

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> POINT REYES NATIONAL SEASHORE ASSOCIATION		<b>D Employer identification number</b> 94-2228894
	Doing Business As		<b>E Telephone number</b> 415-663-1200
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 BEAR VALLEY ROAD, BUILDING 70	<b>G Gross receipts \$</b> 1,876,210.	
	City or town, state or province, country, and ZIP or foreign postal code POINT REYES, CA 94956-9703		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F Name and address of principal officer:</b> SAMARIA JAFFE SAME AS C ABOVE		<b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.PTREYES.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1964 <b>M State of legal domicile:</b> CA	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>PRESERVE RESTORE MAINTAIN WILD-LIFE HABITAT TRAILS HISTORIC SITES IN POINT REYES NATIONAL SEASHORE</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... 14
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... 58
	6	Total number of volunteers (estimate if necessary) ..... 60
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34 ..... 0.

		Prior Year	Current Year	
		<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	1,213,763.
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	495,036.	439,511.	
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	4,040.	6,682.	
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	120,210.	160,550.	
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,833,049.	1,622,907.	
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	156.	155.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,046,252.	1,077,474.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 377,181.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	830,928.	678,109.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,877,336.	1,755,738.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	-44,287.	-132,831.	

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
		<b>20</b>	Total assets (Part X, line 16) .....
<b>21</b>	Total liabilities (Part X, line 26) .....	239,012.	246,128.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	2,550,108.	2,434,717.

**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.

<b>Sign Here</b>	Signature of officer	Date
	PAUL SCHOOS, BUSINESS MANAGER	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL SMITH				P00097496
	Firm's name ▶ WILSON MARKLE STUCKEY HARDESTY & BOTT	Firm's EIN ▶ 26-3789391			
	Firm's address ▶ 101 LARKSPUR LANDING CIRCLE STE 200 LARKSPUR, CA 94939-1750	Phone no. 415-925-1120			

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

POINT REYES NATIONAL SEASHORE  
ASSOCIATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
POINT REYES NATIONAL SEASHORE ASSOCIATION WORKS IN PARTNERSHIP WITH  
POINT REYES NATIONAL SEASHORE AND THE PUBLIC TO PRESERVE, RESTORE AND  
MAINTAIN WILDLIFE HABITAT, TRAILS AND HISTORIC SITES TO ENHANCE A  
BEAUTIFUL COASTAL PARK.

2 Did the organization undertake any significant program services during the year which were not listed on  
the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations 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 \$ 465,447. including grants of \$ 155.) (Revenue \$ )  
NATIONAL PARK SERVICE - PRNSA, IN CONJUNCTION WITH THE NPS, COORDINATES  
GRANTS, ACTIVITIES AND ENVIRONMENTAL RESTORATION PROJECTS AT THE PARK.  
CURRENT PROJECTS INCLUDE WATERSHED MONITORING IN THE GIACOMINI  
WETLANDS, COHO SALMON AND STEELHEAD TROUT MONITORING, SNOWY PLOVER  
MONITORING, PURCHASES OF PARCELS OF LAND FOR INCLUSION IN THE PARK,  
TRAIL MAINTENANCE AND AN OCEAN-EDUCATION OUTREACH CAMPAIGN.

4b (Code: ) (Expenses \$ 255,689. including grants of \$ ) (Revenue \$ 159,260.)  
POINT REYES FIELD INSTITUTE - POINT REYES FIELD INSTITUTE (INSTITUTE)  
OFFERS A WIDE VARIETY OF FIELD CLASSES IN AREAS SUCH AS BIRDING,  
NATURAL HISTORY, ARTS, CRAFTS, PHOTOGRAPHY, KAYAKING, BOATING AND  
FAMILY PROGRAMS THAT FOCUS ON THE NATURAL WORLD IN AND AROUND THE PARK  
AND BEYOND. LED BY EXPERTS IN THEIR FIELDS, INSTITUTE CLASSES PROVIDE  
AN OPPORTUNITY FOR PARTICIPANTS TO CONNECT WITH THE PARK AND OTHER  
NATURAL LANDS, STRENGTHEN THEIR UNDERSTANDING OF THE NATURAL  
ENVIRONMENT, DEVELOP THEIR ARTISTIC AND OUTDOOR SKILLS AND ENJOY THE  
BENEFITS OF HEALTHY OUTDOOR RECREATION.

DURING THE YEAR ENDED SEPTEMBER 30, 2014, INSTITUTE OFFERED 153 CLASSES  
TO 1,964 PARTICIPANTS IN THE AREAS OF NATURAL HISTORY, BIRDING,

4c (Code: ) (Expenses \$ 269,314. including grants of \$ ) (Revenue \$ 215,542.)  
POINT REYES SUMMER CAMP - POINT REYES SUMMER CAMP (SUMMER CAMP)  
PROVIDES TWO RESIDENTIAL CAMP EXPERIENCES FOUR TO SIX DAYS IN LENGTH:  
NATURE SCIENCE CAMP, WITH SEPARATE SESSIONS FOR AGES 7-9, 9-11 AND  
10-12 AND ADVENTURE CAMP, WITH SEPARATE SESSIONS FOR AGES 12-14 AND  
14-16. TRAINED COUNSELORS AND PROFESSIONAL NATURALISTS LEAD EXCURSIONS  
IN AND AROUND THE PARK, EMPHASIZING MARINE AND COASTAL FIELD ECOLOGY,  
LEAVE-NO-TRACE WILDERNESS BACKPACKING AND TRADITIONAL SUMMER CAMP  
ACTIVITIES. SUMMER CAMP MAINTAINS A 3-TO-1 CAMPER TO STAFF RATIO AND  
MORE THAN 60% OF PARTICIPANTS RETURN FOR MULTIPLE SUMMERS. DURING THE  
SUMMER OF 2014, 360 CHILDREN ATTENDED SUMMER CAMP PROGRAMS, INCLUDING  
56 SCHOLARSHIP AWARDEES, ALL OF WHOM CAME FROM FAMILIES THAT LIVE AT OR  
BELOW THE VERY LOW-INCOME LEVEL IDENTIFIED BY THE U.S. DEPARTMENT OF

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 239,219. including grants of \$ ) (Revenue \$ 266,418.)

4e Total program service expenses 1,229,669.

POINT REYES NATIONAL SEASHORE  
ASSOCIATION

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**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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ASSOCIATION**

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
	<b>Note.</b> All Form 990 filers are required to complete Schedule O .....		

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POINT REYES NATIONAL SEASHORE  
ASSOCIATION

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 72		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 58		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</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)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 14		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	1b 14		
<b>2</b>	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? .....		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....		X
<b>9</b>	Is there any officer, director, 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** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PAUL SCHOOS - 415-663-1200**  
**1 BEAR VALLEY ROAD, BUILDING 70, POINT REYES, CA 94956-9703**

POINT REYES NATIONAL SEASHORE  
ASSOCIATION

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RALPH MIHAN DIRECTOR	4.00	X					0.	0.	0.	
(2) BETTY ANNE CARLIN CHAIR	4.00	X		X			0.	0.	0.	
(3) DON LLOYD DIRECTOR	4.00	X					0.	0.	0.	
(4) STEVE COSTA DIRECTOR	4.00	X					0.	0.	0.	
(5) KIRK MARCKWALD SECRETARY	4.00	X		X			0.	0.	0.	
(6) DAVID WIMPFHEIMER DIRECTOR	4.00	X					7,253.	0.	0.	
(7) DICK BUNCE DIRECTOR	4.00	X					0.	0.	0.	
(8) MIKE DEVERELL TREASURER	4.00	X		X			0.	0.	0.	
(9) TOM SARGENT DIRECTOR	4.00	X					0.	0.	0.	
(10) DAVID WILSON VICE CHAIR	4.00	X		X			0.	0.	0.	
(11) KAREN GRAY DIRECTOR	4.00	X					0.	0.	0.	
(12) PEGGY MITCHELL SECRETARY	4.00	X		X			0.	0.	0.	
(13) BARBARA BROOKS DIRECTOR	4.00	X					0.	0.	0.	
(14) AMANDA EICHSTAEDT DIRECTOR	4.00	X					0.	0.	0.	
(15) PAUL SCHOOS BUSINESS MANAGER	40.00			X			56,124.	0.	12,512.	
(16) SAMARIA JAFFE EXECUTIVE DIRECTOR	40.00			X			66,634.	0.	13,289.	

POINT REYES NATIONAL SEASHORE  
ASSOCIATION

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b Sub-total</b> .....							130,011.	0.	25,801.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							130,011.	0.	25,801.	

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



POINT REYES NATIONAL SEASHORE  
ASSOCIATION

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	155,266.			
	c Fundraising events	1c	158,652.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	399,263.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	302,983.			
	g Noncash contributions included in lines 1a-1f: \$		60,456.			
	h Total. Add lines 1a-1f		1,016,164.			
	Program Service Revenue	2 a SUMMER CAMP	Business Code			
			721210	215,542.	215,542.	
b FIELD INSTITUTE		713990	159,260.	159,260.		
c CLEM MILLER ENVIRONMEN		611710	64,709.	64,709.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		439,511.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,325.		7,325.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	25,108.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	25,751.			
		c Gain or (loss)	-643.			
	d Net gain or (loss)		-643.		-643.	
	8 a Gross income from fundraising events (not including \$ 158,652. of contributions reported on line 1c). See Part IV, line 18	a	47,890.			
		b Less: direct expenses	b	89,049.		
c Net income or (loss) from fundraising events			-41,159.		-41,159.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	340,212.				
	b Less: cost of goods sold	b	138,503.			
	c Net income or (loss) from sales of inventory		201,709.	201,709.		
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,622,907.	641,220.	0.	-34,477.	

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Form 990 (2013)

**POINT REYES NATIONAL SEASHORE  
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**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	155.	155.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	163,898.	42,075.	78,927.	42,896.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	756,091.	607,682.	4,045.	144,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,475.		8,475.	
9 Other employee benefits	63,998.	43,785.	145.	20,068.
10 Payroll taxes	85,012.	63,695.	6,337.	14,980.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,000.		16,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,518.		2,518.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	215,901.	142,064.	25,562.	48,275.
12 Advertising and promotion	1,696.	1,006.		690.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	36,500.	12,289.	24,211.	
17 Travel	34,750.	24,787.	5,587.	4,376.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,557.	2,678.	300.	7,579.
23 Insurance	25,911.	17,364.	7,627.	920.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES AND SERVICES</b>	193,926.	153,905.	17,294.	22,727.
b <b>PRINTING</b>	47,318.	10,795.	5,697.	30,826.
c <b>MERCHANT SERVICE CHARGE</b>	23,328.	19,930.	80.	3,318.
d <b>PROPERTY MAINTENANCE</b>	22,811.	4,253.	18,558.	0.
e All other expenses	46,893.	83,206.	-72,475.	36,162.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,755,738.	1,229,669.	148,888.	377,181.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

POINT REYES NATIONAL SEASHORE  
ASSOCIATION

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	37,574.	1	114,418.
	2	Savings and temporary cash investments .....	241,466.	2	92,137.
	3	Pledges and grants receivable, net .....	204,694.	3	142,155.
	4	Accounts receivable, net .....	60,965.	4	68,787.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	84,918.	8	80,565.
	9	Prepaid expenses and deferred charges .....	62,704.	9	25,556.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 82,447.		
	b	Less: accumulated depreciation .....	10b 35,870.	10c 27,094.	46,577.
	11	Investments - publicly traded securities .....	72,364.	11	93,334.
	12	Investments - other securities. See Part IV, line 11 .....	342,441.	12	362,416.
	13	Investments - program-related. See Part IV, line 11 .....	1,654,900.	13	1,654,900.
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,789,120.	16	2,680,845.	
Liabilities	17	Accounts payable and accrued expenses .....	177,575.	17	153,818.
	18	Grants payable .....	16,300.	18	16,300.
	19	Deferred revenue .....	45,137.	19	76,010.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	239,012.	26	246,128.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	958,310.	27	878,518.
	28	Temporarily restricted net assets .....	1,586,798.	28	1,551,199.
	29	Permanently restricted net assets .....	5,000.	29	5,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	2,550,108.	33	2,434,717.	
34	<b>Total liabilities and net assets/fund balances</b> .....	2,789,120.	34	2,680,845.	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,622,907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,755,738.
3	Revenue less expenses. Subtract line 2 from line 1	3	-132,831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,550,108.
5	Net unrealized gains (losses) on investments	5	17,440.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,434,717.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

Form 990 (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **POINT REYES NATIONAL SEASHORE ASSOCIATION** Employer identification number **94-2228894**

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,197,348.	2,566,691.	1,265,278.	1,213,763.	1,016,164.	7,259,244.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,197,348.	2,566,691.	1,265,278.	1,213,763.	1,016,164.	7,259,244.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,199,860.
<b>6 Public support.</b> Subtract line 5 from line 4.						6,059,384.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	1,197,348.	2,566,691.	1,265,278.	1,213,763.	1,016,164.	7,259,244.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	4,955.	4,747.	2,316.	4,103.	7,325.	23,446.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						7,282,690.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,698,297.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.20 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	84.65 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information with a large diagonal 'COPY' watermark.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

POINT REYES NATIONAL SEASHORE  
ASSOCIATION

Employer identification number

94-2228894

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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 ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>POINT REYES NATIONAL SEASHORE ASSOCIATION</b>	Employer identification number <b>94-2228894</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>146,862.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>240,651.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>28,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> POINT REYES NATIONAL SEASHORE ASSOCIATION	<b>Employer identification number</b> 94-2228894
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b> POINT REYES NATIONAL SEASHORE ASSOCIATION	<b>Employer identification number</b> 94-2228894
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization POINT REYES NATIONAL SEASHORE ASSOCIATION

Employer identification number 94-2228894

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 questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts required to be reported.

**POINT REYES NATIONAL SEASHORE  
ASSOCIATION**

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	341,826.	223,869.	201,533.	227,598.	187,098.
b Contributions	3,159.	100,000.		-25,288.	25,000.
c Net investment earnings, gains, and losses	21,998.	22,957.	22,336.	-777.	15,500.
d Grants or scholarships	160.	5,000.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	366,823.	341,826.	223,869.	201,533.	227,598.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  67.35 %
- b Permanent endowment  1.36 %
- c Temporarily restricted endowment  31.29 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		82,447.	35,870.	46,577.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				46,577.

**POINT REYES NATIONAL SEASHORE  
ASSOCIATION**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) ENDOWMENT FUND	357,416.	END-OF-YEAR MARKET VALUE
(B) BANK CERTIFICATE OF		
(C) DEPOSIT 0.40%	5,000.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>362,416.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LAND HELD FOR NATIONAL		
(2) PARK SERVICE	1,654,900.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<b>1,654,900.</b>	

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**POINT REYES NATIONAL SEASHORE  
ASSOCIATION**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,640,347.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	17,440.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	17,440.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,622,907.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,622,907.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,755,738.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,755,738.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,755,738.

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

BOARD DESIGNATED ENDOWMENT - SUPPORT GENERAL CHARITABLE

PURPOSES OF PRNSA

PERMANENT ENDOWMENT - SUPPORT "SCHOLARSHIPS" FOR THE SCHOOLS PROGRAM

TEMPORARILY RESTRICTED ENDOWMENT - SUPPORT MARINE RESEARCH

**PART X, LINE 2:**

THE MANAGEMENT OF PRNSA CONSIDERS CERTAIN TAX POSITIONS TAKEN

BY PRNSA. A TAX POSITION IS A POSITION TAKEN IN A PREVIOUSLY FILED TAX

RETURN OR A POSITION THE MANAGEMENT OF PRNSA EXPECTS TO TAKE IN A FUTURE

TAX RETURN THAT FIGURES IN MEASURING CURRENT OR DEFERRED INCOME TAX ASSETS

AND LIABILITIES FOR INTERIM OR ANNUAL PERIODS. A TAX POSITION CAN RESULT



**Part XIII** Supplemental Information (continued)

IN A PERMANENT REDUCTION IN INCOME TAXES PAYABLE, A DEFERRAL OF INCOME TAXES OTHERWISE CURRENTLY PAYABLE TO FUTURE YEARS OR A CHANGE IN THE EXPECTED REALIZABILITY OF DEFERRED TAX ASSETS. A TAX POSITION ALSO ENCOMPASSES, BUT IS NOT LIMITED TO A DECISION TO CLASSIFY A TRANSACTION, ENTITY OR OTHER POSITION IN A TAX RETURN AS TAX EXEMPT OR THE STATUS OF AN ENTITY, INCLUDING ITS STATUS AS A PASS-THROUGH OR TAX-EXEMPT ENTITY.

EVALUATING A TAX POSITION REQUIRES THE MANAGEMENT OF PRNSA TO DETERMINE, FOR EACH TAX POSITION, WHETHER IT IS MORE LIKELY THAN NOT THAT, UPON EXAMINATION BY TAXING AUTHORITIES, SUCH AUTHORITIES WILL UPHOLD THE TAX POSITION AND, FOR EACH MORE-LIKELY-THAN-NOT TAX POSITION, DETERMINE THE HIGHEST BENEFIT WITH A MORE THAN 50% LIKELIHOOD OF REALIZATION UPON ULTIMATE SETTLEMENT. ACCORDINGLY, IT IS POSSIBLE THAT TAX POSITIONS TAKEN ON TAX RETURNS AND RELATED AMOUNTS RECOGNIZED HEREIN COULD VARY.

PRNSA FILES TAX RETURNS WITH THE IRS AND CALIFORNIA. PRNSA RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAXES AND TAX POSITIONS WITH INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. AS OF AND FOR THE YEAR ENDED SEPTEMBER 30, 2014, INTEREST AND PENALTIES RELATED TO INCOME TAXES AND TAX POSITIONS WERE NOT MATERIAL TO THE FINANCIAL POSITION OF PRNSA. AS OF SEPTEMBER 30, 2014, THE MANAGEMENT OF PRNSA BELIEVES THAT THERE ARE NO TAX POSITIONS OF PRNSA WHERE IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE PERIOD ENDING SEPTEMBER 30, 2015. AS OF SEPTEMBER 30, 2014, OPEN TAX PERIODS SUBJECT TO FUTURE EXAMINATION BY TAXING AUTHORITIES COVER PERIODS FROM OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2014.

**SCHEDULE G**  
(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

**▶ Attach to Form 990 or Form 990-EZ.**

**Open To Public Inspection**

**▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form 990](http://www.irs.gov/form990)**

Name of the organization **POINT REYES NATIONAL SEASHORE ASSOCIATION**

Employer identification number  
**94-2228894**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total** .....

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

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POINT REYES NATIONAL SEASHORE

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DINNER ON THE PACIFIC (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	206,542.			206,542.
	2	Less: Contributions	158,652.			158,652.
	3	Gross income (line 1 minus line 2)	47,890.			47,890.
Direct Expenses	4	Cash prizes	0.			
	5	Noncash prizes	32,143.			32,143.
	6	Rent/facility costs	25,360.			25,360.
	7	Food and beverages	30,026.			30,026.
	8	Entertainment	1,500.			1,500.
	9	Other direct expenses	20.			20.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				89,049.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-41,159.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

POINT REYES NATIONAL SEASHORE

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **POINT REYES NATIONAL SEASHORE ASSOCIATION** Employer identification number **94-2228894**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	21,752.	AVG HI/LO PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( AUCTION ITEMS )	X	85	30,654.	DONOR ESTIMATE
26 Other ▶ ( FOOD, BEVERAG )	X	24	8,050.	DONOR ESTIMATE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

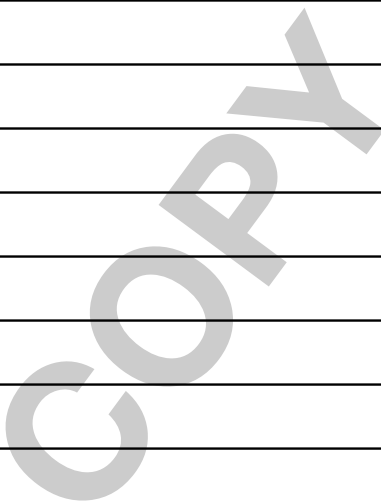
SCHEDULE M, PART I, COLUMN (B):

REPORTING NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

PRNSA USES AN ON-LINE SERVICE TO SELL IN-KIND

CONTRIBUTIONS AT ITS FUNDRAISING EVENTS.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization  
**POINT REYES NATIONAL SEASHORE  
ASSOCIATION**

Employer identification number  
**94-2228894**

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

**EXPLANATION: SEASHORE YOUTH AMBASSADOR PROGRAM - IN COLLABORATION WITH  
THE NPS AND LOCAL SCHOOLS, AND WITH FUNDS PROVIDED BY THE NATIONAL PARK  
FOUNDATION, PRNSA STAFF DESIGNED AND IMPLEMENTED SEASHORE YOUTH  
AMBASSADORS TO CONNECT LOCAL YOUTH TO RECREATIONAL AND FUTURE  
EMPLOYMENT OPPORTUNITIES IN THE PARK. DURING THE YEAR ENDED SEPTEMBER  
30, 2014, SEASHORE YOUTH AMBASSADORS PROVIDED FIVE PROGRAMS FOR 80  
LOCAL YOUTH INCLUDING 48 WHO CAME FROM FAMILIES THAT LIVE AT OR BELOW  
THE VERY LOW-INCOME LEVEL IDENTIFIED BY THE U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT FOR THE SAN FRANCISCO BAY AREA.**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

**PHOTOGRAPHY, THE ARTS OUTDOOR SKILLS, KAYAKING, BOATING AND FAMILY  
ADVENTURES.**

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

**HOUSING AND URBAN DEVELOPMENT FOR THE SAN FRANCISCO BAY AREA.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**BOOKSTORES - PRNSA OPERATES THREE BOOKSTORES LOCATED AT VARIOUS VISITOR  
CENTERS AROUND THE PARK. THE BOOKSTORES PROVIDE MATERIALS THAT WILL  
ENHANCE EXPLORATION OF THE SPECTACULAR BEACHES, WOODLANDS AND COASTLINE  
OF THE PARK. IN ADDITION, THE BOOKSTORES OFFER A WIDE RANGE OF NATURAL  
AND CULTURAL HISTORIES, CHILDREN'S BOOKS, MAPS, FIELD GUIDES AND OTHER  
EDUCATIONAL MATERIALS THAT ENCOURAGE THE PRESERVATION AND PROTECTION OF  
NATURAL RESOURCES. ESPECIALLY USEFUL ARE MATERIALS THAT ENHANCE BIRD**

Name of the organization POINT REYES NATIONAL SEASHORE  
ASSOCIATION

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94-2228894

WATCHING, HIKING, WHALE WATCHING AND ENJOYING ABUNDANT WILDFLOWERS.

DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE BOOKSTORES HELPED RAISE FUNDS FOR CRITICAL PARK INITIATIVES SUCH AS ENDANGERED SPECIES RECOVERY, WILDLIFE PROTECTION, HABITAT RESTORATION AND PRESERVATION OF CULTURAL AND HISTORIC LEGACIES.

EXPENSES \$ 128,844. INCLUDING GRANTS OF \$ 0. REVENUE \$ 201,709.

CLEM MILLER ENVIRONMENTAL EDUCATION SCHOOL PROGRAM - THE CLEM MILLER ENVIRONMENTAL EDUCATION CENTER (CMEEC) IS AN 80-BED RESIDENTIAL FACILITY DESIGNED AS A MODEL OF ECOLOGICAL SUSTAINABILITY AND LOCATED WITHIN THE PARK. THE NPS ESTABLISHED THE CMEEC WITH THE FOLLOWING GOALS: PROMOTE THE PARK AS A LIVING CLASSROOM BY PROVIDING A RESIDENTIAL TEACHING CENTER, FACILITATE FIELD-BASED ENVIRONMENTAL AND NATURAL HISTORY EDUCATION EXPERIENCES THAT ENCOURAGE PARTICIPANTS TO DEVELOP A SENSE OF ECOLOGICAL STEWARDSHIP AND CONSERVATION, PROVIDE TEACHERS AND GROUP LEADERS WITH THE KNOWLEDGE AND BACKGROUND NECESSARY TO FACILITATE THEIR OWN PROGRAMS THEREBY INSURING THAT THEY INTEGRATE ENVIRONMENTAL CONCEPTS, PRINCIPLES AND PRACTICES INTO THEIR CLASSROOMS AND PROGRAMS AND PROVIDE AN AFFORDABLE RESIDENTIAL ENVIRONMENTAL EDUCATION EXPERIENCE TO SCHOOLS, ESPECIALLY THOSE FROM THE DENSELY-POPULATED URBAN CENTERS OF THE GREATER SAN FRANCISCO BAY AREA.

DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE CMEEC SCHOOL PROGRAM HOSTED 30 RESIDENTIAL EDUCATIONAL PROGRAMS, THREE TO FIVE DAYS IN LENGTH, FOR 1,474 PARTICIPANTS, MOST OF WHOM WERE ELEMENTARY AND MIDDLE SCHOOL STUDENTS FROM THE GREATER SAN FRANCISCO BAY AREA. FOURTEEN PARTICIPATING CLASSES RECEIVED SCHOLARSHIP ASSISTANCE THAT SUPPORTED



Name of the organization POINT REYES NATIONAL SEASHORE  
ASSOCIATION

Employer identification number  
94-2228894

THE ATTENDANCE OF 723 STUDENTS FROM UNDERREPRESENTED GROUPS AND FIVE RECEIVED FINANCIAL AID TO HELP COVER THE COST OF BUS TRANSPORTATION TO AND FROM THE PARK. IN PREPARATION FOR BRINGING THEIR CLASS OR GROUP TO THE CENTER, 17 TEACHERS AND GROUP LEADERS ATTENDED A TWO-DAY, OVERNIGHT ENVIRON-MENTAL EDUCATION AND NATURAL HISTORY INTENSIVE COURSE.

IN COLLABORATION WITH THE NPS, PRNSA STAFF DESIGNED AND IMPLEMENTED SCIENCE AT THE SEA-SHORE, A PROGRAM THAT PROVIDES DAYLONG SCIENCE-BASED FIELD EXPERIENCES FOR SCHOOLS AND YOUTH GROUPS. DURING THE YEAR ENDED SEPTEMBER 30, 2014, SCIENCE AT THE SEASHORE PROVIDED 18 DAYLONG FIELD PROGRAMS FOR 430 PEOPLE ON TOPICS INCLUDING WETLAND RESTORATION, MARINE DEBRIS, WATERSHEDS AND WATER QUALITY, ECOLOGICAL MONITORING AND ENVIRONMENTAL SCIENCE. WITH FUNDS PROVIDED BY THE CALIFORNIA COASTAL COMMISSION WHALE TAIL PROGRAM, PRNSA STAFF AND VOLUNTEERS CONSTRUCTED A 10X15 FOOT GEAR CACHE TO STORE THE SCIENCE AT THE SEASHORE EQUIPMENT AND SUPPLIES.

SEASHORE YOUTH AMBASSADOR PROGRAM - IN COLLABORATION WITH THE NPS AND LOCAL SCHOOLS, AND WITH FUNDS PROVIDED BY THE NATIONAL PARK FOUNDATION, PRNSA STAFF DESIGNED AND IMPLEMENTED SEASHORE YOUTH AMBASSADORS TO CONNECT LOCAL YOUTH TO RECREATIONAL AND FUTURE EMPLOYMENT OPPORTUNITIES IN THE PARK. DURING THE YEAR ENDED SEPTEMBER 30, 2014, SEASHORE YOUTH AMBASSADORS PROVIDED FIVE PROGRAMS FOR 80 LOCAL YOUTH INCLUDING 48 WHO CAME FROM FAMILIES THAT LIVE AT OR BELOW THE VERY LOW-INCOME LEVEL IDENTIFIED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR THE SAN FRANCISCO BAY AREA.

EXPENSES \$ 110,375. INCLUDING GRANTS OF \$ 0. REVENUE \$ 64,709.

Name of the organization POINT REYES NATIONAL SEASHORE  
ASSOCIATION

Employer identification number  
94-2228894

FORM 990, PART VI, SECTION A, LINE 8B:

PRNSA HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE  
BOARD OF DIRECTORS. THE BOARD OF DIRECTORS MUST REVIEW AND APPROVE ALL  
RECOMMENDATIONS FROM COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11:

PRNSA WILL PROVIDE AN ELECTRONIC COPY OF FORM 990 TO ALL BOARD  
MEMBERS BEFORE FILING IT.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND STAFF ARE REQUIRED TO DISCLOSE ANY CONFLICTS  
OF INTEREST IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND  
APPROVED BY THE BOARD OF DIRECTORS AND SUBSTANTIATED IN THE OFFER LETTER TO  
THE EXECUTIVE DIRECTOR SIGNED BY THE CHAIR OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

PRNSA MAKES ITS IRS FORM 990 AVAILABLE ON ITS WEBSITE. OTHER  
DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

PRNSA MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS  
WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

VARIOUS:

332212  
09-04-13

Name of the organization	POINT REYES NATIONAL SEASHORE ASSOCIATION	Employer identification number	94-2228894
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PROGRAM SERVICE EXPENSES	79,111.
MANAGEMENT AND GENERAL EXPENSES	25,562.
FUNDRAISING EXPENSES	48,275.
TOTAL EXPENSES	152,948.

INSTRUCTORS:

PROGRAM SERVICE EXPENSES	62,953.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	62,953.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	215,901.

