEGGY DUVETTE 3 GATE FIVE ROAD, SUITE D SAUSALITO CA 94965 415-331-6241

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

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

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

? 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 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) or 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
KARIN BAUER BOARD MEMBER	0							0.	0.	0.
KATHERINE FULTON BOARD MEMBER	0							0.	0.	0.
PAUL HAWKEN EXECUTIVE DIRECTOR	0							0.	0.	0.
HENRY HOLMES BOARD MEMBER	0							0.	0.	0.
ANURADHA MITTAL BOARD MEMBER	0							0.	0.	0.
MELISSA NELSON BOARD MEMBER	0							0.	0.	0.
HANS SCHOEPFLIN BOARD MEMBER	0							0.	0.	0.
PEGGY DUVETTE DIRECTOR	40			X				112,000.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,039,587.			
	g Noncash contribns included in lns 1a-1f: \$					
h Total. Add lines 1a-1f.			G	6,039,587.		
PROGRAM SERVICE REVENUE	2a FISCAL AGENCY FEES		Business Code	154,715.	154,715.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f.			G	154,715.	
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		G	16,793.	16,793.	
	4 Income from investment of tax-exempt bond proceeds		G			
	5 Royalties		G			
	6a Gross Rents		(i) Real			
	b Less: rental expenses		(ii) Personal			
	c Rental income or (loss)					
	d Net rental income or (loss)		G			
	7a Gross amount from sales of assets other than inventory		(i) Securities			
	b Less: cost or other basis and sales expenses		(ii) Other			
	c Gain or (loss)					
	d Net gain or (loss)		G			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a			
	b Less: direct expenses		b			
	c Net income or (loss) from fundraising events		G			
	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		G				
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory		G				
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d.		G				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			G	6,211,095.	171,508.	0.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	112,000.	107,148.	756.	4,096.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	179,498.	138,076.	4,854.	36,568.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	25,322.	16,621.	7,682.	1,019.
10 Payroll taxes.	28,404.	25,967.	487.	1,950.
11 Fees for services (non-employees).				
a Management.	12,000.	12,000.		
b Legal.	10,291.	3,790.	6,501.	
c Accounting.	27,645.	179.	27,466.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.	700.			700.
f Investment management fees.				
g Other.	309,049.	308,587.	150.	312.
12 Advertising and promotion.	106.	106.		
13 Office expenses.	8,799.	3,783.	4,999.	17.
14 Information technology.				
15 Royalties.				
16 Occupancy.	28,082.	24,995.	1,499.	1,588.
17 Travel.	4,927.	3,783.	316.	828.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,312.	927.	2,019.	1,366.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	87.		87.	
23 Insurance.	1,966.	-405.	2,371.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM COSTS DISBURSED-FISCAL	3,426,940.	3,426,790.	150.	
b FISCAL AGENT FEES	116,827.	116,827.		
c TELECOMMUNICATION & SERVERS	48,831.	40,684.	8,147.	
d GRANTS TO OTHER ORGANIZATIONS	20,000.	20,000.		
e BOOKS, SUBSCRIPTIONS	11,821.	10,741.	900.	180.
f All other expenses	8,024.	5,861.	2,007.	156.
25 Total functional expenses. Add lines 1 through 24f.	4,385,631.	4,266,460.	70,391.	48,780.
26 Joint Costs. Check here G <input type="checkbox"/> if following SOP 98-2. 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) Beginning of year		(B) End of year
ASSETS	1 Cash - non-interest-bearing	58,528.	1	55,854.
	2 Savings and temporary cash investments	312,708.	2	299,819.
	3 Pledges and grants receivable, net		3	468,102.
	4 Accounts receivable, net	686.	4	140,521.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	789,577.	9	4,011.
	10a Land, buildings, and equipment: cost basis	10a 874.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 87.	10c	787.
	11 Investments - publicly-traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	2,031,194.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,161,499.	16	3,000,288.	
LIABILITIES	17 Accounts payable and accrued expenses		17	13,326.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	13,326.
NET ASSETS OR FUND BALANCES	27 Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34	1,161,499.	27	2,986,962.
	28 Unrestricted net assets		28	
	29 Temporarily restricted net assets		29	
	30 Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 30 through 34		30	
	31 Capital stock or trust principal, or current funds		31	
	32 Paid-in or capital surplus, or land, building, and equipment fund		32	
	33 Retained earnings, endowment, accumulated income, or other funds	1,161,499.	33	2,986,962.
	34 Total net assets or fund balances	1,161,499.	34	3,000,288.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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?		
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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			626, 477.	1, 634, 932.	1, 381, 101.	3, 642, 510.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	0.	0.	626, 477.	1, 634, 932.	1, 381, 101.	3, 642, 510.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						3, 642, 510.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	0.	0.	626, 477.	1, 634, 932.	1, 381, 101.	3, 642, 510.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.			2, 768.	9, 040.	16, 793.	28, 601.
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.						3, 671, 111.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						G <input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
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.	G <input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 lns 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 G

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests * 2008. 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 G

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 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. G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. G

Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

Name of the organization

NATURAL CAPITAL INSTITUTE

Employer identification number

38-3705448

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM & FLORA HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	W. K. KELLOGG FOUNDATION ONE MICHIGAN AVE EAST BATTLE CREEK, MI 49017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NATHAN CUMMINGS FOUNDATION 475 TENTH AVE 14TH FLOOR NEW YORK, NY 10018	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NATHAN CUMMINGS FOUNDATION 475 TENTH AVE 14TH FLOOR NEW YORK, NY 10018	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MITCHELL KAPOR FOUNDATION 543 HOWARD ST 5TH FLOOR SAN FRANCISCO, CA 94105	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	KENDEDA FUND 501 SILVERSIDE RD, STE 123 WILMINGTON, DE 19809	\$ 1,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	OVERBROOK FOUNDATION ----- 122 EAST ST, SUITE 2500 ----- NEW YORK, NY 10168 -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	PANTA RHEA FOUNDATION ----- 1505 BRIDGEWAY, SUITE 127 ----- SAUSALITO, CA 94965 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SCHWAB CHARITABLE FUND ----- 211 MAIN ST ----- SAN FRANCISCO, CA 94105 -----	\$ 353,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ALLIANCE FOR CLIMATE-DAY OF ACTION ----- 800 EL CAMINO REAL, STE 400 ----- PALO ALTO, CA 94301 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ALLIANCE FOR CLIMATE-GFA ACADEMY ----- 800 EL CAMINO REAL STE 400 ----- PALO ALTO, CA 94301 -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	TIDE FOUNDATION ----- PO BOX 29907 ----- SAN FRANCISCO, CA 94129 -----	\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NATURAL CAPITAL INSTITUTE	Employer identification number 38-3705448
--	---

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	\$ 17,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	SCHOONER FOUNDATION 745 ATLANTIC AVE 10TH FLOOR BOSTON, MA 02111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	FACT FRAME TRUSTEES, LTD 303 SACRAMENTO ST, 4TH FLOOR SAN FRANCISCO, CA 94111	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LEAVES OF GRASS FUND PO BOX 233 LINCOLN, MA 01773	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	THE BANK OF AMERICA FOUNDATION 300 LAKESIDE DR STE 250 OAKLAND, CA 94612	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LADEN FAMILY CLAT	\$ 69,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	THE LIBRA FOUNDATION ----- 1700 W IRVING PARK RD STE 203 ----- CHICAGO, IL 60613 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ERIC ANDERSON FOUNDATION ----- 650 CASTRO ST #120-315 ----- MOUNTAIN VIEW, CA 94041 -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	OPEN SOCIETY INSTITUTE ----- 400 W 59TH ST ----- NEW YORK, NY 10018 -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	FORD FOUNDATION ----- 320 E 43RD ST ----- NEW YORK, NY 10017 -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	BARBRA STREISAND FOUNDATIONS, INC ----- 2800 28TH ST STE 105 ----- SANTA MONICA, CA 90405 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CUNNINGHAM, MARY ELLEN ----- 5901 46TH AVE SW ----- SEATTLE, WA 98136 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	THE OREILLY FOUNDATION ----- 100 GRAVENSTEIN HWY N ----- SEBASTOPOL, CA 95472 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	FLOW FUND CIRCLE ----- PO BOX 1133 ----- STINSON BEACH, CA 94965 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	BELL WETHER FOUNDATIONS, INC ----- 15233 VENTURA BLVD 9TH FLOOR ----- SHERMAN OAKS, CA 91403 -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	MEN' S WEARHOUSE ----- 40650 ENCYCLOPEDIA CIRCLE ----- FREMONT, CA 94538 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	KREHBIEL FAMILY FOUNDATION ----- 130 CHIPMAN PLACE ----- SAN ANSELMO, CA 94960 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	F. NOEL PERRY ----- 2420 SAN HILL RD #100 ----- MENLO PARK, CA 94025 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	SWANEE HUNT FAMILY FOUNDATION 625 MT AUBURN ST CAMBRIDGE, MA 02138	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	ENVIRONMENTAL DEFENSE 1875 CONNECTICUT AVE STE 6000 WASHINGTON, DC 20009	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	SURDNA FOUNDATION, INC 330 MADISON AVE 30TH FLOOR NEW YORK, NY 10017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	HANS W SCHOEPFLIN TRUST 1505 BRIDGEWAY STE 127 SAUSALITO, CA 94965	\$ 11,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	THE NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK, NY 10025	\$ 72,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	NRDC 40 WEST 20TH ST NEW YORK, NY 10011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	THE SAN FRANCISCO FOUNDATION ----- 225 BUSH ST STE 500 ----- SAN FRANCISCO, CA 94104 -----	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	SOCIAL VENTURE NETWORK ----- PO BOX 29221 ----- SAN FRANCISCO, CA 94129 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	DAVID & ELEANORE RUKIN FOUNDATION ----- 182 W ALLENDALE AVE ----- ALLENDALE, NJ 07401 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	LOVE 4 ONE ANOTHER CHARITIES ----- 330 CLEMATIS ST STE 218 ----- WEST PALM BEACH, FL 33401 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	TYLER L RIGG MEMORIAL FOUNDATION ----- 28 ROUND HILL RD ----- GREENWICH, CT 06831 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	KICKAPPS CORPORATION ----- 29 W 38TH ST STE 5 ----- NEW YORK, NY 10018 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	TOWN CREEK FOUNDATION ----- 121 N WEST ST ----- EASTON, MD 21601 -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	RSF/INNOVATIONS IN SOCIAL FINANCE ----- 1002 O'REILLY AVE ----- SAN FRANCISCO, CA 94129 -----	\$ 1,002,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	BETSY GORDON FOUNDATION ----- 1537 FOURTH ST #15 ----- SAN RAFAEL, CA 94901 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	WYLY, CHRISTIANA ----- 300 CRESCENT CT STE 1000 ----- DALLAS, TX 75201 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	FOUNDATION FOR GLOBAL COMMUNITY ----- 251 HIGH ST STE B ----- PALO ALTO, CA 94301 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	SUNGEVITY INC ----- 816 BANCROFT WAY ----- BERKELEY, CA 94710 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	ARNTZ FAMILY FOUNDATION ----- PO BOX 10396 ----- SAN RAFAEL, CA 94912 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	WALLACE GLOBAL FUND ----- 1990 M ST STE 250 ----- WASHINGTON, DC 20036 -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	ROCKEFELLER FAMILY FUND ----- 475 RIVERSIDE DR STE 900 ----- NEW YORK, NY 10115 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	ENTREPRENEURS FOUNDATION ----- 60 S MARKET ST STE 1000 ----- SAN JOSE, CA 95113 -----	\$ 7,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	EARTH ISLAND INSTITUTE ----- 2150 ALLSTON WAY STE 450 ----- BERKELEY, CA 94704 -----	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements held at end of year, and monitoring/enforcement details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and revenue/asset reporting for financial gain.

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 Trust, Escrow and Custodial Arrangements Complete if 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:
- SEE PART XIV**
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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. **SEE PART XIV**

Part V Endowment Funds Complete if 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment G _____ %
 - b Permanent endowment G _____ %
 - c Term endowment G _____ %
- 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) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		874.	87.	787.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) G				787.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5

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.

--- PART IV, LINE 1B - CONTRIBUTIONS OR OTHER ASSETS NOT INCLUDED ON B/S ---

--- NCI IS THE FISCAL AGENT FOR GREEN FOR ALL PURSUANT TO AN AGREEMENT DATED JANUARY 1, 2008, A CALIFORNIA NON-PROFIT CORPORATION THAT RECEIVED ITS 501(C)(3) EXEMPTION ON APRIL 24, 2009. ---

--- PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY ---

--- WITH GREEN FOR ALL'S RECEIPT OF ITS 501(C)(3) EXEMPTION ON APRIL 24, 2009, IT IS ANTICIPATED THAT THE REMAINING FUNDS WILL BE DISBURSED TO GREEN FOR ALL IN THE NEAR FUTURE ONCE ALL ACCOUNTING AND LEGAL MATTERS HAVE BEEN SETTLED. ---

Name of the organization

NATURAL CAPITAL INSTITUTE

Employer identification number

38-3705448

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

BLESSED UNREST - BLESSED UNREST SHEDS LIGHT ON HOW SOCIAL JUSTICE AND ENVIRONMENTAL ORGANIZATIONS ACROSS THE GLOBE ARE COMING TOGETHER TO CONFRONT ISSUES LIKE THE DESTRUCTION OF THE ENVIRONMENT, THE ABUSES OF FREE-MARKET FUNDAMENTALISM, SOCIAL JUSTICE, THE LOSS OF INDIGENOUS CULTURES; AND HOW THIS MOVEMENT IS BRINGING ABOUT A PROFOUND TRANSFORMATION OF HUMAN SOCIETY.

THE BOOK'S MESSAGE OF HOPE AND OPTIMISM HAS INSPIRED EVERYONE FROM GRASSROOTS ACTIVISTS TO GLOBAL LEADERS. PRESIDENT BILL CLINTON HAS READ BLESSED UNREST AND, ALTHOUGH HE DOES NOT REFER TO THE BOOK PER SE, REFERS TO THE THESIS OF THE BOOK OFTEN IN HIS TALKS: THAT THERE IS A WORLDWIDE, GRASSROOTS MOVEMENT IN THE WORLD THAT IS GROWING RAPIDLY. BLESSED UNREST WENT INTO FIVE PRINTINGS IN EIGHT WEEKS AND CLIMBED ONTO BESTSELLER LISTS ALL OVER THE COUNTRY INCLUDING EIGHT WEEKS ON THE NEW YORK TIMES BESTSELLER LIST. "

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT PEGGY DUVETTE, DIRECTOR IS MARRIED TO OZ BASARI R, AN INDEPENDENT CONTRACTOR FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

FORM 990 IS E-MAILED TO THE PEGGY DUVETTE BY THE CPA PRIOR TO FILING FOR REVIEW AND COMMENT. THE ELECTRONIC COPY IS THEN E-MAILED TO BOARD MEMBERS FOR THEIR REVIEW. MAJORITY OF INPUT ON THE FORM 990 IS FROM THE EXECUTIVE DIRECTOR AND PEGGY DUVETTE. COMMENTS ARE THEN FAXED TO THE CPA FOR INCORPORATION INTO THE FINAL FILING COPY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

AN ANNUAL QUESTIONNAIRE IS COMPLETED AND SIGNED BY EACH BOARD MEMBER REGARDING CONFLICT OF INTEREST ISSUES SUCH AS BUSINESS RELATIONSHIPS AND COMPENSATION

Name of the organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

INCLUDING CERTAIN PAYMENTS MADE TO KEY EMPLOYEES. THIS QUESTIONNAIRE IS UPDATED

ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE ORGANIZATION CONDUCTS A ONLINE MARKET RESEARCH FOR COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S TAX RETURNS AND ANY OTHER RELATED DOCUMENTS PERTINENT TO THE

PUBLIC'S INTEREST IS MADE AVAILABLE TO THE PUBLIC ONLY UPON REQUEST. THE

ORGANIZATION COMPLIES WITH ALL REASONABLE REQUEST FOR REVIEW OF ITS RECORDS.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

G File a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box G

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension ' check this box and complete Part I only G

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization NATURAL CAPITAL INSTI TUTE	Employer identification number 38-3705448
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 3 GATE FIVE ROAD D	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAUSALITO, CA 94965	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

? The books are in the care of G PEGGY DUVETTE -----

Telephone No. G 415-331-6241 ----- FAX No. G -----

? If the organization does not have an office or place of business in the United States, check this box G

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box G . If it is for part of the group, check this box G and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- G calendar year 2008 or
G tax year beginning _____, 20____, and ending _____, 20_____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. G

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

? If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization NATURAL CAPITAL INSTITUTE		Employer identification number 38-3705448
	Number, street, and room or suite number. If a P.O. box, see instructions. BUNNY CHUAH CPA 6360 CLARK AVENUE		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DUBLIN, CA 94568-3036		

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

? The books are in care of **G PEGGY DUVETTE**
 Telephone No. **G 415-331-6241** FAX No. **G**

? If the organization does not have an office or place of business in the United States, check this box G

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box G . If it is for part of the group, check this box G and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2009.

5 For calendar year 2008, or other tax year beginning _____, 20____, and ending _____, 20____.

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

7 State in detail why you need the extension . . . SEE ATTACHMENT

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **G** Title **G** Date **G**

EXPLANATION OF EXTENSION

THE ORGANIZATION NEEDS ADDITIONAL TIME TO REVIEW ITS ACCOUNTING TO PROPERLY RECONCILE ITS ACCOUNTING RECORDS WHICH INCLUDES SIGNIFICANT ACTIVITY IN 2008 AS A FISCAL AGENT. THUS THE ACCOUNTING IS MORE COMPLICATED THAN THE PREVIOUS YEAR AND WILL REQUIRE ADDITIONAL TIME TO COMPLETE.

PART XI - FINANCIAL STATEMENTS AND REPORTING, QUESTION 1

THE ORGANIZATION HAS ADOPTED THE MODIFIED ACCRUAL BASIS OF ACCOUNTING IN PREPARING THE 2008 FORM 990. ESSENTIALLY THE ORGANIZATION IS ON THE ACCRUAL BASIS OF ACCOUNTING FOR BOOK PURPOSES.

IN 2008, GIVEN THE SUBSTANTIAL AMOUNT OF REVENUES RECEIVED AS FISCAL AGENT FOR THE GREEN FOR ALL PROGRAM, THE ORGANIZATION IMPLEMENTED STATEMENT OF FINANCIAL ACCOUNTING STANDARDS (SFAS) NO. 136 - "TRANSFER OF ASSETS TO A NOT-FOR-PROFIT ORGANIZATION OR CHARITABLE TRUST THAT RAISES OR HOLDS CONTRIBUTIONS FOR OTHERS". THE ESSENCE OF SFAS NO 136 IS THE CONCEPT OF VARIANCE POWER WHICH STATES THAT IF THE DONOR DISTRIBUTES TRANSFERRED ASSETS TO THE RECIPIENT AND GRANTS THE RECIPIENT ORGANIZATION THE UNILATERAL POWER TO REDIRECT THE USE OF THE ASSETS, THEN THE RECIPIENT ORGANIZATION ACTS AS A DONEE AND THE TRANSFERRED ASSETS ARE RECOGNIZED AS CONTRIBUTION REVENUE. WITHOUT VARIANCE POWER, THE RECIPIENT ORGANIZATION SHALL RECOGNIZE A LIABILITY TO THE SPECIFIED BENEFICIARY CONCURRENT WITH ITS RECOGNITION OF CASH RECEIVED FROM THE DONOR.

THE MAJORITY OF GRANTS FOR 2008 DID NOT CONTAIN THE PROVISIONS FOR VARIANCE POWER AND HENCE, A SUBSTANTIAL AMOUNT OF TRANSFERRED ASSETS/RECEIPTS WERE NOT RECORDED AS REVENUE UNDER THE ORGANIZATIONS' S ACCRUAL BASIS OF ACCOUNTING, SPECIFICALLY APPLYING THE PROVISIONS OF SFAS NO. 136 IN ACCORDANCE WITH GAAP FOR BOOK PURPOSES. TOTAL REVENUES UNDER GAAP FOR 2008 WAS \$1,552,609.

HOWEVER FOR PURPOSES OF PREPARING THE FORM 990, THE ORGANIZATION HAS DECIDED NOT TO APPLY THE PROVISIONS OF SFAS NO. 136, IN ESSENCE MODIFYING THE ACCRUAL BASIS OF ACCOUNTING. THIS DECISION WAS MADE IN THE PUBLIC INTEREST SO THAT THE FORM 990 CAN SHOW ALL THE GRANTS RECEIVED (WITH AND WITHOUT VARIANCE POWER) IN 2008. THE BOARD OF DIRECTORS BELIEVES THAT THIS MODIFICATION BEST SERVES THE INTEREST OF THE DONORS, THE RECIPIENT AND THE PUBLIC AT LARGE.

TAXABLE YEAR **2008** California Exempt Organization Annual Information Return

FORM **199**

Calendar year 2008 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____

A First Return Filed? Yes No B Type of organization Exempt under Section 23701 **D** (insert letter) IRC Section 4947(a)(1) trust

Corporation/Organization Name **NATURAL CAPITAL INSTITUTE** Address **3 GATE FIVE ROAD #D**

City **SAUSALITO, CA 94965** State ZIP Code _____

C Amended Return? Yes No
 D Are you a subordinate/affiliate in a group exemption? Yes No
 a Is this a group filing for affiliates? See General Instruction L. Yes No
 b If 'Yes,' enter the number of affiliates _____
 c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
 d Is this a separate return filed by an organization covered by a group ruling? Yes No
 e Federal Group Exemption Number _____
 f Is a roster of subordinates attached? Yes No
 E Final return? Dissolved @ Surrendered (Withdrawn) @ Merged/Reorganized (attach explanation) @
 If a box is checked, enter date _____ @ _____
 F Check the box if the organization filed: 1 @ 990T 2 @ 990PF 3 @ 990H
 G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used . . . 1 Cash 2 Accrual 3 Other
 I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. @ Yes No
 J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. @ Yes No
 K Is the organization exempt under R&TC Section 23701g? @ Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. \$ _____
 L Is the organization under audit by the IRS or has the IRS audited in a prior year? @ Yes No
 M Is the organization a Limited Liability Corporation? . . . @ Yes No
 N Did the organization file Form 100 or Form 109 to report taxable income? @ Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	@ 1	171,508.
	2	Gross dues and assessments from members and affiliates	@ 2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	@ 3	6,039,587.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	@ 4	6,211,095.
	5	Cost of goods sold	@ 5	
	6	Cost or other basis, and sales expenses of assets sold.	@ 6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	@ 8	6,211,095.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	@ 9	4,385,631.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	@ 10	1,825,464.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	@ 14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **G** Title _____ Date _____ @ Telephone **415-331-6241**

Paid Preparer's Use Only Preparer's signature **G** Date _____ Check if self-employed **G X** @ Preparer's SSN/PTIN **P00185436**

Firm's name (or yours, if self-employed) and address **BUNNY CHUAH CPA** @ FEIN _____
G 6360 CLARK AVENUE @ Telephone _____
DUBLIN, CA 94568-3036 **(925) 803-2988**

May the FTB discuss this return with the preparer shown above? See instructions. @ Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts ' complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	@ 1	
	2	Interest	@ 2	16,793.
	3	Dividends	@ 3	
	4	Gross rents	@ 4	
	5	Gross royalties	@ 5	
	6	Gross amount received from sale of assets (See Instructions)	@ 6	
	7	Other income. Attach schedule	@ 7	154,715.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	171,508.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	@ 9	
	10	Disbursements to or for members.	@ 10	
	11	Compensation of officers, directors, and trustees. Attach schedule	@ 11	112,000.
	12	Other salaries and wages	@ 12	179,498.
	13	Interest	@ 13	
	14	Taxes	@ 14	28,404.
	15	Rents	@ 15	28,082.
	16	Depreciation and depletion (See Instructions)	@ 16	87.
	17	Other. Attach schedule	@ 17	4,037,560.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	4,385,631.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		371,236.		@ 355,673.
2	Net accounts receivable		686.		@ 608,623.
3	Net notes receivable. Attach schedule				@
4	Inventories				@
5	Federal and state government obligations				@
6	Investments in other bonds. Attach sch				@
7	Investments in stock. Attach schedule				@
8	Mortgage loans (number of loans _____)				@
9	Other investments. Attach schedule				@
10a	Depreciable assets			874.	
b	Less accumulated depreciation			87.	787.
11	Land				@
12	Other assets. Attach schedule		789,577.		@ 2,035,205.
13	Total assets		1,161,499.		3,000,288.
Liabilities and net worth					
14	Accounts payable				@ 13,326.
15	Contributions, gifts, or grants payable				@
16	Bonds and notes payable. Attach schedule				@
17	Mortgages payable				@
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		1,161,499.		@ 2,986,962.
20	Paid-in or capital surplus. Attach reconciliation				@
21	Retained earnings or income fund				@
22	Total liabilities and net worth		1,161,499.		3,000,288.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000					
1	Net income per books	@ 1,825,464.	7	Income recorded on books this year not included in this return.	
2	Federal income tax	@		Attach schedule	@
3	Excess of capital losses over capital gains	@	8	Deductions in this return not charged against book income this year.	
4	Income not recorded on books this year. Attach schedule	@		Attach schedule	@
5	Expenses recorded on books this year not deducted in this return. Attach schedule	@	9	Total. Add line 7 and line 8	
6	Total.		10	Net income per return.	
	Add line 1 through line 5	1,825,464.		Subtract line 9 from line 6	1,825,464.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

NATURAL CAPITAL INSTITUTE

Employer identification number

38-3705448

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM & FLORA HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	W. K. KELLOGG FOUNDATION ONE MICHIGAN AVE EAST BATTLE CREEK, MI 49017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NATHAN CUMMINGS FOUNDATION 475 TENTH AVE 14TH FLOOR NEW YORK, NY 10018	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NATHAN CUMMINGS FOUNDATION 475 TENTH AVE 14TH FLOOR NEW YORK, NY 10018	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MITCHELL KAPOR FOUNDATION 543 HOWARD ST 5TH FLOOR SAN FRANCISCO, CA 94105	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	KENDEDA FUND 501 SILVERSIDE RD, STE 123 WILMINGTON, DE 19809	\$ 1,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	OVERBROOK FOUNDATION ----- 122 EAST ST, SUITE 2500 ----- NEW YORK, NY 10168 -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	PANTA RHEA FOUNDATION ----- 1505 BRIDGEWAY, SUITE 127 ----- SAUSALITO, CA 94965 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SCHWAB CHARITABLE FUND ----- 211 MAIN ST ----- SAN FRANCISCO, CA 94105 -----	\$ 353,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ALLIANCE FOR CLIMATE-DAY OF ACTION ----- 800 EL CAMINO REAL, STE 400 ----- PALO ALTO, CA 94301 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ALLIANCE FOR CLIMATE-GFA ACADEMY ----- 800 EL CAMINO REAL STE 400 ----- PALO ALTO, CA 94301 -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	TIDE FOUNDATION ----- PO BOX 29907 ----- SAN FRANCISCO, CA 94129 -----	\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	\$ 17,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	SCHOONER FOUNDATION 745 ATLANTIC AVE 10TH FLOOR BOSTON, MA 02111	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	FACT FRAME TRUSTEES, LTD 303 SACRAMENTO ST, 4TH FLOOR SAN FRANCISCO, CA 94111	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LEAVES OF GRASS FUND PO BOX 233 LINCOLN, MA 01773	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	THE BANK OF AMERICA FOUNDATION 300 LAKESIDE DR STE 250 OAKLAND, CA 94612	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LADEN FAMILY CLAT	\$ 69,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	THE LIBRA FOUNDATION ----- 1700 W IRVING PARK RD STE 203 ----- CHICAGO, IL 60613 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ERIC ANDERSON FOUNDATION ----- 650 CASTRO ST #120-315 ----- MOUNTAIN VIEW, CA 94041 -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	OPEN SOCIETY INSTITUTE ----- 400 W 59TH ST ----- NEW YORK, NY 10018 -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	FORD FOUNDATION ----- 320 E 43RD ST ----- NEW YORK, NY 10017 -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	BARBRA STREISAND FOUNDATIONS, INC ----- 2800 28TH ST STE 105 ----- SANTA MONICA, CA 90405 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CUNNINGHAM, MARY ELLEN ----- 5901 46TH AVE SW ----- SEATTLE, WA 98136 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	THE OREILLY FOUNDATION ----- 100 GRAVENSTEIN HWY N ----- SEBASTOPOL, CA 95472 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	FLOW FUND CIRCLE ----- PO BOX 1133 ----- STINSON BEACH, CA 94965 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	BELL WETHER FOUNDATIONS, INC ----- 15233 VENTURA BLVD 9TH FLOOR ----- SHERMAN OAKS, CA 91403 -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	MEN' S WEARHOUSE ----- 40650 ENCYCLOPEDIA CIRCLE ----- FREMONT, CA 94538 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	KREHBIEL FAMILY FOUNDATION ----- 130 CHIPMAN PLACE ----- SAN ANSELMO, CA 94960 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	F. NOEL PERRY ----- 2420 SAN HILL RD #100 ----- MENLO PARK, CA 94025 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	SWANEE HUNT FAMILY FOUNDATION 625 MT AUBURN ST CAMBRIDGE, MA 02138	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	ENVIRONMENTAL DEFENSE 1875 CONNECTICUT AVE STE 6000 WASHINGTON, DC 20009	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	SURDNA FOUNDATION, INC 330 MADISON AVE 30TH FLOOR NEW YORK, NY 10017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	HANS W SCHOEPFLIN TRUST 1505 BRIDGEWAY STE 127 SAUSALITO, CA 94965	\$ 11,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	THE NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK, NY 10025	\$ 72,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	NRDC 40 WEST 20TH ST NEW YORK, NY 10011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	THE SAN FRANCISCO FOUNDATION ----- 225 BUSH ST STE 500 ----- SAN FRANCISCO, CA 94104 -----	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	SOCIAL VENTURE NETWORK ----- PO BOX 29221 ----- SAN FRANCISCO, CA 94129 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	DAVID & ELEANORE RUKIN FOUNDATION ----- 182 W ALLENDALE AVE ----- ALLENDALE, NJ 07401 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	LOVE 4 ONE ANOTHER CHARITIES ----- 330 CLEMATIS ST STE 218 ----- WEST PALM BEACH, FL 33401 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	TYLER L RIGG MEMORIAL FOUNDATION ----- 28 ROUND HILL RD ----- GREENWICH, CT 06831 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	KICKAPPS CORPORATION ----- 29 W 38TH ST STE 5 ----- NEW YORK, NY 10018 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	TOWN CREEK FOUNDATION ----- 121 N WEST ST ----- EASTON, MD 21601 -----	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	RSF/INNOVATIONS IN SOCIAL FINANCE ----- 1002 O'REILLY AVE ----- SAN FRANCISCO, CA 94129 -----	\$ 1,002,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	BETSY GORDON FOUNDATION ----- 1537 FOURTH ST #15 ----- SAN RAFAEL, CA 94901 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	WYLY, CHRISTIANA ----- 300 CRESCENT CT STE 1000 ----- DALLAS, TX 75201 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	FOUNDATION FOR GLOBAL COMMUNITY ----- 251 HIGH ST STE B ----- PALO ALTO, CA 94301 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	SUNGEVITY INC ----- 816 BANCROFT WAY ----- BERKELEY, CA 94710 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	ARNTZ FAMILY FOUNDATION ----- PO BOX 10396 ----- SAN RAFAEL, CA 94912 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	WALLACE GLOBAL FUND ----- 1990 M ST STE 250 ----- WASHINGTON, DC 20036 -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	ROCKEFELLER FAMILY FUND ----- 475 RIVERSIDE DR STE 900 ----- NEW YORK, NY 10115 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	ENTREPRENEURS FOUNDATION ----- 60 S MARKET ST STE 1000 ----- SAN JOSE, CA 95113 -----	\$ 7,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	EARTH ISLAND INSTITUTE ----- 2150 ALLSTON WAY STE 450 ----- BERKELEY, CA 94704 -----	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part II Noncash Property (see instructions.)

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

Name of organization

Employer identification number

NATURAL CAPITAL INSTITUTE

38-3705448

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name NATURAL CAPITAL INSTITUTE	California corporation number 2629595
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost)	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER	6/26/08	874.		S/L	5	87.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	87.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

CLIENT 72200

NATURAL CAPITAL INSTITUTE

38-3705448

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

TOTAL \$ 0.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KARIN BAUER 3 GATE FIVE ROAD SAUSALITO, CA 94965	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
KATHERINE FULTON 3 GATE FIVE ROAD SAUSALITO, CA 94965	BOARD MEMBER 0	0.	0.	0.
PAUL HAWKEN 3 GATE FIVE ROAD SAUSALITO, CA 94965	EXECUTIVE DIRECTOR 0	0.	0.	0.
HENRY HOLMES 3 GATE FIVE ROAD SAUSALITO, CA 94965	BOARD MEMBER 0	0.	0.	0.
ANURADHA MITTAL 3 GATE FIVE ROAD SAUSALITO, CA 94965	BOARD MEMBER 0	0.	0.	0.
MELISSA NELSON 3 GATE FIVE ROAD SAUSALITO, CA 94965	BOARD MEMBER 0	0.	0.	0.
HANS SCHOEPFLIN 3 GATE FIVE ROAD SAUSALITO, CA 94965	BOARD MEMBER 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 27,645.
ADVERTISING AND PROMOTION.....	106.
BANK CHARGES.....	1,982.
BOOKS, SUBSCRIPTIONS.....	11,821.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	4,312.
FISCAL AGENT FEES.....	116,827.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

GRANTS TO OTHER ORGANIZATIONS	\$	20,000.
INSURANCE		1,966.
LEGAL FEES		10,291.
MANAGEMENT FEES		12,000.
MEMBERSHIP DUES		1,227.
MISC. FEES AND TAXES		403.
OFFICE EXPENSES		8,799.
OTHER EMPLOYEE BENEFIT		25,322.
OTHER FEES		309,049.
POSTAGE AND SHIPPING		1,546.
PRINTING AND PUBLICATIONS		1,491.
PROFESSIONAL FUNDRAISING FEES		700.
PROGRAM COSTS DISBURSED-FISCAL		3,426,940.
STAFF DEVELOPMENT		1,375.
TELECOMMUNICATION & SERVERS		48,831.
TRAVEL		4,927.
	TOTAL	<u>\$ 4,037,560.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

CASH HELD IN TRUST AS FISCAL AGENT		2,031,194.
PREPAID EXPENSES AND DEFERRED CHARGES		4,011.
	TOTAL	<u>\$ 2,035,205.</u>

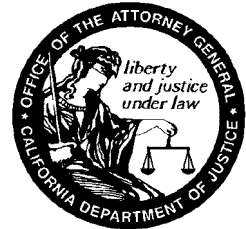
IN
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>2629595</u> NATURAL CAPITAL INSTITUTE <small>Name of Organization</small> 3 GATE FIVE ROAD D <small>Address (Number and Street)</small> SAUSALITO, CA 94965 <small>City or Town State ZIP Code</small>	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2629595</u> Federal Employer ID No. <u>38-3705448</u>
--	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A ' ACTIVITIES

For your most recent full accounting period (beginning 1/01/08 ending 12/31/08) list:
 Gross annual revenue \$ 6,211,095. Total assets \$ 3,000,288.

PART B ' STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 415-331-6241

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
---------------------------------------	--------------------	-------------	------------