

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning , and ending

- B** Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNAVCO, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
6350 NAUTILUS DR

City or town, state or country, and ZIP + 4
BOULDER CO 80301-5554

D Employer identification number
84-1588357

E Telephone number
303-381-7511

F Accounting method Cash
 Accrual Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ WWW.UNAVCO.ORG

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

H and are not applicable to section 527 organizations. **I**

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

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

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

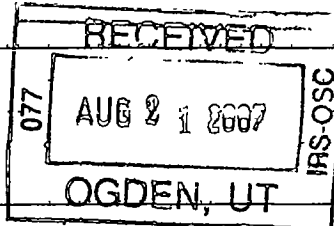
I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **32,732,605**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b			
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	32,327,295		
e	Total (add lines 1a through 1d) (cash \$ <u>32,327,295</u> noncash \$ _____)	1e		32,327,295	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3	SEE STATEMENT 1	24,000	
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		381,310	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		32,732,605	
13	Program services (from line 44, column (B))	13		29,790,773	
14	Management and general (from line 44, column (C))	14		2,362,012	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		32,152,785	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		579,820	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-308,489	
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		271,331	



SCANNED SEP 12 2007

Expenses
Net Assets

Handwritten signature/initials

Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-29, 30-43g, and 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

[] Yes [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$

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

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose?

▶ SEE STATEMENT

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

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

a COMMUNITY BASED PLANNING AND MANAGEMENT OF EARTH SCIENCE RELATED PROJECTS AND INITIATIVES INCLUDING NATIONAL SCIENCE FOUNDATION CONTRACTS INVOLVING ACTIVE MAGMATIC SYSTEMS, PLATE BOUNDARY OBSERVATION ACTIVITIES, AND GENERAL SUPPORT. CREATION AND MAINTENANCE OF A WEB SITE FOR THE COMMUNITY.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ 29,790,773

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

▶ 29,790,773

Part IV Balance Sheets (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash-non-interest-bearing		188,190	45	553,901	
	46	Savings and temporary cash investments			46		
	47a	47a	5,149				
	b	47b		6,000	47c	5,149	
	48a	48a					
	b	48b			48c		
	49	Grants receivable		1,151,998	49	1,940,422	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)			50b		
	51a	51a					
	b	51b			51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		46,851	53	55,758	
	54a	Investments—publicly-traded securities			54a		
	b	Investments—other securities (attach schedule)			54b		
55a	Investments—land, buildings, and equipment basis						
b	Less accumulated depreciation (attach schedule)			55c			
56	Investments—other (attach schedule)			56			
57a	57a	808,255					
b	57b	394,548	482,804	57c	413,707		
58	Other assets, including program-related investments (describe ► SEE STATEMENT 6)		78,928	58	242,882		
59	Total assets (must equal line 74) Add lines 45 through 58		1,954,771	59	3,211,819		
Liabilities	60	Accounts payable and accrued expenses		1,817,922	60	2,553,621	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe ► SEE STATEMENT 7)		445,338	65	386,867	
66	Total liabilities. Add lines 60 through 65		2,263,260	66	2,940,488		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		-308,489	67	271,331	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		-308,489	73	271,331		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,954,771	74	3,211,819		

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	32,732,605
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	32,732,605
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	32,732,605

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

a	Total expenses and losses per audited financial statements	a	32,152,785
b	Amounts included on line a but not Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	32,152,785
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	32,152,785

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DR WILLIAM PRESCOTT 6350 NAUTILUS DRIVE BOULDER CO 80301	PRESIDENT 40	159,178	17,685	0
DR. ERIC CALAIS PURDUE UNIV W LAFAYETTE IN 47906	CHAIR 5.5	0	0	0
DR PAUL SILVER 5241 BROAD BRANCH RD NW WASHINGTON DC 20015	VICE-CHAIR 3.5	0	0	0
DR FRANK WEBB 4800 OAK GROVE DRIVE PASADENA CA 91109	3.5	0	0	0
DR. CLARK WILSON 1 UNIVERSITY STATION C1100 AUSTIN TX 78712	TREASURER 3.5	0	0	0
DR RICK BENNETT 1040 E 4TH STREET TUCSON AZ 85721	3.5	0	0	0
DR HERB DRAGERT 9860 W SAANICH ROAD SIDNEY BC V86 4B2	3.5	0	0	0
DR ROBERT KING MIT 54-612 CAMBRIDGE MA 02139	SECRETARY 3.5	0	0	0
DR KRISTINE LARSON UCB 429 BOULDER CO 80309	3.5	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: N/A

Part VI Other Information (See the instructions)

Table with 3 columns: Question (76-81a), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 \blacktriangleright 0 , section 4912 \blacktriangleright 0 , section 4955 \blacktriangleright 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed \blacktriangleright CO		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	104
91a	The books are in care of \blacktriangleright THE ORGANIZATION 6350 NAUTILUS DR Located at \blacktriangleright BOULDER, CO	Telephone no \blacktriangleright	303-381-7511 ZIP + 4 \blacktriangleright 80301-5554
b	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)? If "Yes," enter the name of the foreign country \blacktriangleright See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					24,000
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b MISCELLANEOUS					381,310
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	0	405,310
105 Total (add line 104, columns (B), (D), and (E))					405,310

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	MEMBER REVENUE
103B	OTHER INCOME RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly,

(b) Did the organization, during the year, pay premiums, directly or indirectly,

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Cecil S Jones* Date: *8/3/07*

Type or print name and title: **CECIL S JONES CHIEF FINANCIAL OFFICER**

Paid Preparer's Use Only

Preparer's signature: *Russell M. H. CPA* Date: *8/3/07* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **SALTZMAN HAMMA NELSON MASSARO LLP**
1660 LINCOLN STREET, SUITE 2000
DENVER, CO 80264-2001

Preparer's SSN or PTIN (See Gen Instr X): **P00287920**
 EIN: **84-1436226**
 Phone no: **303-698-1883**

**SCHEDULE A
(Form 990 or 990-EZ)****Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

UNAVCO, INC.

Employer identification number

84-1588357

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contnb to empl ben plans & deferred comp	(e) Expense account & other allowances
MICHAEL JACKSON 6350 NAUTILUS DRIVE BOULDER CO 80301	PBO DIRECTOR 40	136,373	29,041	0
CHARLES MEERTENS 6350 NAUTILUS DRIVE BOULDER CO 80301	FACILITY DIR 40	127,145	14,161	0
DAVID WILSON 6350 NAUTILUS DRIVE BOULDER CO 80301	CONTRACTS DI 40	110,797	26,245	0
STEVE FISHER 6350 NAUTILUS DRIVE BOULDER CO 80301	HEAD OF FAC 40	100,912	25,342	0
CECIL JONES 6350 NAUTILUS DRIVE BOULDER CO 80301	CFO 40	103,793	16,177	0
Total number of other employees paid over \$50,000 ▶		53		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CASCADE DRILLING, INC 19404 WOODINVILLE SNOHOMISH RD WOODINVILLE WA 98072	DRILLING SERVIC	810,590
TACOMA PUMP & DRILLING 30316 MOUNTAIN HIGHWAY GRAHAM WA 98338	DRILLING SERVIC	676,864
LUNDGREN 16270 HIDDEN VALLEY ROAD SONORA CA 95370	DRILLING SERVIC	636,560
JL AVIATION HELICOPTER SERVICE PO BOX 97 TROUTDALE OR 97060	TRANSPORT SERVI	520,575
HDR INC 9444 FARNHAM STREET SUITE 300 SAN DIEGO CA 92123-1300	ENVIRONMENTAL S	272,677
Total number of other contractors receiving over \$50,000 for other services ▶		3

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
3b	Did the organization have a section 403(b) annuity plan for its employees?	X	
3c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
3d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
4b	Did the organization make any taxable distributions under section 4966?		
4c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year	▶ _____	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶ _____	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	▶ _____ 0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	▶ _____ 0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
[] Type I [] Type II [] Type III-Functionally Integrated [] Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

Table with 5 main columns: (a) Name(s) of supported organization(s), (b) Employer identification number (EIN), (c) Type of organization (described in lines 5 through 12 above or IRC section), (d) Is the supported organization listed in the supporting organization's governing documents? (Yes/No), (e) Amount of support. Includes a Total row at the bottom.

14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	23,826,620	13,801,307	3,048,967	221,326	40,898,220
16 Membership fees received	19,000	17,000	13,000	7,000	56,000
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975			56	5	61
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets STMT 8	205,640	62,072	7,716		275,428
23 Total of lines 15 through 22	24,051,260	13,880,379	3,069,739	228,331	41,229,709
24 Line 23 minus line 17	24,051,260	13,880,379	3,069,739	228,331	41,229,709
25 Enter 1% of line 23	240,513	138,804	30,697	2,283	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	824,594
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	41,229,709
d Add Amounts from column (e) for lines	18 <u>61</u> 19 _____ 22 <u>275,428</u> 26b _____	26d	275,489
e Public support (line 26c minus line 26d total)		26e	40,954,220
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.3318%

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year

(2005)	(2004)	(2003)	(2002)	N/A
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b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2005)	(2004)	(2003)	(2002)	N/A
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c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

67275 UNAVCO, INC.

84-1588357

FYE: 12/31/2006

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
	\$ 24,000
TOTAL	\$ <u>24,000</u>

67275 UNAVCO, INC.

84-1588357

FYE: 12/31/2006

Federal Statements

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
COMPENSATION		159,178	
TOTAL	\$ <u>0</u>	\$ <u>159,178</u>	\$ <u>0</u>

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
AUDITING SERVICES	27,600		27,600	
BANK FEES	2,703	726	1,977	
BUSINESS MEALS	34,993	21,073	13,920	
CONSULTANT SERVICES	9,598	5,423	4,175	
DUES AND SUBSCRIPTIONS	9,677	2,403	7,274	
ENGINEERING SERVICES	300,528	256,528	44,000	
GOVERNMENT OWNED EQUIPMENT	5,841,480	5,826,200	15,280	
INSURANCE	74,918	168	74,750	
LICENSES AND PERMITS	13,332	13,276	56	
LAND USE PERMITS	769,373	769,373		
MISCELLANEOUS EXPENSES	35,189	33,914	1,275	
OTHER OUTSIDE SERVICES	4,011,380	3,973,319	38,061	
PARTICIPANT SUPPORT	243,373	240,400	2,973	
PAYROLL SERVICES	9,208		9,208	
RECRUITING AND RELOCATION	21,157	15,403	5,754	
SOFTWARE	111,813	83,196	28,617	
SUB-AWARDS	2,150,254	2,150,254		
TRAINING	21,911	5,231	16,680	
VEHICLE LEASING	134,895	134,895		
VEHICLE MAINTENANCE	64,500	62,847	1,653	
OTHER GRANT UNALLOWABLES	35,923		35,923	
TOTAL	<u>\$13,923,805</u>	<u>\$13,594,629</u>	<u>\$ 329,176</u>	<u>\$ 0</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

UNAVCO, INC. IS A NON-PROFIT MEMBERSHIP-GOVERNED ORGANIZATION THAT SUPPORTS AND PROMOTES EARTH SCIENCE BY ADVANCING HIGH-PRECISION GEODETIC AND STRAIN TECHNIQUES SUCH AS THE GLOBAL POSITIONING SYSTEM. UNAVCO IS A COMMUNITY-CENTERED ORGANIZATION COMMITTED TO PROVIDING SERVICES THAT BENEFIT THE COMMUNITY THROUGH SAVINGS IN THE COST OF SCIENTIFIC RESEARCH AND BY ENHANCING COMMUNICATION BOTH WITHIN THE COMMUNITY AND WITH SPONSORS. UNAVCO IS THE LEAD ORGANIZATION FOR COMMUNITY-BASED PLANNING AND MANAGEMENT OF NEW INITIATIVES SUCH AS THE PLATE BOUNDARY OBSERVATORY.

Federal Statements**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
MACHINERY AND EQUIPMENT	\$ 128,730	\$ 102,952	\$ 128,730	\$ 127,699
LEASEHOLD IMPROVEMENTS	50,337	7,271	50,337	17,606
CAPITAL LEASES	585,415	171,455	629,188	249,243
TOTAL	<u>\$ 764,482</u>	<u>\$ 281,678</u>	<u>\$ 808,255</u>	<u>\$ 394,548</u>

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OTHER RECEIVABLES	\$ 34,410	\$ 197,765
SECURITY DEPOSITS	44,518	45,117
TOTAL	<u>\$ 78,928</u>	<u>\$ 242,882</u>

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CAPITAL LEASE OBLIGATIONS	\$ 445,338	\$ 386,867
TOTAL	<u>\$ 445,338</u>	<u>\$ 386,867</u>

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
TOTAL	<u>\$ 205,640</u>	<u>\$ 62,072</u>	<u>\$ 7,716</u>	<u>\$ 0</u>